

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050 EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0276	Period: From 07/01/2018 To 06/30/2019	Worksheet S Parts I-III Date/Time Prepared: 12/2/2019 11:52 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 12/2/2019	Time: 11:52 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 07/01/2018 and ending 06/30/2019 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) DANIEL ISACKSEN

Officer or Administrator of Provider(s)

REGIONAL CFO LUHS

Title

(Dated when report is electronically signed.)

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	5,493,839	-652,697	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	5,493,839	-652,697	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 07/01/2018
To 06/30/2019Worksheet S-2
Part I
Date/Time Prepared:
12/2/2019 11:48 am

1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 2160 SOUTH FIRST AVENUE			PO Box:						1.00		
2.00	City: MAYWOOD			State: IL		Zip Code: 60153		County: COOK		2.00		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
								V	XVIII	XIX		
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:												
3.00	Hospital			LOYOLA UNIVERSITY MEDICAL CENTER	140276	16974	1	05/01/1969	N	P	O	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF											5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
17.10	Hospital-Based (CORF) I											17.10
17.20	Hospital-Based (OPT) I											17.20
17.30	Hospital-Based (OOT) I											17.30
17.40	Hospital-Based (OSP) I											17.40
18.00	Renal Dialysis			INPATIENT RENAL UNIT	142329	16974		03/31/2004				18.00
19.00	Other											19.00
							From:	To:				
							1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2018	06/30/2019		20.00		
21.00	Type of Control (see instructions)						2			21.00		
							1.00	2.00	3.00			
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) 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		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		

Worksheet S-2
Part I
Date/Time Prepared:
12/2/2019 11:48 am

MCRIF32 - 15.9.167.1

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 14-0276		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 12/2/2019 11:48 am	
			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	
			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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part I
Date/Time Prepared:
12/2/2019 11:48 am

			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
			1.00	2.00	3.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	283.15	0.000000	66.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
			1.00	2.00	3.00	
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0276	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part I Date/Time Prepared: 12/2/2019 11:48 am	
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				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

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		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	3.00
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.				N		0
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 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 12/2/2019 11:48 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.								N		147.00			
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								N		148.00			
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								N		149.00			
				Part A		Part B		Title V		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)								07/01/2018		06/30/2019	170.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 14-0276	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part I Date/Time Prepared: 12/2/2019 11:48 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 07/01/2018 To 06/30/2019	Worksheet S-2 Part II Date/Time Prepared: 12/2/2019 11:48 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	09/30/2017	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N			14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y			15.00
			Part A		Part B
			Y/N	Date	Y/N
			1.00	2.00	3.00
			4.00		
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	11/08/2017	Y	11/08/2017
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0276

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		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

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Period:
From 07/01/2018
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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

VOLUNTARY CONTACT INFORMATION

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part V
Date/Time Prepared:
12/2/2019 4:12 pm

		1.00	
Cost Report Preparer Contact Information			
1.00	First Name		1.00
2.00	Last Name		2.00
3.00	Title		3.00
4.00	Employer		4.00
5.00	Phone Number		5.00
6.00	E-mail Address		6.00
7.00	Department		7.00
8.00	Mailing Address 1		8.00
9.00	Mailing Address 2		9.00
10.00	City		10.00
11.00	State		11.00
12.00	Zip		12.00
Officer or Administrator of Provider Contact Information			
13.00	First Name		13.00
14.00	Last Name		14.00
15.00	Title		15.00
16.00	Employer		16.00
17.00	Phone Number		17.00
18.00	E-mail Address		18.00
19.00	Department		19.00
20.00	Mailing Address 1		20.00
21.00	Mailing Address 2		21.00
22.00	City		22.00
23.00	State		23.00
24.00	Zip		24.00

HFS Supplemental Information

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part IX
Date/Time Prepared:
12/2/2019 11:48 am

		Title V	Title XIX	
		1.00	2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98)	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.01)	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.02)	Y	Y	3.00
3.01	Do Title V or XIX use W/S D-1 for reimbursement?	N	N	3.01
		Inpatient	Outpatient	
		1.00	2.00	
CRITICAL ACCESS HOSPITALS				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N	5.00
		Title V	Title XIX	
		1.00	2.00	
RCE DISALLOWANCE				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.05)	Y	Y	6.00
PASS THROUGH COST				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.06)	Y	Y	7.00
RHC				
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	8.00
FQHC				
9.00	For fiscal year beginning on/after 10/01/2014, use M-series for Title V and/or Title XIX? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	9.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
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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	345	125,877	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		345	125,877	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	76	27,683	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	10	3,637	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	50	18,219	0.00	0	12.00
12.01 PEDIATRIC INTENSIVE CARE UNIT	35.01	14	5,092	0.00	0	12.01
12.03 HEART TRANSPLANT ICU	35.03	10	3,649	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)		515	187,807	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	99.20				0	25.20
25.30 CMHC - OOT	99.30				0	25.30
25.40 CMHC - OSP	99.40				0	25.40
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		515				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

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From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
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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)	31,334	3,822	94,779			1.00
2.00	HMO and other (see instructions)	13,087	24,745				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)	31,334	3,822	94,779			7.00
8.00	INTENSIVE CARE UNIT	7,052	731	18,127			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT	1,251	66	1,634			10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE UNIT	0	262	6,494			12.00
12.01	PEDIATRIC INTENSIVE CARE UNIT	0	77	1,917			12.01
12.03	HEART TRANSPLANT ICU	1,484	109	2,698			12.03
12.04	BONE INTENSIVE CARE	1,765	132	3,285			12.04
13.00	NURSERY		179	4,431			13.00
14.00	Total (see instructions)	42,886	5,378	133,365	420.35	6,034.49	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
25.20	CMHC - OUTPATIENT PHYSICAL THERAPY	0	0	0	0.00	0.00	25.20
25.30	CMHC - OOT	0	0	0	0.00	0.00	25.30
25.40	CMHC - OSP	0	0	0	0.00	0.00	25.40
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				420.35	6,034.49	27.00
28.00	Observation Bed Days		2,547	10,716			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			1,488			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	283	575			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 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
12/2/2019 11:48 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	7,351	4,756	22,940	1.00
2.00 HMO and other (see instructions)			2,001	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	7,351	4,756	22,940	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0.00					25.20
25.30 CMHC - OOT	0.00					25.30
25.40 CMHC - OSP	0.00					25.40
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
12/2/2019 11:48 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	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	601,665,027	0	601,665,027	12,551,769.91	47.93	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		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		13,089,381	0	13,089,381	90,911.00	143.98	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		21,329,401	0	21,329,401	146,486.00	145.61	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	38,908,305	2,565,166	41,473,471	932,596.80	44.47	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)		209,270,008	-2,448,487	206,821,521	1,688,604.18	122.48	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		253,250	0	253,250	4,816.73	52.58	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		36,057,934	0	36,057,934	542,780.00	66.43	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)		95,589,722	0	95,589,722			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		22,300,116	0	22,300,116			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		1,579,488	0	1,579,488			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		2,562,171	0	2,562,171			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		6,273,954	0	6,273,954			25.00
25.50	Home office wage-related (core)		12,422,869	0	12,422,869			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	1,667,508	0	1,667,508	27,443.75	60.76	26.00
27.00	Administrative & General	5.00	68,075,612	1,402,842	69,478,454	1,764,948.70	39.37	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
12/2/2019 11:48 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.)		4,539,184	0	4,539,184	60,780.18	74.68	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	10,781,258	0	10,781,258	356,737.43	30.22	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	5,173,582	0	5,173,582	339,287.22	15.25	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	3,849,174	-2,185,759	1,663,415	82,403.89	20.19	34.00
35.00	Dietary under contract (see instructions)		88,310	0	88,310	3,635.51	24.29	35.00
36.00	Cafeteria	11.00	0	2,117,097	2,117,097	137,290.79	15.42	36.00
37.00	Maintenance of Personnel	12.00	970,668	0	970,668	66,469.55	14.60	37.00
38.00	Nursing Administration	13.00	9,062,710	-71,334	8,991,376	400,741.26	22.44	38.00
39.00	Central Services and Supply	14.00	1,539,956	0	1,539,956	84,294.39	18.27	39.00
40.00	Pharmacy	15.00	9,283,907	-536,489	8,747,418	201,107.22	43.50	40.00
41.00	Medical Records & Medical Records Library	16.00	12,243,320	0	12,243,320	318,305.87	38.46	41.00
42.00	Social Service	17.00	3,549,653	-178,218	3,371,435	92,148.97	36.59	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 07/01/2018
To 06/30/2019Worksheet S-3
Part III
Date/Time Prepared:
12/2/2019 11:48 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)	546,054,815	-2,565,166	543,489,649	11,537,102.80	47.11	1.00
2.00	Excluded area salaries (see instructions)	209,270,008	-2,448,487	206,821,521	1,688,604.18	122.48	2.00
3.00	Subtotal salaries (line 1 minus line 2)	336,784,807	-116,679	336,668,128	9,848,498.62	34.18	3.00
4.00	Subtotal other wages & related costs (see inst.)	36,311,184	0	36,311,184	547,596.73	66.31	4.00
5.00	Subtotal wage-related costs (see inst.)	109,592,079	0	109,592,079	0.00	32.55	5.00
6.00	Total (sum of lines 3 thru 5)	482,688,070	-116,679	482,571,391	10,396,095.35	46.42	6.00
7.00	Total overhead cost (see instructions)	130,824,842	548,139	131,372,981	3,935,594.73	33.38	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0276	Period: From 07/01/2018 To 06/30/2019	Worksheet S-3 Part IV Date/Time Prepared: 12/2/2019 11:48 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		32,587,201	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		135,444	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		2,329,384	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)		46,265,184	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		979,743	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		647,934	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)		2,384,212	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		2,307,102	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		31,072,024	17.00
18.00	Medicare Taxes - Employers Portion Only		7,266,844	18.00
19.00	Unemployment Insurance		894,368	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		1,436,012	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		128,305,452	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 07/01/2018
To 06/30/2019Worksheet S-3
Part V
Date/Time Prepared:
12/2/2019 11:48 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	253,250	128,305,452	1.00
2.00	Hospital	253,250	128,305,452	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 07/01/2018
To 06/30/2019

Worksheet S-5

Date/Time Prepared:
12/2/2019 11:48 am

		Outpatient		Training		Home					
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD				
		1.00	2.00	3.00	4.00	5.00	6.00				
1.00	Number of patients in program at end of cost reporting period	0	154	0	0	0	25	1.00			
2.00	Number of times per week patient receives dialysis	0.00	3.00	0.00	3.00	0.00	3.00	2.00			
3.00	Average patient dialysis time including setup	0.00	4.50	0.00	4.50			3.00			
4.00	CAPD exchanges per day				4.00		4.00	4.00			
5.00	Number of days in year dialysis furnished	0	306					5.00			
6.00	Number of stations	0	31	0	0			6.00			
7.00	Treatment capacity per day per station	0	3					7.00			
8.00	Utilization (see instructions)	0.00	0.00					8.00			
9.00	Average times dialyzers re-used	0.00	0.00					9.00			
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00			
							Y/N				
							1.00				
ESRD PPS											
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)						N	10.01			
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)						Y	10.02			
						Prior to 1/1	After 12/31				
						1.00	2.00				
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)						0	0	10.03		
TRANSPLANT INFORMATION											
11.00	Number of patients on transplant list						32		11.00		
12.00	Number of patients transplanted during the cost reporting period						12		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)						0	0	0	0	22.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019

Worksheet S-5

Date/Time Prepared:
12/2/2019 11:48 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 07/01/2018
To 06/30/2019

Worksheet S-10

Date/Time Prepared:
12/2/2019 11:48 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)		0.243850	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		81,917,681	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		493,020,645	6.00
7.00	Medicaid cost (line 1 times line 6)		120,223,084	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)		38,305,403	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		639,848	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		38,305,403	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)	41,631,928	716,834	42,348,762
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	10,151,946	716,834	10,868,780
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	10,151,946	716,834	10,868,780
			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)		24,241,406	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		2,296,704	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		3,533,389	27.01
28.00	Non-Medicare bad debt expense (see instructions)		20,708,017	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		6,286,335	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		17,155,115	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		55,460,518	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019

Worksheet A

Date/Time Prepared:
12/2/2019 11:48 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	23,905,328	23,905,328	1.00
1.01	00101	NEW CAPITAL-BLDG INTEREST		0	0	20,430,731	20,430,731	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	24,983,994	24,983,994	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,667,508	4,619,795	6,287,303	124,623	6,411,926	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	68,075,612	297,077,576	365,153,188	-67,692,067	297,461,121	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	15,919,343	15,919,343	0	15,919,343	6.00
7.00	00700	OPERATION OF PLANT	10,781,258	12,295,163	23,076,421	-569	23,075,852	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	174,010	174,010	-622	173,388	8.00
9.00	00900	HOUSEKEEPING	5,173,582	9,262,123	14,435,705	-1,462	14,434,243	9.00
10.00	01000	DIETARY	3,849,174	3,738,017	7,587,191	-4,732,814	2,854,377	10.00
11.00	01100	CAFETERIA	0	0	0	4,662,569	4,662,569	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01	01201	PATIENT TRANSPORTATION	970,668	231,259	1,201,927	-517	1,201,410	12.01
13.00	01300	NURSING ADMINISTRATION	9,062,710	2,079,689	11,142,399	-78,882	11,063,517	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,539,956	3,750,144	5,290,100	-303,683	4,986,417	14.00
15.00	01500	PHARMACY	9,283,907	37,735,675	47,019,582	-28,298,818	18,720,764	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	12,243,320	3,366,877	15,610,197	0	15,610,197	16.00
17.00	01700	SOCIAL SERVICE	3,549,653	821,595	4,371,248	-178,104	4,193,144	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	38,908,305	8,890,377	47,798,682	3,903,867	51,702,549	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	560,193	323,925	884,118	-69,010	815,108	23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK	0	0	0	0	0	23.02
23.03	02303	CLINICAL PASTORAL EDUCATION	0	15,360	15,360	114,581	129,941	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	346,692	85,206	431,898	253,090	684,988	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	46,732,332	12,064,912	58,797,244	-3,892,634	54,904,610	30.00
31.00	03100	INTENSIVE CARE UNIT	13,750,662	5,442,547	19,193,209	-2,489,634	16,703,575	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	3,659,432	1,379,190	5,038,622	-474,224	4,564,398	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	6,230,245	1,759,382	7,989,627	-720,071	7,269,556	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	1,996,417	567,122	2,563,539	-204,099	2,359,440	35.01
35.03	02400	HEART TRANSPLANT ICU	2,458,627	847,352	3,305,979	-346,564	2,959,415	35.03
35.04	02401	BONE INTENSIVE CARE	3,265,865	1,115,417	4,381,282	-400,430	3,980,852	35.04
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	942,537	942,537	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,586,434	50,533,787	63,120,221	-37,665,009	25,455,212	50.00
50.01	05001	AMBULATORY SURGERY CENTER	2,782,919	6,254,364	9,037,283	-4,458,738	4,578,545	50.01
51.00	05100	RECOVERY ROOM	2,720,723	1,063,911	3,784,634	-433,459	3,351,175	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,580,330	787,522	3,367,852	-281,041	3,086,811	52.00
53.00	05300	ANESTHESIOLOGY	627,925	2,349,977	2,977,902	-1,824,480	1,153,422	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,717,991	3,558,400	9,276,391	-3,206,863	6,069,528	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	1,068,874	189,860	1,258,734	62,664	1,321,398	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	1,121,446	5,641,016	6,762,462	9,689	6,772,151	56.00
57.00	05700	CT SCAN	2,466,650	1,040,922	3,507,572	-115,038	3,392,534	57.00
58.00	05800	MRI	1,396,808	749,408	2,146,216	-308,446	1,837,770	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,517,917	20,324,195	26,842,112	-18,169,216	8,672,896	59.00
60.00	06000	LABORATORY	8,760,715	15,112,797	23,873,512	-745,495	23,128,017	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	564,859	1,697,366	2,262,225	-2,262,225	0	60.03
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,324,918	6,988,244	8,313,162	-214,527	8,098,635	63.00
65.00	06500	RESPIRATORY THERAPY	6,261,460	2,312,686	8,574,146	-377,595	8,196,551	65.00
66.00	06600	PHYSICAL THERAPY	2,060,844	581,800	2,642,644	-224,798	2,417,846	66.00
67.00	06700	OCCUPATIONAL THERAPY	835,165	143,443	978,608	-9,980	968,628	67.00
68.00	06800	SPEECH PATHOLOGY	416,539	94,825	511,364	-29,415	481,949	68.00
69.00	06900	ELECTROCARDIOLOGY	2,417,464	931,614	3,349,078	-465,452	2,883,626	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,124,807	437,644	1,562,451	-172,012	1,390,439	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	48,905,717	48,905,717	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	38,974,947	38,974,947	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	73,617,548	73,617,548	73.00
74.00	07400	RENAL DIALYSIS	3,059,553	5,072,183	8,131,736	-2,521,746	5,609,990	74.00
76.00	03560	PULMONARY LABS	340,835	378,729	719,564	-306,602	412,962	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 07/01/2018
To 06/30/2019

Worksheet A

Date/Time Prepared:
12/2/2019 11:48 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	792,905	144,249	937,154	-15,271	921,883	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	3,297,083	3,751,115	7,048,198	-2,849,099	4,199,099	76.07
76.09	03953	BONE MARROW PROCUREMENT	177,792	1,635,963	1,813,755	0	1,813,755	76.09
76.10	03954	BARIATRICS	363,952	280,823	644,775	-7,335	637,440	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	163,528	81,509	245,037	-35,614	209,423	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	5,726,376	33,806,657	39,533,033	-26,678,732	12,854,301	90.02
90.03	09003	PSYCH SOCIAL REHAB	215,338	89,800	305,138	-31,479	273,659	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	18,935,679	9,830,896	28,766,575	-6,332,890	22,433,685	90.07
90.08	09007	OBT OUTPATIENT CENTER	4,871,972	3,347,999	8,219,971	-300,830	7,919,141	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	685,915	794,743	1,480,658	-296,560	1,184,098	90.09
90.10	09009	LAGRANGE FAMILY PCC	1,290,303	1,112,313	2,402,616	-378,839	2,023,777	90.10
90.12	09010	NORTH RIVERSIDE PCC	1,297,850	1,676,506	2,974,356	-994,424	1,979,932	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	196,055	166,653	362,708	-88,284	274,424	90.14
90.15	09013	OB II PCC	708,212	997,185	1,705,397	-456,348	1,249,049	90.15
90.16	09014	HICKORY HILLS PCC	1,846,835	1,417,611	3,264,446	-389,134	2,875,312	90.16
90.18	09015	DARIEN PCC	809,397	1,210,764	2,020,161	-437,838	1,582,323	90.18
90.20	09016	ORLAND PARK - FP	1,723,578	1,624,537	3,348,115	-885,795	2,462,320	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	2,709,912	1,159,114	3,869,026	-316,345	3,552,681	90.21
90.22	09018	HOMER GLEN PCC	3,673,312	5,680,793	9,354,105	-3,973,178	5,380,927	90.22
90.23	09019	OAK PARK PCC	734,176	524,833	1,259,009	-241,152	1,017,857	90.23
90.24	09020	PARK RIDGE PCC	491,060	512,569	1,003,629	-15,216	988,413	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	1,442,679	1,331,366	2,774,045	-414,915	2,359,130	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	694,315	5,635,836	6,330,151	-124,392	6,205,759	90.28
90.29	09025	BURR RIDGE PCC	8,758,647	15,052,518	23,811,165	-6,745,407	17,065,758	90.29
90.30	09026	RIVER FOREST	1,400,588	1,020,460	2,421,048	-510,801	1,910,247	90.30
90.31	09027	NORRIDGE	204,702	210,634	415,336	-111,879	303,457	90.31
90.32	09028	ELMWOOD PARK	401,679	482,868	884,547	-190,485	694,062	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	143,221	234,217	377,438	-102,935	274,503	90.34
91.00	09100	EMERGENCY	15,170,997	4,147,262	19,318,259	-1,200,867	18,117,392	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	2,975,127	850,540	3,825,667	-257,526	3,568,141	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	526,049	526,049	0	526,049	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	537,425	102,856	640,281	-2,024	638,257	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	274,116	4,649,155	4,923,271	3,160,925	8,084,196	105.00
106.00	10600	HEART ACQUISITION	206,847	1,660,275	1,867,122	1,678,240	3,545,362	106.00
107.00	10700	LIVER ACQUISITION	471,415	2,718,090	3,189,505	1,743,706	4,933,211	107.00
108.00	10800	LUNG ACQUISITION	292,868	3,700,593	3,993,461	2,276,843	6,270,304	108.00
109.00	10900	PANCREAS ACQUISITION	0	251,685	251,685	0	251,685	109.00
110.00	11000	INTESTINAL ACQUISITION	436,268	72,569	508,837	-508,837	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	1,725,951	522,192	2,248,143	-2,248,143	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	396,709,369	662,822,546	1,059,531,915	8,932,684	1,068,464,599	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	47,938	-240	47,698	0	47,698	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	0	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	807,498	1,005,780	1,813,278	0	1,813,278	190.02
190.03	19003	OP HOSPITAL PHARMACY	953,028	24,127,005	25,080,033	0	25,080,033	190.03
190.04	19004	HOSPITALIST	0	0	0	0	0	190.04
190.05	19005	STUDENT HEALTH	0	36,925	36,925	0	36,925	190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	0	15,503	15,503	0	15,503	190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	203,074,189	43,107,163	246,181,352	-8,932,684	237,248,668	192.01
193.00	19300	NONPAID WORKERS	73,005	16,913	89,918	0	89,918	193.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019

Worksheet A

Date/Time Prepared:
12/2/2019 11:48 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)	601,665,027	731,131,595	1,332,796,622	0	1,332,796,622	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019

Worksheet A

Date/Time Prepared:
12/2/2019 11:48 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	-617,691	23,287,637	1.00
1.01	00101	NEW CAPITAL-BLDG INTEREST	11,801,677	32,232,408	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-132,155	24,851,839	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,374,641	9,786,567	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-55,598,896	241,862,225	5.00
6.00	00600	MAINTENANCE & REPAIRS	-31,539	15,887,804	6.00
7.00	00700	OPERATION OF PLANT	-4,088,921	18,986,931	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	173,388	8.00
9.00	00900	HOUSEKEEPING	0	14,434,243	9.00
10.00	01000	DIETARY	-2,157,437	696,940	10.00
11.00	01100	CAFETERIA	-483,013	4,179,556	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
12.01	01201	PATIENT TRANSPORTATION	0	1,201,410	12.01
13.00	01300	NURSING ADMINISTRATION	-56,652	11,006,865	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,986,417	14.00
15.00	01500	PHARMACY	-22,726	18,698,038	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-83,170	15,527,027	16.00
17.00	01700	SOCIAL SERVICE	-2,882	4,190,262	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	0	51,702,549	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	-88,469	726,639	23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK	0	0	23.02
23.03	02303	CLINICAL PASTORAL EDUCATION	-24,185	105,756	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	0	684,988	23.04
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-7,851,241	47,053,369	30.00
31.00	03100	INTENSIVE CARE UNIT	0	16,703,575	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	4,564,398	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-39,900	7,229,656	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	2,359,440	35.01
35.03	02400	HEART TRANSPLANT ICU	0	2,959,415	35.03
35.04	02401	BONE INTENSIVE CARE	0	3,980,852	35.04
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
43.00	04300	NURSERY	0	942,537	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	25,455,212	50.00
50.01	05001	AMBULATORY SURGERY CENTER	0	4,578,545	50.01
51.00	05100	RECOVERY ROOM	0	3,351,175	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,086,811	52.00
53.00	05300	ANESTHESIOLOGY	0	1,153,422	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-13,481	6,056,047	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0	1,321,398	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	6,772,151	56.00
57.00	05700	CT SCAN	-6,864	3,385,670	57.00
58.00	05800	MRI	0	1,837,770	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	8,672,896	59.00
60.00	06000	LABORATORY	-1,399,522	21,728,495	60.00
60.01	03420	LABORATORY - PATHOLOGICAL	0	0	60.01
60.02	03956	LABORATORY-NEUROSURGICAL	0	0	60.02
60.03	03957	LABORATORY-HLA	0	0	60.03
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	8,098,635	63.00
65.00	06500	RESPIRATORY THERAPY	0	8,196,551	65.00
66.00	06600	PHYSICAL THERAPY	-309,685	2,108,161	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	968,628	67.00
68.00	06800	SPEECH PATHOLOGY	0	481,949	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,883,626	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,390,439	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	48,905,717	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	38,974,947	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73,617,548	73.00
74.00	07400	RENAL DIALYSIS	0	5,609,990	74.00
76.00	03560	PULMONARY LABS	0	412,962	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	921,883	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 07/01/2018
To 06/30/2019

Worksheet A

Date/Time Prepared:
12/2/2019 11:48 am

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
76.07	03340	GASTROINTESTINAL SERVICE	0	4,199,099	76.07
76.09	03953	BONE MARROW PROCUREMENT	0	1,813,755	76.09
76.10	03954	BARIATRICS	0	637,440	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	209,423	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	90.01
90.02	09002	CANCER CENTER	-17,662	12,836,639	90.02
90.03	09003	PSYCH SOCIAL REHAB	0	273,659	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	-299,071	22,134,614	90.07
90.08	09007	OB OUTPATIENT CENTER	-528,012	7,391,129	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	-5,858	1,178,240	90.09
90.10	09009	LAGRANGE FAMILY PCC	-164,448	1,859,329	90.10
90.12	09010	NORTH RIVERSIDE PCC	-594,441	1,385,491	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	90.13
90.14	09012	WHEATON PCC	-4,530	269,894	90.14
90.15	09013	OB II PCC	0	1,249,049	90.15
90.16	09014	HICKORY HILLS PCC	-278,347	2,596,965	90.16
90.18	09015	DARIEN PCC	-34,221	1,548,102	90.18
90.20	09016	ORLAND PARK - FP	-866,118	1,596,202	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0	3,552,681	90.21
90.22	09018	HOMER GLEN PCC	-319,760	5,061,167	90.22
90.23	09019	OAK PARK PCC	-481,243	536,614	90.23
90.24	09020	PARK RIDGE PCC	-76,010	912,403	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	-50,763	2,308,367	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	6,205,759	90.28
90.29	09025	BURR RIDGE PCC	-700,560	16,365,198	90.29
90.30	09026	RIVER FOREST	-315,684	1,594,563	90.30
90.31	09027	NORRIDGE	0	303,457	90.31
90.32	09028	ELMWOOD PARK	0	694,062	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	0	274,503	90.34
91.00	09100	EMERGENCY	-8,819,481	9,297,911	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	3,568,141	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	526,049	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	638,257	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	-172,945	7,911,251	105.00
106.00	10600	HEART ACQUISITION	-485,208	3,060,154	106.00
107.00	10700	LIVER ACQUISITION	-377,782	4,555,429	107.00
108.00	10800	LUNG ACQUISITION	-579,646	5,690,658	108.00
109.00	10900	PANCREAS ACQUISITION	0	251,685	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)	-73,003,901	995,460,698	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	47,698	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	0	1,813,278	190.02
190.03	19003	OP HOSPITAL PHARMACY	0	25,080,033	190.03
190.04	19004	HOSPITALIST	0	0	190.04
190.05	19005	STUDENT HEALTH	0	36,925	190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	0	15,503	190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	0	237,248,668	192.01
193.00	19300	NONPAID WORKERS	0	89,918	193.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-73,003,901	1,259,792,721	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019Worksheet Non-CMS W
Date/Time Prepared:
12/2/2019 11:48 am

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
1.01	NEW CAPITAL-BLDG INTEREST	00101		1.01
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAP REL COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.00	ADMINISTRATIVE & GENERAL	00500		5.00
6.00	MAINTENANCE & REPAIRS	00600		6.00
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
12.00	MAINTENANCE OF PERSONNEL	01200		12.00
12.01	PATIENT TRANSPORTATION	01201		12.01
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
17.01	HOSPITAL MEDICAL ADMIN	01701		17.01
19.00	NONPHYSICIAN ANESTHETISTS	01900		19.00
20.00	NURSING SCHOOL	02000		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	02100		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	02200		22.00
23.00	PARAMED ED PRGM-(SPECIFY)	02300		23.00
23.01	PARAMEDICAL ED-MICU	02301		23.01
23.02	PARAMEDICAL ED-SOCIAL WORK	02302		23.02
23.03	CLINICAL PASTORAL EDUCATION	02303		23.03
23.04	PHARMACY RESIDENCY PROGRAM	02304		23.04
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
33.00	BURN INTENSIVE CARE UNIT	03300		33.00
35.00	NEONATAL INTENSIVE CARE UNIT	02060	NEONATAL INTENSIVE CARE UNIT	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	02080	PEDIATRIC INTENSIVE CARE UNIT	35.01
35.03	HEART TRANSPLANT ICU	02400		35.03
35.04	BONE INTENSIVE CARE	02401		35.04
41.00	SUBPROVIDER - IRF	04100		41.00
43.00	NURSERY	04300		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
50.01	AMBULATORY SURGERY CENTER	05001		50.01
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
54.01	RADIOLOGY-ULTRASOUND	03630	ULTRA SOUND	54.01
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
56.00	RADIOISOTOPE	05600		56.00
57.00	CT SCAN	05700		57.00
58.00	MRI	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
60.01	LABORATORY - PATHOLOGICAL	03420	LABORATORY - PATHOLOGICAL	60.01
60.02	LABORATORY-NEUROSURGICAL	03956		60.02
60.03	LABORATORY-HLA	03957		60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	06250		62.30
63.00	BLOOD STORING, PROCESSING & TRANS.	06300		63.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
76.00	PULMONARY LABS	03560	PULMONARY FUNCTION TESTING	76.00
76.01	OCCUPATIONAL HEALTH	03950		76.01

COST CENTERS USED IN COST REPORT

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019

Worksheet Non-CMS W

Date/Time Prepared:
12/2/2019 11:48 am

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
76.03	HYPERALIMENTATION	03951		76.03
76.04	PERIPHERAL VASCULAR	03650	VASCULAR LAB	76.04
76.05	PEDIATRIC ENDO NUTRITION	03952		76.05
76.07	GASTROINTESTINAL SERVICE	03340	GASTRO INTESTINAL SERVICES	76.07
76.09	BONE MARROW PROCUREMENT	03953		76.09
76.10	BARIATRICS	03954		76.10
76.11	HEPATOLOGY	03955		76.11
76.97	CARDIAC REHABILITATION	07697		76.97
76.98	HYPERBARIC OXYGEN THERAPY	07698		76.98
76.99	LITHOTRIPSY	07699		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	09000		90.00
90.01	CARDIAC REHABILITATION	09001		90.01
90.02	CANCER CENTER	09002		90.02
90.03	PSYCH SOCIAL REHAB	09003		90.03
90.04	WELLNESS ASSESSMENT	09004		90.04
90.06	HEART FAILURE CLINIC	09005		90.06
90.07	LOC OUTPATIENT CENTER	09006		90.07
90.08	OB OUTPATIENT CENTER	09007		90.08
90.09	ELMHURST IMMEDIATE CARE	09008		90.09
90.10	LAGRANGE FAMILY PCC	09009		90.10
90.12	NORTH RIVERSIDE PCC	09010		90.12
90.13	GLENDALE HEIGHTS PCC	09011		90.13
90.14	WHEATON PCC	09012		90.14
90.15	OB II PCC	09013		90.15
90.16	HICKORY HILLS PCC	09014		90.16
90.18	DARIEN PCC	09015		90.18
90.20	ORLAND PARK - FP	09016		90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	09017		90.21
90.22	HOMER GLEN PCC	09018		90.22
90.23	OAK PARK PCC	09019		90.23
90.24	PARK RIDGE PCC	09020		90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	09021		90.25
90.26	WOODRIDGE PCC	09022		90.26
90.27	NEUROLOGY - NILES	09023		90.27
90.28	MARJORIE WEINBERG CANCER CENTER	09024		90.28
90.29	BURR RIDGE PCC	09025		90.29
90.30	RIVER FOREST	09026		90.30
90.31	NORRIDGE	09027		90.31
90.32	ELMWOOD PARK	09028		90.32
90.33	OCCUPATIONAL HEALTH CLINIC	09033		90.33
90.34	CHICAGO AND BELMONT	09034		90.34
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	09200		92.00
92.01	OBSERVATION BEDS-DISTINCT	09201		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES	09500		95.00
97.00	DURABLE MEDICAL EQUIP-SOLD	09700		97.00
99.10	CORF	09910		99.10
99.20	OUTPATIENT PHYSICAL THERAPY	09920		99.20
99.30	OOT	09931		99.30
99.40	OSP	09941		99.40
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	10500		105.00
106.00	HEART ACQUISITION	10600		106.00
107.00	LIVER ACQUISITION	10700		107.00
108.00	LUNG ACQUISITION	10800		108.00
109.00	PANCREAS ACQUISITION	10900		109.00
110.00	INTESTINAL ACQUISITION	11000		110.00
111.00	ISLET ACQUISITION	11100		111.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	08600		112.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)			118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
190.01	HINES RADIATION THERAPY	19001		190.01
190.02	HOME INFUSION THERAPY	19002		190.02
190.03	OP HOSPITAL PHARMACY	19003		190.03
190.04	HOSPITALIST	19004		190.04
190.05	STUDENT HEALTH	19005		190.05
190.06	DISCONTINUED HHA AND HOSPICE	19006		190.06
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
192.01	FACULTY CLINICAL OPERATIONS	19202		192.01

COST CENTERS USED IN COST REPORT

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019Worksheet Non-CMS W
Date/Time Prepared:
12/2/2019 11:48 am

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
193.00	NONPAID WORKERS	1.00	2.00	193.00
200.00	TOTAL (SUM OF LINES 118 through 199)	19300		200.00

RECLASSIFICATIONS

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-6

Date/Time Prepared:
12/2/2019 11:48 am

	Increases						12/27/2019 11:48 am
	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	23,905,328			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	24,983,994			2.00
			0	48,889,322			
	E - Pension Employee Benefit						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	135,444			1.00
			0	135,444			
	K - Dietary Shared Cost						
1.00	CAFETERIA	11.00	2,117,097	2,546,576			1.00
			2,117,097	2,546,576			
	L - Medical Supplies Charged to Patients						
1.00	SOCIAL SERVICE	17.00	0	68			1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	49,081,887			2.00
3.00	HEART ACQUISITION	106.00	0	37			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 07/01/2018
To 06/30/2019

Worksheet A-6

Date/Time Prepared:
12/2/2019 11:48 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
0			0	49,081,992		
M - Drugs Charged to Patients						
1.00	SOCIAL SERVICE	17.00	0	46		1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	73,617,548		2.00
3.00	MARJORIE WEINBERG CANCER CENTER	90.28	0	29,457		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
0			0	73,647,051		
N - Implantable Devices						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	38,974,947		1.00
2.00	LIVER ACQUISITION	107.00	0	28,645		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00

RECLASSIFICATIONS

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-6

Date/Time Prepared:
12/2/2019 11:48 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
	0		0	39,003,592		
	T - Nursery					
1.00	NURSERY	43.00	739,721	202,816		1.00
2.00		0.00	0	0		2.00
	0		739,721	202,816		
	U - Interest Expense					
1.00	NEW CAPITAL-BLDG INTEREST	1.01	0	20,430,731		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	0		0	20,430,731		
	AB - Transplant Pre vs Post Salary					
1.00	KIDNEY ACQUISITION	105.00	1,363,210	0		1.00
2.00	HEART ACQUISITION	106.00	1,508,950	0		2.00
3.00	LIVER ACQUISITION	107.00	1,350,362	0		3.00
4.00	LUNG ACQUISITION	108.00	1,966,325	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
	0		6,188,847	0		
	AO - Radiology Nursing					
1.00	RADIOLOGY-ULTRASOUND	54.01	78,542	11,543		1.00
2.00	RADIOISOTOPE	56.00	126,013	18,520		2.00
3.00	CT SCAN	57.00	332,276	48,835		3.00
4.00	MRI	58.00	166,003	24,398		4.00
5.00	OBSERVATION BEDS-DISTINCT	92.01	2	0		5.00
	0		702,836	103,296		
	AP - Medical Education					
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	2,565,166	1,338,701		1.00
	0		2,565,166	1,338,701		
	AQ - Pharmacy Resident Program Preceptor					
1.00	PHARMACY RESIDENCY PROGRAM	23.04	253,090	0		1.00
	0		253,090	0		
	AR - Clinical Pastoral Education Program					
1.00	CLINICAL PASTORAL EDUCATION	23.03	114,581	0		1.00
	0		114,581	0		
	AS - HLA to Transplant					
1.00	KIDNEY ACQUISITION	105.00	351,210	1,053,182		1.00
2.00	HEART ACQUISITION	106.00	42,327	126,926		2.00
3.00	LIVER ACQUISITION	107.00	91,204	273,495		3.00
4.00	LUNG ACQUISITION	108.00	80,118	240,252		4.00
	0		564,859	1,693,855		
	AT - Living Donors to Transplant					
1.00	KIDNEY ACQUISITION	105.00	186,338	209,769		1.00
			186,338	209,769		
	AU - Transplant Administrative Costs					
1.00	ADMINISTRATIVE & GENERAL	5.00	1,539,613	311,616		1.00
	0		1,539,613	311,616		

RECLASSIFICATIONS

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-6

Date/Time Prepared:
12/2/2019 11:48 am

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
AV - Post Transplant Abdominal Costs					
1.00	OBT OUTPATIENT CENTER	90.00	436,268	72,569	1.00
			436,268	72,569	
500.00	Grand Total: Increases		15,408,416	237,667,330	500.00

RECLASSIFICATIONS

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-6

Date/Time Prepared:
12/2/2019 11:48 am

		Decreases					12/2/2010 11:45 AM	
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	A - Depreciation Expense							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	48,889,322	9	1.00		
2.00		0.00	0	0	9	2.00		
	0		0	48,889,322				
	E - Pension Employee Benefit							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	135,444	0	1.00		
	0		0	135,444				
	K - Dietary Shared Cost							
1.00	DIETARY	10.00	2,117,097	2,546,576	0	1.00		
	0		2,117,097	2,546,576				
	L - Medical Supplies Charged to Patients							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	10,821	0	1.00		
2.00	ADMINISTRATIVE & GENERAL	5.00	0	140,385	0	2.00		
3.00	OPERATION OF PLANT	7.00	0	569	0	3.00		
4.00	LAUNDRY & LINEN SERVICE	8.00	0	622	0	4.00		
5.00	HOUSEKEEPING	9.00	0	1,462	0	5.00		
6.00	DIETARY	10.00	0	479	0	6.00		
7.00	CAFETERIA	11.00	0	1,104	0	7.00		
8.00	PATIENT TRANSPORTATION	12.01	0	517	0	8.00		
9.00	NURSING ADMINISTRATION	13.00	0	7,548	0	9.00		
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	281,485	0	10.00		
11.00	PHARMACY	15.00	0	806,682	0	11.00		
12.00	PARAMEDICAL ED-MICU	23.01	0	4,194	0	12.00		
13.00	ADULTS & PEDIATRICS	30.00	0	3,011,954	0	13.00		
14.00	INTENSIVE CARE UNIT	31.00	0	2,488,637	0	14.00		
15.00	BURN INTENSIVE CARE UNIT	33.00	0	474,017	0	15.00		
16.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	498,329	0	16.00		
17.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	204,092	0	17.00		
18.00	HEART TRANSPLANT ICU	35.03	0	346,398	0	18.00		
19.00	BONE INTENSIVE CARE	35.04	0	400,074	0	19.00		
20.00	OPERATING ROOM	50.00	0	10,482,140	0	20.00		
21.00	AMBULATORY SURGERY CENTER	50.01	0	1,868,573	0	21.00		
22.00	RECOVERY ROOM	51.00	0	433,459	0	22.00		
23.00	DELIVERY ROOM & LABOR ROOM	52.00	0	281,041	0	23.00		
24.00	ANESTHESIOLOGY	53.00	0	1,683,449	0	24.00		
25.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,926,236	0	25.00		
26.00	RADIOLOGY-ULTRASOUND	54.01	0	25,033	0	26.00		
27.00	RADIOISOTOPE	56.00	0	14,924	0	27.00		
28.00	CT SCAN	57.00	0	241,443	0	28.00		
29.00	MRI	58.00	0	223,366	0	29.00		
30.00	CARDIAC CATHETERIZATION	59.00	0	10,272,697	0	30.00		
31.00	LABORATORY	60.00	0	703,075	0	31.00		
32.00	LABORATORY-HLA	60.03	0	3,511	0	32.00		
33.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	203,414	0	33.00		
34.00	RESPIRATORY THERAPY	65.00	0	377,595	0	34.00		
35.00	PHYSICAL THERAPY	66.00	0	157,693	0	35.00		
36.00	OCCUPATIONAL THERAPY	67.00	0	9,980	0	36.00		
37.00	SPEECH PATHOLOGY	68.00	0	29,415	0	37.00		
38.00	ELECTROCARDIOLOGY	69.00	0	63,102	0	38.00		
39.00	ELECTROENCEPHALOGRAPHY	70.00	0	158,189	0	39.00		
40.00	RENAL DIALYSIS	74.00	0	1,792,121	0	40.00		
41.00	PULMONARY LABS	76.00	0	236,951	0	41.00		
42.00	PERIPHERAL VASCULAR	76.04	0	11,492	0	42.00		
43.00	GASTROINTESTINAL SERVICE	76.07	0	2,531,799	0	43.00		
44.00	BARIATRICS	76.10	0	7,269	0	44.00		
45.00	CLINIC	90.00	0	17,363	0	45.00		
46.00	CANCER CENTER	90.02	0	346,058	0	46.00		
47.00	PSYCH SOCIAL REHAB	90.03	0	317	0	47.00		
48.00	LOC OUTPATIENT CENTER	90.07	0	1,702,134	0	48.00		
49.00	OBT OUTPATIENT CENTER	90.08	0	332,699	0	49.00		
50.00	ELMHURST IMMEDIATE CARE	90.09	0	49,191	0	50.00		
51.00	LAGRANGE FAMILY PCC	90.10	0	193,876	0	51.00		
52.00	NORTH RIVERSIDE PCC	90.12	0	82,933	0	52.00		
53.00	WHEATON PCC	90.14	0	10,203	0	53.00		
54.00	OBT II PCC	90.15	0	60,299	0	54.00		
55.00	HICKORY HILLS PCC	90.16	0	111,015	0	55.00		
56.00	DARIEN PCC	90.18	0	35,899	0	56.00		
57.00	ORLAND PARK - FP	90.20	0	76,570	0	57.00		
58.00	FAMILY PRACTICE MAYWOOD PCC	90.21	0	78,054	0	58.00		
59.00	HOMER GLEN PCC	90.22	0	452,766	0	59.00		
60.00	OAK PARK PCC	90.23	0	32,385	0	60.00		
61.00	PARK RIDGE PCC	90.24	0	14,968	0	61.00		

RECLASSIFICATIONS

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-6

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	
62.00	LOYOLA CLINIC AT GOTTLIEB	90.25	0	72,212	0	62.00
63.00	MARJORIE WEINBERG CANCER CENTER	90.28	0	153,324	0	63.00
64.00	BURR RIDGE PCC	90.29	0	1,104,112	0	64.00
65.00	RIVER FOREST	90.30	0	210,057	0	65.00
66.00	NORRIDGE	90.31	0	18,611	0	66.00
67.00	ELMWOOD PARK	90.32	0	29,426	0	67.00
68.00	CHICAGO AND BELMONT	90.34	0	24,583	0	68.00
69.00	EMERGENCY	91.00	0	1,183,674	0	69.00
70.00	OBSERVATION BEDS-DISTINCT	92.01	0	256,460	0	70.00
71.00	DURABLE MEDICAL EQUIP-SOLD	97.00	0	2,024	0	71.00
72.00	KIDNEY ACQUISITION	105.00	0	2,784	0	72.00
73.00	LUNG ACQUISITION	108.00	0	9,852	0	73.00
74.00	OTHER ORGAN ACQUISITION (SPECIFY)	112.00	0	807	0	74.00
	0		0	49,081,992		
M - Drugs Charged to Patients						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	21,860	0	1.00
2.00	PHARMACY	15.00	0	26,865,213	0	2.00
3.00	PARAMEDICAL ED-MICU	23.01	0	64,816	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	7,437	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	0	997	0	5.00
6.00	BURN INTENSIVE CARE UNIT	33.00	0	207	0	6.00
7.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	221,742	0	7.00
8.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	7	0	8.00
9.00	HEART TRANSPLANT ICU	35.03	0	130	0	9.00
10.00	BONE INTENSIVE CARE	35.04	0	356	0	10.00
11.00	OPERATING ROOM	50.00	0	20,669	0	11.00
12.00	AMBULATORY SURGERY CENTER	50.01	0	728	0	12.00
13.00	ANESTHESIOLOGY	53.00	0	6,786	0	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	44,813	0	14.00
15.00	RADIOLOGY-ULTRASOUND	54.01	0	2,388	0	15.00
16.00	RADIOISOTOPE	56.00	0	119,920	0	16.00
17.00	CT SCAN	57.00	0	254,706	0	17.00
18.00	MRI	58.00	0	275,481	0	18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	124,620	0	19.00
20.00	LABORATORY	60.00	0	39,920	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	11,113	0	21.00
22.00	ELECTROCARDIOLOGY	69.00	0	393,845	0	22.00
23.00	ELECTROENCEPHALOGRAPHY	70.00	0	13,823	0	23.00
24.00	RENAL DIALYSIS	74.00	0	728,905	0	24.00
25.00	PULMONARY LABS	76.00	0	5,610	0	25.00
26.00	PERIPHERAL VASCULAR	76.04	0	3,779	0	26.00
27.00	BARITRICS	76.10	0	66	0	27.00
28.00	CLINIC	90.00	0	18,251	0	28.00
29.00	CANCER CENTER	90.02	0	26,332,303	0	29.00
30.00	PSYCH SOCIAL REHAB	90.03	0	31,162	0	30.00
31.00	LOC OUTPATIENT CENTER	90.07	0	3,934,409	0	31.00
32.00	OBT OUTPATIENT CENTER	90.08	0	447,132	0	32.00
33.00	ELMHURST IMMEDIATE CARE	90.09	0	247,369	0	33.00
34.00	LAGRANGE FAMILY PCC	90.10	0	164,334	0	34.00
35.00	NORTH RIVERSIDE PCC	90.12	0	911,491	0	35.00
36.00	WHEATON PCC	90.14	0	78,081	0	36.00
37.00	OBT II PCC	90.15	0	396,049	0	37.00
38.00	HICKORY HILLS PCC	90.16	0	278,119	0	38.00
39.00	DARIEN PCC	90.18	0	401,829	0	39.00
40.00	ORLAND PARK - FP	90.20	0	809,225	0	40.00
41.00	FAMILY PRACTICE MAYWOOD PCC	90.21	0	238,291	0	41.00
42.00	HOMER GLEN PCC	90.22	0	3,520,412	0	42.00
43.00	OAK PARK PCC	90.23	0	208,767	0	43.00
44.00	PARK RIDGE PCC	90.24	0	116	0	44.00
45.00	LOYOLA CLINIC AT GOTTLIEB	90.25	0	335,403	0	45.00
46.00	BURR RIDGE PCC	90.29	0	5,619,525	0	46.00
47.00	RIVER FOREST	90.30	0	106,416	0	47.00
48.00	NORRIDGE	90.31	0	93,268	0	48.00
49.00	ELMWOOD PARK	90.32	0	161,059	0	49.00
50.00	CHICAGO AND BELMONT	90.34	0	78,352	0	50.00
51.00	EMERGENCY	91.00	0	4,683	0	51.00
52.00	OBSERVATION BEDS-DISTINCT	92.01	0	1,068	0	52.00
	0		0	73,647,051		

RECLASSIFICATIONS

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-6

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	10,018	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	338	0		2.00
3.00	PHARMACY	15.00	0	90,434	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	54	0		4.00
5.00	HEART TRANSPLANT ICU	35.03	0	36	0		5.00
6.00	OPERATING ROOM	50.00	0	27,110,826	0		6.00
7.00	AMBULATORY SURGERY CENTER	50.01	0	2,589,437	0		7.00
8.00	ANESTHESIOLOGY	53.00	0	134,245	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	429,682	0		9.00
10.00	CARDIAC CATHETERIZATION	59.00	0	7,771,899	0		10.00
11.00	LABORATORY	60.00	0	2,500	0		11.00
12.00	PHYSICAL THERAPY	66.00	0	67,105	0		12.00
13.00	RENAL DIALYSIS	74.00	0	720	0		13.00
14.00	PULMONARY LABS	76.00	0	37,900	0		14.00
15.00	GASTROINTESTINAL SERVICE	76.07	0	317,300	0		15.00
16.00	CANCER CENTER	90.02	0	371	0		16.00
17.00	LOC OUTPATIENT CENTER	90.07	0	347,915	0		17.00
18.00	OBT OUTPATIENT CENTER	90.08	0	29,836	0		18.00
19.00	LAGRANGE FAMILY PCC	90.10	0	20,629	0		19.00
20.00	DARIEN PCC	90.18	0	110	0		20.00
21.00	PARK RIDGE PCC	90.24	0	132	0		21.00
22.00	LOYOLA CLINIC AT GOTTLIEB	90.25	0	7,300	0		22.00
23.00	MARJORIE WEINBERG CANCER CENTER	90.28	0	525	0		23.00
24.00	BURR RIDGE PCC	90.29	0	21,770	0		24.00
25.00	EMERGENCY	91.00	0	12,510	0		25.00
	0		0	39,003,592			
	T - Nursery						
1.00	ADULTS & PEDIATRICS	30.00	739,721	26,646	0		1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	176,170	0		2.00
	0		739,721	202,816			
	U - Interest Expense						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	20,231,356	9		1.00
2.00	OPERATING ROOM	50.00	0	5,047	0		2.00
3.00	RIVER FOREST	90.30	0	194,328	0		3.00
	0		0	20,430,731			
	AB - Transplant Pre vs Post Salary						
1.00	ADMINISTRATIVE & GENERAL	5.00	22,190	0	0		1.00
2.00	DIETARY	10.00	68,662	0	0		2.00
3.00	NURSING ADMINISTRATION	13.00	71,334	0	0		3.00
4.00	PHARMACY	15.00	283,399	0	0		4.00
5.00	SOCIAL SERVICE	17.00	178,218	0	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	106,822	0	0		6.00
7.00	OPERATING ROOM	50.00	46,327	0	0		7.00
8.00	ELECTROCARDIOLOGY	69.00	8,505	0	0		8.00
9.00	PULMONARY LABS	76.00	26,141	0	0		9.00
10.00	LOC OUTPATIENT CENTER	90.07	348,432	0	0		10.00
11.00	FACULTY CLINICAL OPERATIONS	192.01	5,028,817	0	0		11.00
	0		6,188,847	0			
	AO - Radiology Nursing						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	702,836	103,296	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
	0		702,836	103,296			
	AP - Medical Education						
1.00	FACULTY CLINICAL OPERATIONS	192.01	2,565,166	1,338,701	0		1.00
	0		2,565,166	1,338,701			
	AQ - Pharmacy Resident Program Preceptor						
1.00	PHARMACY	15.00	253,090	0	0		1.00
	0		253,090	0			
	AR - Clinical Pastoral Education Program						
1.00	ADMINISTRATIVE & GENERAL	5.00	114,581	0	0		1.00
	0		114,581	0			
	AS - HLA to Transplant						
1.00	LABORATORY-HLA	60.03	564,859	1,693,855	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	0		564,859	1,693,855			

RECLASSIFICATIONS

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-6

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	
	AT - Living Donors to Transplant					
1.00	OTHER ORGAN ACQUISITION (SPECIFY) _____	112.00	186,338	209,769		1.00
			186,338	209,769		
	AU - Transplant Administrative Costs					
1.00	OTHER ORGAN ACQUISITION (SPECIFY) _____	112.00	1,539,613	311,616	0	1.00
	0		1,539,613	311,616		
	AV - Post Transplant Abdominal Costs					
1.00	INTESTINAL ACQUISITION _____	110.00	436,268	72,569		1.00
			436,268	72,569		
500.00	Grand Total: Decreases		15,408,416	237,667,330		500.00

RECLASSIFICATIONS

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019Worksheet A-6
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Increases					Decreases				
Cost Center	Line #	Salary	Other		Cost Center	Line #	Salary	Other	
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00	
A - Depreciation Expense									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	23,905,328	ADMINISTRATIVE & GENERAL	5.00	0	48,889,322	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	24,983,994		0.00	0	0	2.00
			0	48,889,322			0	48,889,322	
E - Pension Employee Benefit									
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	135,444	ADMINISTRATIVE & GENERAL	5.00	0	135,444	1.00
			0	135,444			0	135,444	
K - Dietary Shared Cost									
1.00	CAFETERIA	11.00	2,117,097	2,546,576	DIETARY	10.00	2,117,097	2,546,576	1.00
			2,117,097	2,546,576			2,117,097	2,546,576	
L - Medical Supplies Charged to Patients									
1.00	SOCIAL SERVICE	17.00	0	68	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	10,821	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	49,081,887	ADMINISTRATIVE & GENERAL	5.00	0	140,385	2.00
3.00	HEART ACQUISITION	106.00	0	37	OPERATION OF PLANT	7.00	0	569	3.00
4.00		0.00	0	0	LAUNDRY & LINEN SERVICE	8.00	0	622	4.00
5.00		0.00	0	0	HOUSEKEEPING	9.00	0	1,462	5.00
6.00		0.00	0	0	DIETARY	10.00	0	479	6.00
7.00		0.00	0	0	CAFETERIA	11.00	0	1,104	7.00
8.00		0.00	0	0	PATIENT TRANSPORTATION	12.01	0	517	8.00
9.00		0.00	0	0	NURSING ADMINISTRATION	13.00	0	7,548	9.00
10.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	281,485	10.00
11.00		0.00	0	0	PHARMACY	15.00	0	806,682	11.00
12.00		0.00	0	0	PARAMEDICAL ED-MICU	23.01	0	4,194	12.00
13.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	3,011,954	13.00
14.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	2,488,637	14.00
15.00		0.00	0	0	BURN INTENSIVE CARE UNIT	33.00	0	474,017	15.00
16.00		0.00	0	0	NEONATAL INTENSIVE CARE UNIT	35.00	0	498,329	16.00
17.00		0.00	0	0	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	204,092	17.00
18.00		0.00	0	0	HEART TRANSPLANT ICU	35.03	0	346,398	18.00
19.00		0.00	0	0	BONE INTENSIVE CARE	35.04	0	400,074	19.00
20.00		0.00	0	0	OPERATING ROOM	50.00	0	10,482,140	20.00
21.00		0.00	0	0	AMBULATORY SURGERY CENTER	50.01	0	1,868,573	21.00
22.00		0.00	0	0	RECOVERY ROOM	51.00	0	433,459	22.00
23.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	281,041	23.00
24.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	1,683,449	24.00
25.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	1,926,236	25.00
26.00		0.00	0	0	RADIOLOGY-ULTRASOUND	54.01	0	25,033	26.00
27.00		0.00	0	0	RADIOISOTOPE	56.00	0	14,924	27.00
28.00		0.00	0	0	CT SCAN	57.00	0	241,443	28.00
29.00		0.00	0	0	MRI	58.00	0	223,366	29.00
30.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	10,272,697	30.00
31.00		0.00	0	0	LABORATORY	60.00	0	703,075	31.00
32.00		0.00	0	0	LABORATORY-HLA	60.03	0	3,511	32.00
33.00		0.00	0	0	BLOOD STORING, PROCESSING & TRANS.	63.00	0	203,414	33.00
34.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	377,595	34.00
35.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	157,693	35.00
36.00		0.00	0	0	OCCUPATIONAL THERAPY	67.00	0	9,980	36.00
37.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	29,415	37.00
38.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	63,102	38.00
39.00		0.00	0	0	ELECTROENCEPHALOGRAPH Y	70.00	0	158,189	39.00
40.00		0.00	0	0	RENAL DIALYSIS	74.00	0	1,792,121	40.00
41.00		0.00	0	0	PULMONARY LABS	76.00	0	236,951	41.00
42.00		0.00	0	0	PERIPHERAL VASCULAR	76.04	0	11,492	42.00
43.00		0.00	0	0	GASTROINTESTINAL SERVICE	76.07	0	2,531,799	43.00
44.00		0.00	0	0	BIARIATRICS	76.10	0	7,269	44.00
45.00		0.00	0	0	CLINIC	90.00	0	17,363	45.00
46.00		0.00	0	0	CANCER CENTER	90.02	0	346,058	46.00

RECLASSIFICATIONS

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019Worksheet A-6
Non-CMS Worksheet
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Increases					Decreases				
Cost Center	Line #	Salary	Other		Cost Center	Line #	Salary	Other	
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00	
47.00	0.00	0			0 PSYCH SOCIAL REHAB	90.03	0	317	47.00
48.00	0.00	0			0 LOC OUTPATIENT CENTER	90.07	0	1,702,134	48.00
49.00	0.00	0			0 OBT OUTPATIENT CENTER	90.08	0	332,699	49.00
50.00	0.00	0			0 ELMHURST IMMEDIATE CARE	90.09	0	49,191	50.00
51.00	0.00	0			0 LAGRANGE FAMILY PCC	90.10	0	193,876	51.00
52.00	0.00	0			0 NORTH RIVERSIDE PCC	90.12	0	82,933	52.00
53.00	0.00	0			0 WHEATON PCC	90.14	0	10,203	53.00
54.00	0.00	0			0 OBT II PCC	90.15	0	60,299	54.00
55.00	0.00	0			0 HICKORY HILLS PCC	90.16	0	111,015	55.00
56.00	0.00	0			0 DARIEN PCC	90.18	0	35,899	56.00
57.00	0.00	0			0 ORLAND PARK - FP	90.20	0	76,570	57.00
58.00	0.00	0			0 FAMILY PRACTICE MAYWOOD PCC	90.21	0	78,054	58.00
59.00	0.00	0			0 HOMER GLEN PCC	90.22	0	452,766	59.00
60.00	0.00	0			0 OAK PARK PCC	90.23	0	32,385	60.00
61.00	0.00	0			0 PARK RIDGE PCC	90.24	0	14,968	61.00
62.00	0.00	0			0 LOYOLA CLINIC AT GOTTLIEB	90.25	0	72,212	62.00
63.00	0.00	0			0 MARJORIE WEINBERG CANCER CENTER	90.28	0	153,324	63.00
64.00	0.00	0			0 BURR RIDGE PCC	90.29	0	1,104,112	64.00
65.00	0.00	0			0 RIVER FOREST	90.30	0	210,057	65.00
66.00	0.00	0			0 NORRIDGE	90.31	0	18,611	66.00
67.00	0.00	0			0 ELMWOOD PARK	90.32	0	29,426	67.00
68.00	0.00	0			0 CHICAGO AND BELMONT	90.34	0	24,583	68.00
69.00	0.00	0			0 EMERGENCY	91.00	0	1,183,674	69.00
70.00	0.00	0			0 OBSERVATION BEDS-DISTINCT	92.01	0	256,460	70.00
71.00	0.00	0			0 DURABLE MEDICAL EQUIP-SOLD	97.00	0	2,024	71.00
72.00	0.00	0			0 KIDNEY ACQUISITION	105.00	0	2,784	72.00
73.00	0.00	0			0 LUNG ACQUISITION	108.00	0	9,852	73.00
74.00	0.00	0			0 OTHER ORGAN ACQUISITION (SPECIFY)	112.00	0	807	74.00
0		0	49,081,992	0			0	49,081,992	
M - Drugs Charged to Patients									
1.00	SOCIAL SERVICE	17.00	0	46	CENTRAL SERVICES & SUPPLY	14.00	0	21,860	1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	73,617,548	PHARMACY	15.00	0	26,865,213	2.00
3.00	MARJORIE WEINBERG CANCER CENTER	90.28	0	29,457	PARAMEDICAL ED-MICU	23.01	0	64,816	3.00
4.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	7,437	4.00
5.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	997	5.00
6.00		0.00	0	0	BURN INTENSIVE CARE UNIT	33.00	0	207	6.00
7.00		0.00	0	0	NEONATAL INTENSIVE CARE UNIT	35.00	0	221,742	7.00
8.00		0.00	0	0	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	7	8.00
9.00		0.00	0	0	HEART TRANSPLANT ICU	35.03	0	130	9.00
10.00		0.00	0	0	BONE INTENSIVE CARE	35.04	0	356	10.00
11.00		0.00	0	0	OPERATING ROOM	50.00	0	20,669	11.00
12.00		0.00	0	0	AMBULATORY SURGERY CENTER	50.01	0	728	12.00
13.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	6,786	13.00
14.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	44,813	14.00
15.00		0.00	0	0	RADIOLOGY-ULTRASOUND	54.01	0	2,388	15.00
16.00		0.00	0	0	RADIOISOTOPE	56.00	0	119,920	16.00
17.00		0.00	0	0	CT SCAN	57.00	0	254,706	17.00
18.00		0.00	0	0	MRI	58.00	0	275,481	18.00
19.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	124,620	19.00
20.00		0.00	0	0	LABORATORY	60.00	0	39,920	20.00
21.00		0.00	0	0	BLOOD STORING, PROCESSING & TRANS.	63.00	0	11,113	21.00
22.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	393,845	22.00
23.00		0.00	0	0	ELECTROENCEPHALOGRAPH Y	70.00	0	13,823	23.00
24.00		0.00	0	0	RENAL DIALYSIS	74.00	0	728,905	24.00
25.00		0.00	0	0	PULMONARY LABS	76.00	0	5,610	25.00
26.00		0.00	0	0	PERIPHERAL VASCULAR	76.04	0	3,779	26.00
27.00		0.00	0	0	BARIATRICS	76.10	0	66	27.00
28.00		0.00	0	0	CLINIC	90.00	0	18,251	28.00

RECLASSIFICATIONS

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Period:
From 07/01/2018
To 06/30/2019Worksheet A-6
Non-CMS Worksheet
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Increases					Decreases				
Cost Center	Line #	Salary	Other		Cost Center	Line #	Salary	Other	
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00	
29.00	0.00	0	0	0	CANCER CENTER	90.02	0	26,332,303	29.00
30.00	0.00	0	0	0	PSYCH SOCIAL REHAB	90.03	0	31,162	30.00
31.00	0.00	0	0	0	LOC OUTPATIENT CENTER	90.07	0	3,934,409	31.00
32.00	0.00	0	0	0	OBT OUTPATIENT CENTER	90.08	0	447,132	32.00
33.00	0.00	0	0	0	ELMHURST IMMEDIATE CARE	90.09	0	247,369	33.00
34.00	0.00	0	0	0	LAGRANGE FAMILY PCC	90.10	0	164,334	34.00
35.00	0.00	0	0	0	NORTH RIVERSIDE PCC	90.12	0	911,491	35.00
36.00	0.00	0	0	0	WHEATON PCC	90.14	0	78,081	36.00
37.00	0.00	0	0	0	OBT II PCC	90.15	0	396,049	37.00
38.00	0.00	0	0	0	HICKORY HILLS PCC	90.16	0	278,119	38.00
39.00	0.00	0	0	0	DARIEN PCC	90.18	0	401,829	39.00
40.00	0.00	0	0	0	ORLAND PARK - FP	90.20	0	809,225	40.00
41.00	0.00	0	0	0	FAMILY PRACTICE MAYWOOD PCC	90.21	0	238,291	41.00
42.00	0.00	0	0	0	HOMER GLEN PCC	90.22	0	3,520,412	42.00
43.00	0.00	0	0	0	OAK PARK PCC	90.23	0	208,767	43.00
44.00	0.00	0	0	0	PARK RIDGE PCC	90.24	0	116	44.00
45.00	0.00	0	0	0	LOYOLA CLINIC AT GOTTLIEB	90.25	0	335,403	45.00
46.00	0.00	0	0	0	BURR RIDGE PCC	90.29	0	5,619,525	46.00
47.00	0.00	0	0	0	RIVER FOREST	90.30	0	106,416	47.00
48.00	0.00	0	0	0	NORRIDGE	90.31	0	93,268	48.00
49.00	0.00	0	0	0	ELMWOOD PARK	90.32	0	161,059	49.00
50.00	0.00	0	0	0	CHICAGO AND BELMONT	90.34	0	78,352	50.00
51.00	0.00	0	0	0	EMERGENCY	91.00	0	4,683	51.00
52.00	0.00	0	0	0	OBSERVATION BEDS-DISTINCT	92.01	0	1,068	52.00
0			0	73,647,051	0		0	73,647,051	
N - Implantable Devices									
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	38,974,947	ADMINISTRATIVE & GENERAL	5.00	0	10,018	1.00
2.00	LIVER ACQUISITION	107.00	0	28,645	CENTRAL SERVICES & SUPPLY	14.00	0	338	2.00
3.00		0.00	0	0	PHARMACY	15.00	0	90,434	3.00
4.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	54	4.00
5.00		0.00	0	0	HEART TRANSPLANT ICU	35.03	0	36	5.00
6.00		0.00	0	0	OPERATING ROOM	50.00	0	27,110,826	6.00
7.00		0.00	0	0	AMBULATORY SURGERY CENTER	50.01	0	2,589,437	7.00
8.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	134,245	8.00
9.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	429,682	9.00
10.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	7,771,899	10.00
11.00		0.00	0	0	LABORATORY	60.00	0	2,500	11.00
12.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	67,105	12.00
13.00		0.00	0	0	RENAL DIALYSIS	74.00	0	720	13.00
14.00		0.00	0	0	PULMONARY LABS	76.00	0	37,900	14.00
15.00		0.00	0	0	GASTROINTESTINAL SERVICE	76.07	0	317,300	15.00
16.00		0.00	0	0	CANCER CENTER	90.02	0	371	16.00
17.00		0.00	0	0	LOC OUTPATIENT CENTER	90.07	0	347,915	17.00
18.00		0.00	0	0	OBT OUTPATIENT CENTER	90.08	0	29,836	18.00
19.00		0.00	0	0	LAGRANGE FAMILY PCC	90.10	0	20,629	19.00
20.00		0.00	0	0	DARIEN PCC	90.18	0	110	20.00
21.00		0.00	0	0	PARK RIDGE PCC	90.24	0	132	21.00
22.00		0.00	0	0	LOYOLA CLINIC AT GOTTLIEB	90.25	0	7,300	22.00
23.00		0.00	0	0	MARJORIE WEINBERG CANCER CENTER	90.28	0	525	23.00
24.00		0.00	0	0	BURR RIDGE PCC	90.29	0	21,770	24.00
25.00		0.00	0	0	EMERGENCY	91.00	0	12,510	25.00
0			0	39,003,592	0		0	39,003,592	
T - Nursery									
1.00	NURSERY	43.00	739,721	202,816	ADULTS & PEDIATRICS	30.00	739,721	26,646	1.00
2.00		0.00	0	0	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	176,170	2.00
0			739,721	202,816	0		739,721	202,816	
U - Interest Expense									
1.00	NEW CAPITAL-BLDG INTEREST	1.01	0	20,430,731	ADMINISTRATIVE & GENERAL	5.00	0	20,231,356	1.00
2.00		0.00	0	0	OPERATING ROOM	50.00	0	5,047	2.00
3.00		0.00	0	0	RIVER FOREST	90.30	0	194,328	3.00
0			0	20,430,731	0		0	20,430,731	

RECLASSIFICATIONS

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Period:
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To 06/30/2019Worksheet A-6
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Increases					Decreases				
Cost Center	Line #	Salary	Other		Cost Center	Line #	Salary	Other	
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00	
AB - Transplant Pre vs Post Salary									
1.00 KIDNEY ACQUISITION	105.00	1,363,210			0 ADMINISTRATIVE & GENERAL	5.00	22,190		0 1.00
2.00 HEART ACQUISITION	106.00	1,508,950			0 DIETARY	10.00	68,662		0 2.00
3.00 LIVER ACQUISITION	107.00	1,350,362			0 NURSING	13.00	71,334		0 3.00
4.00 LUNG ACQUISITION	108.00	1,966,325			0 ADMINISTRATION	15.00	283,399		0 4.00
5.00	0.00	0			0 PHARMACY	17.00	178,218		0 5.00
6.00	0.00	0			0 SOCIAL SERVICE	30.00	106,822		0 6.00
7.00	0.00	0			0 ADULTS & PEDIATRICS	50.00	46,327		0 7.00
8.00	0.00	0			0 OPERATING ROOM	69.00	8,505		0 8.00
9.00	0.00	0			0 ELECTROCARDIOLOGY	76.00	26,141		0 9.00
10.00	0.00	0			0 PULMONARY LABS	90.07	348,432		0 10.00
11.00	0.00	0			0 LOC OUTPATIENT CENTER	192.01	5,028,817		0 11.00
					0 FACULTY CLINICAL OPERATIONS				
0		6,188,847			0		6,188,847		0
AO - Radiology Nursing									
1.00 RADIOLOGY-ULTRASOUND	54.01	78,542	11,543		RADIOLOGY-DIAGNOSTIC	54.00	702,836	103,296	1.00
2.00 RADIOISOTOPE	56.00	126,013	18,520			0.00	0	0	2.00
3.00 CT SCAN	57.00	332,276	48,835			0.00	0	0	3.00
4.00 MRI	58.00	166,003	24,398			0.00	0	0	4.00
5.00 OBSERVATION BEDS-DISTINCT	92.01	2	0			0.00	0	0	5.00
0		702,836	103,296	0			702,836	103,296	
AP - Medical Education									
1.00 I&R SERVICES-SALARY & FRINGES APPRV	21.00	2,565,166	1,338,701		FACULTY CLINICAL OPERATIONS	192.01	2,565,166	1,338,701	1.00
0		2,565,166	1,338,701	0			2,565,166	1,338,701	
AQ - Pharmacy Resident Program Preceptor									
1.00 PHARMACY RESIDENCY PROGRAM	23.04	253,090			0 PHARMACY	15.00	253,090		1.00
0		253,090		0			253,090		0
AR - Clinical Pastoral Education Program									
1.00 CLINICAL PASTORAL EDUCATION	23.03	114,581			0 ADMINISTRATIVE & GENERAL	5.00	114,581		1.00
0		114,581		0			114,581		0
AS - HLA to Transplant									
1.00 KIDNEY ACQUISITION	105.00	351,210	1,053,182		LABORATORY-HLA	60.03	564,859	1,693,855	1.00
2.00 HEART ACQUISITION	106.00	42,327	126,926			0.00	0	0	2.00
3.00 LIVER ACQUISITION	107.00	91,204	273,495			0.00	0	0	3.00
4.00 LUNG ACQUISITION	108.00	80,118	240,252			0.00	0	0	4.00
0		564,859	1,693,855	0			564,859	1,693,855	
AT - Living Donors to Transplant									
1.00 KIDNEY ACQUISITION	105.00	186,338	209,769		OTHER ORGAN ACQUISITION (SPECIFY)	112.00	186,338	209,769	1.00
		186,338	209,769				186,338	209,769	
AU - Transplant Administrative Costs									
1.00 ADMINISTRATIVE & GENERAL	5.00	1,539,613	311,616		OTHER ORGAN ACQUISITION (SPECIFY)	112.00	1,539,613	311,616	1.00
0		1,539,613	311,616	0			1,539,613	311,616	
AV - Post Transplant Abdominal Costs									
1.00 OBT OUTPATIENT CENTER	90.08	436,268	72,569		INTESTINAL ACQUISITION	110.00	436,268	72,569	1.00
		436,268	72,569				436,268	72,569	
500.00 Grand Total: Increases		15,408,416	237,667,330		Grand Total: Decreases		15,408,416	237,667,330	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part I
Date/Time Prepared:
12/2/2019 11:48 am

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	8,850,000	0	0	0	0	1.00	
2.00	Land Improvements	371,576	1,527,380	0	1,527,380	-5,060	2.00	
3.00	Buildings and Fixtures	392,529,218	7,051,118	0	7,051,118	8,944	3.00	
4.00	Building Improvements	41,953,962	5,740,257	0	5,740,257	2,044,553	4.00	
5.00	Fixed Equipment	53,417,881	0	0	0	174,886	5.00	
6.00	Movable Equipment	229,672,042	17,593,134	0	17,593,134	-2,303,008	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	726,794,679	31,911,889	0	31,911,889	-79,685	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	726,794,679	31,911,889	0	31,911,889	-79,685	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	1,904,016	0					2.00
3.00	Buildings and Fixtures	399,571,392	0					3.00
4.00	Building Improvements	45,649,666	0					4.00
5.00	Fixed Equipment	53,242,995	0					5.00
6.00	Movable Equipment	249,568,184	0					6.00
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	758,786,253	0					8.00
9.00	Reconciling Items	0	0					9.00
10.00	Total (line 8 minus line 9)	758,786,253	0					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part II
Date/Time Prepared:
12/2/2019 11:48 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	NEW CAPITAL-BLDG INTEREST	0	0	0	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	NEW CAPITAL-BLDG INTEREST	0	0				1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part III
Date/Time Prepared:
12/2/2019 11:48 am

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	513,664,715	0	513,664,715	0.716561	0	1.00
1.01	NEW CAPITAL-BLDG INTEREST	0	0	0	0.000000	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	244,962,167	41,779,595	203,182,572	0.283439	0	2.00
3.00	Total (sum of lines 1-2)	758,626,882	41,779,595	716,847,287	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	25,667,190	0	1.00
1.01	NEW CAPITAL-BLDG INTEREST	0	0	0	20,430,731	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	24,851,839	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	70,949,760	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	-2,379,553	0	0	0	23,287,637	1.00
1.01	NEW CAPITAL-BLDG INTEREST	11,801,677	0	0	0	32,232,408	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	24,851,839	2.00
3.00	Total (sum of lines 1-2)	9,422,124	0	0	0	80,371,884	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8

Date/Time Prepared:
12/2/2019 11:48 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		A	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-2,379,553	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)		0		0.00	0	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	-170,973	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-17,798	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)	B	-4,071,123	OPERATION OF PLANT	7.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-22,897,225			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	16,451,306			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,918,932	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 07/01/2018
To 06/30/2019

Worksheet A-8

Date/Time Prepared:
12/2/2019 11:48 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	-132,155	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.03
35.00	LOBBYING EXPENSE	A	-116,786	ADMINISTRATIVE & GENERAL	5.00	0	35.00
35.02	BOARD OF DIRECTORS	A	-128	ADMINISTRATIVE & GENERAL	5.00	0	35.02
35.03	DONATIONS	A	-1,418,171	ADMINISTRATIVE & GENERAL	5.00	0	35.03
35.04	DONATIONS	A	-2,882	SOCIAL SERVICE	17.00	0	35.04
35.06	FLOWERS AND GIFTS	A	-5,244	ADMINISTRATIVE & GENERAL	5.00	0	35.06
35.07	ADVERTISING	A	-6,313,303	ADMINISTRATIVE & GENERAL	5.00	0	35.07
38.45	OUTSIDE PROGRAM EXPENSE	A	-383,566	ADMINISTRATIVE & GENERAL	5.00	0	38.45
38.74	APN	A	-60,172	ADMINISTRATIVE & GENERAL	5.00	0	38.74
38.75	APN	A	-27,934	NURSING ADMINISTRATION	13.00	0	38.75
38.76	APN	A	-354,198	ADULTS & PEDIATRICS	30.00	0	38.76
38.77	APN	A	-144,673	LOC OUTPATIENT CENTER	90.07	0	38.77
38.78	APN	A	-40,252	NORTH RIVERSIDE PCC	90.12	0	38.78
39.01	APN	A	-47,446	ORLAND PARK - FP	90.20	0	39.01
39.02	APN	A	-150,628	OAK PARK PCC	90.23	0	39.02
39.04	APN	A	-50,763	LOYOLA CLINIC AT GOTTLIEB	90.25	0	39.04
39.06	APN	A	-48,119	BURR RIDGE PCC	90.29	0	39.06
39.07	APN	A	-40,658	EMERGENCY	91.00	0	39.07
39.08	APN	A	-1,007	LAGRANGE FAMILY PCC	90.10	0	39.08
39.09	APN	A	-744	LIVER ACQUISITION	107.00	0	39.09
39.23	OTHER OPERATING REVENUE	B	-31,539	MAINTENANCE & REPAIRS	6.00	0	39.23
39.24	OTHER OPERATING REVENUE	B	-847	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	39.24
39.25	OTHER OPERATING REVENUE	B	-24,185	CLINICAL PASTORAL EDUCATION	23.03	0	39.25
39.27	OTHER OPERATING REVENUE	B	-14,673,704	ADMINISTRATIVE & GENERAL	5.00	0	39.27
39.28	OTHER OPERATING REVENUE	B	-238,505	DIETARY	10.00	0	39.28
39.29	OTHER OPERATING REVENUE	B	-483,013	CAFETERIA	11.00	0	39.29
40.00	OTHER OPERATING REVENUE	B	-28,718	NURSING ADMINISTRATION	13.00	0	40.00
42.00	OTHER OPERATING REVENUE	B	-22,726	PHARMACY	15.00	0	42.00
43.00	OTHER OPERATING REVENUE	B	-83,170	MEDICAL RECORDS & LIBRARY	16.00	0	43.00
44.00	EMS	B	-88,469	PARAMEDICAL ED-MICU	23.01	0	44.00
45.00	OTHER OPERATING REVENUE	B	-2,037	ADULTS & PEDIATRICS	30.00	0	45.00
45.01	OTHER OPERATING REVENUE	B	-39,900	NEONATAL INTENSIVE CARE UNIT	35.00	0	45.01
48.00	OTHER OPERATING REVENUE	B	-13,481	RADIOLOGY-DIAGNOSTIC	54.00	0	48.00
49.01	OTHER OPERATING REVENUE	B	-1,399,522	LABORATORY	60.00	0	49.01
49.04	OTHER OPERATING REVENUE	B	-17,662	CANCER CENTER	90.02	0	49.04
49.05	OTHER OPERATING REVENUE	B	521,148	LOC OUTPATIENT CENTER	90.07	0	49.05
49.06	OTHER OPERATING REVENUE	B	-6,010	OBT OUTPATIENT CENTER	90.08	0	49.06
49.07	OTHER OPERATING REVENUE	B	-5,858	ELMHURST IMMEDIATE CARE	90.09	0	49.07
49.08	OTHER OPERATING REVENUE	B	-12,291	LAGRANGE FAMILY PCC	90.10	0	49.08
49.09	OTHER OPERATING REVENUE	B	-34,221	DARIEN PCC	90.18	0	49.09
49.11	LASCO MGMT FEE	A	-145,674	ADMINISTRATIVE & GENERAL	5.00	0	49.11
49.12	DEVELOPMENT	A	-1,178,443	ADMINISTRATIVE & GENERAL	5.00	0	49.12
49.18	OTHER OPERATING REVENUE	B	-6,864	CT SCAN	57.00	0	49.18
49.19	OTHER OPERATING REVENUE	B	-72	BURR RIDGE PCC	90.29	0	49.19
49.27	HAIP NET BENEFIT OFFSET	A	-30,645,011	ADMINISTRATIVE & GENERAL	5.00	0	49.27
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-73,003,901				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 07/01/2018
To 06/30/2019

Worksheet A-8-1

Date/Time Prepared:
12/2/2019 11:48 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	1,227,338	0	1.00
2.00	1.01	NEW CAPITAL-BLDG INTEREST	INTERCOMPANY LOAN AND CAP EX	29,852,855	18,051,178	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	ADMIN OTHER OPERATING EXPENS	40,483,177	23,835,021	3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	TIS OPERATING EXPENSE	38,546,457	38,232,052	3.01
3.02	5.00	ADMINISTRATIVE & GENERAL	IC HO PAYROLL	0	10,419,666	3.02
3.03	5.00	ADMINISTRATIVE & GENERAL	MALPRACTICE INSURANCE	17,258,657	21,537,202	3.03
3.04	5.00	ADMINISTRATIVE & GENERAL	WORKERS COMPENSATION	2,307,102	6,739,998	3.04
3.05	4.00	EMPLOYEE BENEFITS DEPARTMENT	DEFINED BENEFIT PENSION	2,329,384	-2,112,214	3.05
3.06	4.00	EMPLOYEE BENEFITS DEPARTMENT	EMP HEALTH STOP LOSS PREMIUM	0	1,066,110	3.06
3.07	5.00	ADMINISTRATIVE & GENERAL	INTEGRATED RISK INSURANCE	1,146,368	0	3.07
3.08	1.00	CAP REL COSTS-BLDG & FIXT	TIS CAPITAL EXPENSE	534,524	0	3.08
3.09	5.00	ADMINISTRATIVE & GENERAL	PROPERTY INSURANCE	534,457	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.			134,220,319	117,769,013	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 07/01/2018
To 06/30/2019

Worksheet A-8-1

Date/Time Prepared:
12/2/2019 11:48 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	1,227,338	9		1.00
2.00	11,801,677	11		2.00
3.00	16,648,156	9		3.00
3.01	314,405	0		3.01
3.02	-10,419,666	0		3.02
3.03	-4,278,545	0		3.03
3.04	-4,432,896	0		3.04
3.05	4,441,598	0		3.05
3.06	-1,066,110	0		3.06
3.07	1,146,368	0		3.07
3.08	534,524	9		3.08
3.09	534,457	0		3.09
4.00	0	0		4.00
5.00	16,451,306			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 07/01/2018
To 06/30/2019

Worksheet A-8-2

Date/Time Prepared:
12/2/2019 11:48 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	7,495,006	7,495,006	0	0	0	1.00
2.00	66.00	PHYSICAL THERAPY	309,685	309,685	0	0	0	2.00
3.00	90.07	LOC OUTPATIENT CENTER	675,546	675,546	0	0	0	3.00
4.00	90.08	OBT OUTPATIENT CENTER	522,002	522,002	0	0	0	4.00
5.00	90.10	LAGRANGE FAMILY PCC	151,150	151,150	0	0	0	5.00
6.00	90.12	NORTH RIVERSIDE PCC	554,189	554,189	0	0	0	6.00
7.00	90.14	WHEATON PCC	4,530	4,530	0	0	0	7.00
8.00	90.16	HICKORY HILLS PCC	278,347	278,347	0	0	0	8.00
9.00	90.20	ORLAND PARK - FP	818,672	818,672	0	0	0	9.00
10.00	90.22	HOMER GLEN PCC	319,760	319,760	0	0	0	10.00
11.00	90.23	OAK PARK PCC	330,615	330,615	0	0	0	11.00
12.00	90.24	PARK RIDGE PCC	76,010	76,010	0	0	0	12.00
13.00	90.29	BURR RIDGE PCC	652,369	652,369	0	0	0	13.00
14.00	90.30	RIVER FOREST	315,684	315,684	0	0	0	14.00
15.00	91.00	EMERGENCY	8,778,823	8,778,823	0	0	0	15.00
17.00	105.00	KIDNEY ACQUISITION	663,968	0	663,968	246,400	4,145	17.00
18.00	106.00	HEART ACQUISITION	1,148,948	0	1,148,948	246,400	5,603	18.00
19.00	107.00	LIVER ACQUISITION	952,998	0	952,998	246,400	4,862	19.00
20.00	108.00	LUNG ACQUISITION	1,289,231	0	1,289,231	246,400	5,990	20.00
200.00			25,337,533	21,282,388	4,055,145		20,600	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	491,023	24,551	0	0	0	17.00
18.00	106.00	HEART ACQUISITION	663,740	33,187	0	0	0	18.00
19.00	107.00	LIVER ACQUISITION	575,960	28,798	0	0	0	19.00
20.00	108.00	LUNG ACQUISITION	709,585	35,479	0	0	0	20.00
200.00			2,440,308	122,015	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	7,495,006		1.00
2.00	66.00	PHYSICAL THERAPY	0	0	0	309,685		2.00
3.00	90.07	LOC OUTPATIENT CENTER	0	0	0	675,546		3.00
4.00	90.08	OBT OUTPATIENT CENTER	0	0	0	522,002		4.00
5.00	90.10	LAGRANGE FAMILY PCC	0	0	0	151,150		5.00
6.00	90.12	NORTH RIVERSIDE PCC	0	0	0	554,189		6.00
7.00	90.14	WHEATON PCC	0	0	0	4,530		7.00
8.00	90.16	HICKORY HILLS PCC	0	0	0	278,347		8.00
9.00	90.20	ORLAND PARK - FP	0	0	0	818,672		9.00
10.00	90.22	HOMER GLEN PCC	0	0	0	319,760		10.00
11.00	90.23	OAK PARK PCC	0	0	0	330,615		11.00
12.00	90.24	PARK RIDGE PCC	0	0	0	76,010		12.00
13.00	90.29	BURR RIDGE PCC	0	0	0	652,369		13.00
14.00	90.30	RIVER FOREST	0	0	0	315,684		14.00
15.00	91.00	EMERGENCY	0	0	0	8,778,823		15.00
17.00	105.00	KIDNEY ACQUISITION	0	491,023	172,945	172,945		17.00
18.00	106.00	HEART ACQUISITION	0	663,740	485,208	485,208		18.00
19.00	107.00	LIVER ACQUISITION	0	575,960	377,038	377,038		19.00
20.00	108.00	LUNG ACQUISITION	0	709,585	579,646	579,646		20.00
200.00			0	2,440,308	1,614,837	22,897,225		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
12/2/2019 11:48 am

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	NEW CAPITAL-BLDG INTEREST	MVBLE EQUIP		
		0	1.00	1.01	2.00	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	23,287,637	23,287,637			1.00
1.01	00101	NEW CAPITAL-BLDG INTEREST	32,232,408	0	32,232,408		1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	24,851,839		24,851,839		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	9,786,567	9,387	4,001	9,812,948	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	241,862,225	1,728,153	2,391,936	1,912,389	5.00
6.00	00600	MAINTENANCE & REPAIRS	15,887,804	0	4,592	0	6.00
7.00	00700	OPERATION OF PLANT	18,986,931	7,336,297	10,154,157	1,666,172	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	173,388	1,224	1,694	0	8.00
9.00	00900	HOUSEKEEPING	14,434,243	292,321	404,601	9,141	9.00
10.00	01000	DIETARY	696,940	258,717	358,091	42,011	10.00
11.00	01100	CAFETERIA	4,179,556	12,429	17,203	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
12.01	01201	PATIENT TRANSPORTATION	1,201,410	11,680	16,167	0	12.01
13.00	01300	NURSING ADMINISTRATION	11,006,865	41,113	56,905	52,497	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,986,417	177,738	246,007	743,603	14.00
15.00	01500	PHARMACY	18,698,038	176,776	244,675	365,376	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	15,527,027	249,211	344,933	84,545	16.00
17.00	01700	SOCIAL SERVICE	4,190,262	27,353	37,860	3,761	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	51,702,549	59,115	81,822	892	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	726,639	76,761	106,245	7,632	23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK	0	0	0	0	23.02
23.03	02303	CLINICAL PASTORAL EDUCATION	105,756	3,256	4,506	1,852	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	684,988	2,234	3,092	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	47,053,369	1,605,431	2,222,076	500,567	30.00
31.00	03100	INTENSIVE CARE UNIT	16,703,575	326,483	451,885	483,087	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	4,564,398	129,210	178,840	91,749	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	7,229,656	128,961	178,494	296,164	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	2,359,440	38,986	53,961	167,076	35.01
35.03	02400	HEART TRANSPLANT ICU	2,959,415	93,016	128,744	732,685	35.03
35.04	02401	BONE INTENSIVE CARE	3,980,852	116,223	160,864	100,879	35.04
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	942,537	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	25,455,212	733,779	1,015,623	3,592,097	50.00
50.01	05001	AMBULATORY SURGERY CENTER	4,578,545	277,646	384,290	335,054	50.01
51.00	05100	RECOVERY ROOM	3,351,175	144,348	199,793	139,351	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,086,811	76,903	106,442	144,504	52.00
53.00	05300	ANESTHESIOLOGY	1,153,422	8,757	12,121	406,948	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,056,047	483,665	669,440	1,539,853	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	1,321,398	21,567	29,850	289,059	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	6,772,151	77,652	107,478	550,695	56.00
57.00	05700	CT SCAN	3,385,670	60,244	83,384	770,648	57.00
58.00	05800	MRI	1,837,770	107,584	148,907	76,666	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,672,896	337,165	466,671	841,294	59.00
60.00	06000	LABORATORY	21,728,495	420,129	581,500	390,465	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.	8,098,635	17,420	24,111	89,303	63.00
65.00	06500	RESPIRATORY THERAPY	8,196,551	59,638	82,545	139,957	65.00
66.00	06600	PHYSICAL THERAPY	2,108,161	832	1,151	6,287	66.00
67.00	06700	OCCUPATIONAL THERAPY	968,628	36,360	50,326	0	67.00
68.00	06800	SPEECH PATHOLOGY	481,949	8,793	12,170	2,916	68.00
69.00	06900	ELECTROCARDIOLOGY	2,883,626	86,457	119,665	184,298	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,390,439	54,838	75,901	202,715	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	48,905,717	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	38,974,947	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73,617,548	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	5,609,990	132,787	183,790	206,075	74.00
76.00	03560	PULMONARY LABS	412,962	27,365	37,876	245,985	76.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
12/2/2019 11:48 am

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	921,883	15,210	21,052	94,062	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	4,199,099	148,103	204,990	615,986	76.07
76.09	03953	BONE MARROW PROCUREMENT	1,813,755	0	0	0	76.09
76.10	03954	BARIATRICS	637,440	0	0	18,543	76.10
76.11	03955	HEPATOLOGY	0	124,897	172,870	31,132	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	209,423	24,240	33,551	703	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	90.01
90.02	09002	CANCER CENTER	12,836,639	334,753	463,332	195,510	90.02
90.03	09003	PSYCH SOCIAL REHAB	273,659	66,898	92,594	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	22,134,614	1,574,667	2,179,496	3,677,006	90.07
90.08	09007	OBT OUTPATIENT CENTER	7,391,129	440,056	609,081	256,837	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	1,178,240	90,747	125,602	59,202	90.09
90.10	09009	LAGRANGE FAMILY PCC	1,859,329	140,094	193,905	41,827	90.10
90.12	09010	NORTH RIVERSIDE PCC	1,385,491	342,346	473,841	2,172	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	90.13
90.14	09012	WHEATON PCC	269,894	12,049	16,677	12,747	90.14
90.15	09013	OBT II PCC	1,249,049	78,115	108,120	49,948	90.15
90.16	09014	HICKORY HILLS PCC	2,596,965	208,324	288,341	6,402	90.16
90.18	09015	DARIEN PCC	1,548,102	67,457	93,367	40,994	90.18
90.20	09016	ORLAND PARK - FP	1,596,202	115,866	160,370	2,935	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	3,552,681	201,836	279,361	3,236	90.21
90.22	09018	HOMER GLEN PCC	5,061,167	135,294	187,260	335,334	90.22
90.23	09019	OAK PARK PCC	536,614	63,417	87,775	7,182	90.23
90.24	09020	PARK RIDGE PCC	912,403	52,509	72,677	11,512	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	2,308,367	0	0	9,708	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	6,205,759	0	0	214,246	90.28
90.29	09025	BURR RIDGE PCC	16,365,198	933,583	1,292,172	791,843	90.29
90.30	09026	RIVER FOREST	1,594,563	100,680	139,352	3,532	90.30
90.31	09027	NORRIDGE	303,457	34,079	47,169	487	90.31
90.32	09028	ELMWOOD PARK	694,062	63,666	88,121	0	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	274,503	30,407	42,087	487	90.34
91.00	09100	EMERGENCY	9,297,911	188,123	260,382	281,913	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	3,568,141	106,895	147,953	191,013	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	526,049	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	638,257	11,538	15,970	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	7,911,251	26,581	36,791	0	105.00
106.00	10600	HEART ACQUISITION	3,060,154	2,971	4,112	1,930	106.00
107.00	10700	LIVER ACQUISITION	4,555,429	9,922	13,733	0	107.00
108.00	10800	LUNG ACQUISITION	5,690,658	4,159	5,756	0	108.00
109.00	10900	PANCREAS ACQUISITION	251,685	5,632	7,796	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)	995,460,698	21,831,118	30,216,441	24,383,270	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	47,698	13,891	19,226	0	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	1,813,278	0	0	2,706	190.02
190.03	19003	OP HOSPITAL PHARMACY	25,080,033	12,500	17,302	1,135	190.03
190.04	19004	HOSPITALIST	0	0	0	0	190.04

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
12/2/2019 11:48 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	NEW CAPITAL-BLDG INTEREST	MVBLE EQUIP		
			0	1.00	1.01	2.00	4.00	
190.05	19005	STUDENT HEALTH	36,925	0	0	0	0	190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	15,503	2,460	3,404	4,154	0	190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	237,248,668	1,418,008	1,962,664	460,574	3,197,070	192.01
193.00	19300	NONPAID WORKERS	89,918	9,660	13,371	0	1,194	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)	1,259,792,721	23,287,637	32,232,408	24,851,839	9,812,948	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
12/2/2019 11:48 am

Cost Center Description			Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4A	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAPITAL-BLDG INTEREST						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	249,031,023	249,031,023				5.00
6.00	00600	MAINTENANCE & REPAIRS	15,892,396	3,915,569	19,807,965			6.00
7.00	00700	OPERATION OF PLANT	38,319,884	9,441,253	6,743,221	54,504,358		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	176,306	43,438	1,125	4,693	225,562	8.00
9.00	00900	HOUSEKEEPING	15,224,920	3,751,116	268,689	1,120,936	40	9.00
10.00	01000	DIETARY	1,382,964	340,735	237,802	992,079	0	10.00
11.00	01100	CAFETERIA	4,243,813	1,045,591	11,424	47,661	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01	01201	PATIENT TRANSPORTATION	1,245,132	306,776	10,736	44,790	0	12.01
13.00	01300	NURSING ADMINISTRATION	11,304,434	2,785,186	37,790	157,654	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,178,951	1,522,370	163,370	681,556	0	14.00
15.00	01500	PHARMACY	19,627,929	4,835,929	162,485	677,865	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16,405,955	4,042,099	229,065	955,628	0	16.00
17.00	01700	SOCIAL SERVICE	4,314,376	1,062,976	25,142	104,890	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	52,522,677	12,940,537	54,336	226,684	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	1,477	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL ED-MICU	926,439	228,256	70,555	294,348	0	23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK	0	0	0	0	0	23.02
23.03	02303	CLINICAL PASTORAL EDUCATION	117,244	28,887	2,993	12,485	0	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	700,123	172,496	2,053	8,566	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	52,131,905	12,844,259	1,475,646	6,156,197	100,513	30.00
31.00	03100	INTENSIVE CARE UNIT	18,189,922	4,481,633	300,090	1,251,935	26,680	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	5,024,047	1,237,825	118,765	495,470	6,050	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	7,935,171	1,955,067	118,535	494,513	1,703	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	2,652,114	653,428	35,835	149,498	1,899	35.01
35.03	02400	HEART TRANSPLANT ICU	3,954,071	974,204	85,497	356,680	4,263	35.03
35.04	02401	BONE INTENSIVE CARE	4,412,231	1,087,085	106,827	445,668	11,599	35.04
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	954,635	235,203	0	0	321	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	31,001,804	7,638,224	674,460	2,813,755	8,568	50.00
50.01	05001	AMBULATORY SURGERY CENTER	5,621,050	1,384,914	255,201	1,064,664	0	50.01
51.00	05100	RECOVERY ROOM	3,879,164	955,748	132,679	553,520	6,156	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,456,861	851,701	70,686	294,894	10,685	52.00
53.00	05300	ANESTHESIOLOGY	1,591,518	392,118	8,049	33,581	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,831,028	2,175,789	444,565	1,854,664	4,566	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	1,680,640	414,076	19,823	82,700	1,367	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	7,528,378	1,854,842	71,375	297,765	2,469	56.00
57.00	05700	CT SCAN	4,345,722	1,070,699	55,374	231,013	656	57.00
58.00	05800	MRI	2,196,487	541,170	98,887	412,542	2,666	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,424,627	2,568,420	309,909	1,292,897	6,167	59.00
60.00	06000	LABORATORY	23,263,870	5,731,752	386,165	1,611,030	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.	8,251,138	2,032,915	16,011	66,798	2,297	63.00
65.00	06500	RESPIRATORY THERAPY	8,581,097	2,114,211	54,817	228,689	942	65.00
66.00	06600	PHYSICAL THERAPY	2,150,136	529,751	765	3,190	4,087	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,068,973	263,374	33,421	139,428	0	67.00
68.00	06800	SPEECH PATHOLOGY	512,640	126,304	8,082	33,718	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,313,445	816,367	79,468	331,528	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,742,289	429,265	50,405	210,281	484	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	48,905,717	12,049,391	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	38,974,947	9,602,647	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73,617,548	18,137,891	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	6,182,681	1,523,289	122,052	509,185	0	74.00
76.00	03560	PULMONARY LABS	729,335	179,694	25,153	104,935	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	1,065,175	262,438	13,980	58,323	1,179	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	5,222,102	1,286,621	136,130	567,918	2,487	76.07

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
12/2/2019 11:48 am

Cost Center Description			Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4A	5.00	6.00	7.00	8.00	
76.09	03953	BONE MARROW PROCUREMENT	1,816,663	447,589	0	0	0	76.09
76.10	03954	BARIATRICS	661,935	163,088	0	0	0	76.10
76.11	03955	HEPATOLOGY	328,899	81,034	114,800	478,930	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	270,592	66,668	22,281	92,952	0	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	13,923,889	3,430,568	307,692	1,283,648	0	90.02
90.03	09003	PSYCH SOCIAL REHAB	436,673	107,587	61,490	256,529	0	90.03
90.04	09004	WELLNESS ASSESSMENT	0	0	0	0	0	90.04
90.06	09005	HEART FAILURE CLINIC	0	0	0	0	0	90.06
90.07	09006	LOC OUTPATIENT CENTER	29,869,777	7,359,316	1,447,369	6,038,229	0	90.07
90.08	09007	OBT OUTPATIENT CENTER	8,783,919	2,164,182	404,481	1,687,442	0	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	1,465,009	360,949	83,410	347,977	0	90.09
90.10	09009	LAGRANGE FAMILY PCC	2,256,258	555,897	128,769	537,207	0	90.10
90.12	09010	NORTH RIVERSIDE PCC	2,225,076	548,214	314,671	1,312,763	0	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	314,573	77,504	11,075	46,203	0	90.14
90.15	09013	OBT II PCC	1,496,815	368,785	71,801	299,542	0	90.15
90.16	09014	HICKORY HILLS PCC	3,130,237	771,228	191,483	798,840	0	90.16
90.18	09015	DARIEN PCC	1,763,158	434,407	62,004	258,671	0	90.18
90.20	09016	ORLAND PARK - FP	1,903,562	469,000	106,499	444,301	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	4,081,435	1,005,584	185,519	773,961	0	90.21
90.22	09018	HOMER GLEN PCC	5,779,132	1,423,863	124,357	518,799	0	90.22
90.23	09019	OAK PARK PCC	706,995	174,189	58,290	243,179	0	90.23
90.24	09020	PARK RIDGE PCC	1,057,132	260,456	48,264	201,350	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	2,341,670	576,941	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	6,431,361	1,584,559	0	0	0	90.28
90.29	09025	BURR RIDGE PCC	19,526,044	4,810,827	858,111	3,579,924	0	90.29
90.30	09026	RIVER FOREST	1,861,034	458,522	92,541	386,069	0	90.30
90.31	09027	NORRIDGE	388,540	95,728	31,324	130,679	0	90.31
90.32	09028	ELMWOOD PARK	852,418	210,019	58,519	244,135	0	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	349,826	86,190	27,949	116,600	0	90.34
91.00	09100	EMERGENCY	10,276,451	2,531,912	172,915	721,380	16,241	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	4,062,660	1,000,958	98,253	409,900	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	526,049	129,608	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	674,555	166,197	10,605	44,243	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	8,010,193	1,973,551	24,432	101,928	0	105.00
106.00	10600	HEART ACQUISITION	3,097,921	763,266	2,730	11,391	0	106.00
107.00	10700	LIVER ACQUISITION	4,610,371	1,135,903	9,120	38,046	0	107.00
108.00	10800	LUNG ACQUISITION	5,738,832	1,413,933	3,823	15,948	0	108.00
109.00	10900	PANCREAS ACQUISITION	265,113	65,319	5,177	21,598	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)	988,291,801	182,139,070	18,469,192	48,919,178	225,562	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	81,599	20,104	12,768	53,265	0	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	0	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	1,829,191	450,676	0	0	0	190.02
190.03	19003	OP HOSPITAL PHARMACY	25,126,557	6,190,681	11,490	47,934	0	190.03
190.04	19004	HOSPITALIST	0	0	0	0	0	190.04
190.05	19005	STUDENT HEALTH	36,925	9,098	0	0	0	190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	25,521	6,288	2,261	9,432	0	190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	244,286,984	60,186,983	1,303,375	5,437,505	0	192.01
193.00	19300	NONPAID WORKERS	114,143	28,123	8,879	37,044	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)	1,259,792,721	249,031,023	19,807,965	54,504,358	225,562	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
12/2/2019 11:48 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	20,365,701					9.00
10.00	01000	DIETARY	378,510	3,332,090				10.00
11.00	01100	CAFETERIA	18,184	2,358,404	7,725,077			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
12.01	01201	PATIENT TRANSPORTATION	17,089	0	51,487	0	1,676,010	12.01
13.00	01300	NURSING ADMINISTRATION	60,150	0	306,931	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	260,036	0	64,630	0	0	14.00
15.00	01500	PHARMACY	258,627	0	155,584	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	364,603	0	241,989	0	0	16.00
17.00	01700	SOCIAL SERVICE	40,019	0	70,842	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	86,487	0	792,817	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	112,303	0	12,356	0	0	23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK	0	0	0	0	0	23.02
23.03	02303	CLINICAL PASTORAL EDUCATION	4,763	0	2,684	0	0	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	3,268	0	17,316	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,348,785	547,229	973,047	0	504,780	30.00
31.00	03100	INTENSIVE CARE UNIT	477,653	111,687	262,982	0	101,841	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	189,038	15,093	77,062	0	3,450	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	188,673	0	107,021	0	1,956	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	57,038	21,130	36,505	0	6,175	35.01
35.03	02400	HEART TRANSPLANT ICU	136,085	15,093	46,688	0	13,179	35.03
35.04	02401	BONE INTENSIVE CARE	170,037	15,093	73,033	0	6,346	35.04
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	16,333	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,073,538	0	278,567	0	248	50.00
50.01	05001	AMBULATORY SURGERY CENTER	406,204	0	61,575	0	154	50.01
51.00	05100	RECOVERY ROOM	211,185	0	53,199	0	137	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	112,512	0	50,099	0	1,332	52.00
53.00	05300	ANESTHESIOLOGY	12,812	0	22,396	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	707,614	0	103,768	0	290,499	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	31,553	0	19,806	0	18,551	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	113,607	0	19,540	0	8,276	56.00
57.00	05700	CT SCAN	88,139	0	52,634	0	167,657	57.00
58.00	05800	MRI	157,398	0	26,124	0	55,532	58.00
59.00	05900	CARDIAC CATHETERIZATION	493,282	0	91,673	0	12,649	59.00
60.00	06000	LABORATORY	614,660	0	223,213	0	22,360	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.	25,486	0	29,012	0	1,725	63.00
65.00	06500	RESPIRATORY THERAPY	87,252	0	140,923	0	23,171	65.00
66.00	06600	PHYSICAL THERAPY	1,217	0	34,330	0	29,509	66.00
67.00	06700	OCCUPATIONAL THERAPY	53,196	0	17,908	0	30,645	67.00
68.00	06800	SPEECH PATHOLOGY	12,864	0	7,264	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	126,489	0	62,481	0	48,930	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	80,229	0	25,813	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	194,270	0	76,934	0	69,360	74.00
76.00	03560	PULMONARY LABS	40,036	0	6,710	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	22,252	0	14,191	0	52,782	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	216,679	0	68,298	0	52,723	76.07

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019Worksheet B
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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	3,028	0	0	76.09
76.10	03954	BARIATRICS	0	0	10,546	0	0	76.10
76.11	03955	HEPATOLOGY	182,727	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	35,464	0	3,378	0	222	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	489,753	506	119,877	0	20,139	90.02
90.03	09003	PSYCH SOCIAL REHAB	97,874	0	5,967	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	2,303,779	2,931	430,904	0	34	90.07
90.08	09007	OBST OUTPATIENT CENTER	643,813	0	107,288	0	0	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	132,765	0	16,568	0	0	90.09
90.10	09009	LAGRANGE FAMILY PCC	204,962	0	35,588	0	0	90.10
90.12	09010	NORTH RIVERSIDE PCC	500,861	0	26,331	0	0	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	17,628	0	5,414	0	0	90.14
90.15	09013	OBST II PCC	114,285	0	20,164	0	0	90.15
90.16	09014	HICKORY HILLS PCC	304,783	0	38,928	0	0	90.16
90.18	09015	DARIEN PCC	98,691	0	20,487	0	0	90.18
90.20	09016	ORLAND PARK - FP	169,515	0	27,695	0	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	295,291	0	60,078	0	0	90.21
90.22	09018	HOMER GLEN PCC	197,939	0	73,407	0	0	90.22
90.23	09019	OAK PARK PCC	92,780	0	12,663	0	0	90.23
90.24	09020	PARK RIDGE PCC	76,822	0	8,793	0	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	0	0	31,827	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	14,277	0	0	90.28
90.29	09025	BURR RIDGE PCC	1,365,856	0	190,303	0	0	90.29
90.30	09026	RIVER FOREST	147,298	0	28,089	0	0	90.30
90.31	09027	NORRIDGE	49,858	0	6,189	0	0	90.31
90.32	09028	ELMWOOD PARK	93,146	0	11,920	0	0	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	44,487	0	5,392	0	0	90.34
91.00	09100	EMERGENCY	275,230	2,456	193,321	0	108,964	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	156,390	0	70,391	0	22,522	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	16,880	0	9,928	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	38,889	0	40,527	0	0	105.00
106.00	10600	HEART ACQUISITION	4,346	0	31,870	0	162	106.00
107.00	10700	LIVER ACQUISITION	14,516	0	28,852	0	0	107.00
108.00	10800	LUNG ACQUISITION	6,085	0	39,800	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	8,240	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)	18,234,775	3,089,622	6,525,555	0	1,676,010	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	20,322	242,468	3,329	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	13,442	0	0	190.02
190.03	19003	OP HOSPITAL PHARMACY	18,288	0	18,627	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	3,599	0	0	0	0	190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	2,074,583	0	1,162,536	0	0	192.01
193.00	19300	NONPAID WORKERS	14,134	0	1,588	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)	20,365,701	3,332,090	7,725,077	0	1,676,010	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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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	14,652,145					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	8,870,913				14.00
15.00	01500	PHARMACY	986	359,459	26,078,864			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	87,290	4,248	0	22,330,877		16.00
17.00	01700	SOCIAL SERVICE	31	112	0	0	5,618,388	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	14,637	2,289	1,034	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	4,405	1,651	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	20	0	0	0	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	27	22	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,442,120	52,774	0	3,992,108	3,992,840	30.00
31.00	03100	INTENSIVE CARE UNIT	1,306,292	28,615	0	1,300,291	763,653	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	382,578	11,424	0	397,412	68,837	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	509,099	2,384	0	457,977	273,579	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	186,673	2,121	0	150,946	80,759	35.01
35.03	02400	HEART TRANSPLANT ICU	226,858	4,081	0	223,813	113,661	35.03
35.04	02401	BONE INTENSIVE CARE	353,841	6,189	0	434,245	138,390	35.04
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	72,302	2,374	0	66,840	186,669	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	811,635	352,592	0	1,285,539	0	50.00
50.01	05001	AMBULATORY SURGERY CENTER	229,523	39,474	0	1,817	0	50.01
51.00	05100	RECOVERY ROOM	263,736	6,985	0	516,043	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	226,081	3,564	0	183,764	0	52.00
53.00	05300	ANESTHESIOLOGY	0	15,100	0	1,220,947	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	73,079	7,044	0	578,685	0	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	6,084	37	0	93,842	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	9,761	185,283	0	38,098	0	56.00
57.00	05700	CT SCAN	25,739	2,743	0	686,679	0	57.00
58.00	05800	MRI	12,892	1,192	0	214,493	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	315,641	35,598	0	557,852	0	59.00
60.00	06000	LABORATORY	0	290,920	0	2,543,628	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.	14,917	229,518	0	394,046	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	28,176	0	931,725	0	65.00
66.00	06600	PHYSICAL THERAPY	0	14	0	182,294	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	111,634	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	59	0	48,314	0	68.00
69.00	06900	ELECTROCARDIOLOGY	49,298	736	0	360,513	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	339	0	118,096	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,713,732	0	473,492	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,365,807	0	809,257	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,580,044	21,152,130	1,869,146	0	73.00
74.00	07400	RENAL DIALYSIS	132,818	2,794	0	144,575	0	74.00
76.00	03560	PULMONARY LABS	16,533	1,294	0	26,190	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	93	0	119,109	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 07/01/2018
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Part I
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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	250,195	14,356	0	156,600	0	76.07
76.09	03953	BONE MARROW PROCUREMENT	0	0	0	26,618	0	76.09
76.10	03954	BARIATRICS	8,464	330	0	5	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	16,032	589	0	66	0	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	297,948	213,390	608,265	3,482	0	90.02
90.03	09003	PSYCH SOCIAL REHAB	16,134	568	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	797,730	6,740	0	52,692	0	90.07
90.08	09007	OBST OUTPATIENT CENTER	187,858	1,599	0	723	0	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	38,658	850	0	45	0	90.09
90.10	09009	LAGRANGE FAMILY PCC	97,886	1,167	0	105	0	90.10
90.12	09010	NORTH RIVERSIDE PCC	44,285	593	0	61	0	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	7,758	34	0	28	0	90.14
90.15	09013	OBST II PCC	53,522	377	0	105	0	90.15
90.16	09014	HICKORY HILLS PCC	45,772	731	0	93	0	90.16
90.18	09015	DARIEN PCC	58,158	670	0	52	0	90.18
90.20	09016	ORLAND PARK - FP	85,683	359	0	65	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	44,809	717	0	125	0	90.21
90.22	09018	HOMER GLEN PCC	138,520	867	0	268	0	90.22
90.23	09019	OAK PARK PCC	32,729	206	0	59	0	90.23
90.24	09020	PARK RIDGE PCC	17,715	1,257	0	238	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	48,623	385	0	10	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	33,746	173,217	0	477	0	90.28
90.29	09025	BURR RIDGE PCC	273,075	161,767	674,016	3,014	0	90.29
90.30	09026	RIVER FOREST	90,545	555	0	217	0	90.30
90.31	09027	NORRIDGE	7,874	11	0	52	0	90.31
90.32	09028	ELMWOOD PARK	32,210	289	0	4	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	2	0	90.34
91.00	09100	EMERGENCY	578,861	21,973	0	809,071	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	341,633	3,554	0	100,382	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	43,885	37	0	5,706	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	280,741	0	105.00
106.00	10600	HEART ACQUISITION	444	0	0	67,853	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	149,443	0	107.00
108.00	10800	LUNG ACQUISITION	258	0	0	130,592	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	7,188	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	13,465,886	7,948,089	22,435,445	22,329,592	5,618,388	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	34	0	0	0	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	0	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	11,697	23,492	0	0	0	190.02
190.03	19003	OP HOSPITAL PHARMACY	0	830,335	3,610,667	0	0	190.03
190.04	19004	HOSPITALIST	0	0	0	0	0	190.04
190.05	19005	STUDENT HEALTH	0	34	12	0	0	190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	0	0	462	0	0	190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	1,174,562	68,925	32,278	1,285	0	192.01
193.00	19300	NONPAID WORKERS	0	4	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)	14,652,145	8,870,913	26,078,864	22,330,877	5,618,388	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
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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			66,641,498		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0				1,477	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	15,562,837	345	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	3,927,051	87	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	1,435,004	32	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	409,111	9	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	679,083	15	35.01
35.03	02400	HEART TRANSPLANT ICU	0	0	0	662,469	15	35.03
35.04	02401	BONE INTENSIVE CARE	0	0	0	662,469	15	35.04
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	8,346,282	185	50.00
50.01	05001	AMBULATORY SURGERY CENTER	0	0	0	1,644,751	36	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	683,236	15	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	6,674,533	148	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	1,806,734	40	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0	0	0	602,245	13	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	1,293,788	29	56.00
57.00	05700	CT SCAN	0	0	0	602,245	13	57.00
58.00	05800	MRI	0	0	0	973,975	22	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	2,878,315	64	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	485,949	11	74.00
76.00	03560	PULMONARY LABS	0	0	0	0	0	76.00
76.01	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.01
76.03	03951	HYPERALIMENTATION	0	0	0	0	0	76.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
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	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	0	965,668	21	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	11,102,071	246	90.07
90.08	09007	OBT OUTPATIENT CENTER	0	0	0	1,291,711	29	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	236,744	5	90.15
90.16	09014	HICKORY HILLS PCC	0	0	0	0	0	90.16
90.18	09015	DARIEN PCC	0	0	0	0	0	90.18
90.20	09016	ORLAND PARK - FP	0	0	0	0	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0	0	0	0	0	90.21
90.22	09018	HOMER GLEN PCC	0	0	0	0	0	90.22
90.23	09019	OAK PARK PCC	0	0	0	0	0	90.23
90.24	09020	PARK RIDGE PCC	0	0	0	0	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	0	0	0	0	0	90.25
90.26	09022	WOODRIDGE PCC	0	0	0	0	0	90.26
90.27	09023	NEUROLOGY - NILES	0	0	0	0	0	90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	0	0	0	0	0	90.28
90.29	09025	BURR RIDGE PCC	0	0	0	0	0	90.29
90.30	09026	RIVER FOREST	0	0	0	0	0	90.30
90.31	09027	NORRIDGE	0	0	0	0	0	90.31
90.32	09028	ELMWOOD PARK	0	0	0	0	0	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	0	0	0	0	0	90.34
91.00	09100	EMERGENCY	0	0	0	3,715,227	82	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	0	66,641,498	1,477	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

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	
						21.00	22.00	
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments		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	0	0	66,641,498	1,477	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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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		1,650,313				23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK			0			23.02
23.03	02303	CLINICAL PASTORAL EDUCATION				169,076		23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM					903,871	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	74,278	114,225	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	10,285	81,944	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	10,285	32,281	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	54,630	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	12,185	52,146	35.01
35.03	02400	HEART TRANSPLANT ICU	0	0	0	0	32,281	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	15,986	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	258,250	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

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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	10,285	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	84,428	90.07
90.08	09007	OBST 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	OBST 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	1,650,313	0	19,786	141,540	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	29,798	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	15,986	22,348	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	1,650,313	0	169,076	903,871	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	1,650,313	0	169,076	903,871	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
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	105,313,888	-15,563,182	89,750,706	30.00
31.00	03100	INTENSIVE CARE UNIT	32,622,641	-3,927,138	28,695,503	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	9,504,653	-1,435,036	8,069,617	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	12,509,428	-409,120	12,100,308	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	4,777,550	-679,098	4,098,452	35.01
35.03	02400	HEART TRANSPLANT ICU	6,848,938	-662,484	6,186,454	35.03
35.04	02401	BONE INTENSIVE CARE	7,923,068	-662,484	7,260,584	35.04
41.00	04100	SUBPROVIDER - IRF	0	0	0	41.00
43.00	04300	NURSERY	1,534,677	0	1,534,677	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	54,301,383	-8,346,467	45,954,916	50.00
50.01	05001	AMBULATORY SURGERY CENTER	10,709,363	-1,644,787	9,064,576	50.01
51.00	05100	RECOVERY ROOM	6,578,552	0	6,578,552	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,945,430	-683,251	5,262,179	52.00
53.00	05300	ANESTHESIOLOGY	9,971,202	-6,674,681	3,296,521	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,878,075	-1,806,774	15,071,301	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	2,970,737	-602,258	2,368,479	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600	RADIOISOTOPE	11,423,211	-1,293,817	10,129,394	56.00
57.00	05700	CT SCAN	7,329,313	-602,258	6,727,055	57.00
58.00	05800	MRI	4,693,380	-973,997	3,719,383	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,108,715	0	16,108,715	59.00
60.00	06000	LABORATORY	37,565,977	-2,878,379	34,687,598	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.	11,063,863	0	11,063,863	63.00
65.00	06500	RESPIRATORY THERAPY	12,191,003	0	12,191,003	65.00
66.00	06600	PHYSICAL THERAPY	2,935,293	0	2,935,293	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,718,579	0	1,718,579	67.00
68.00	06800	SPEECH PATHOLOGY	749,245	0	749,245	68.00
69.00	06900	ELECTROCARDIOLOGY	5,189,255	0	5,189,255	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,657,201	0	2,657,201	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	63,142,332	0	63,142,332	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	50,752,658	0	50,752,658	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	117,615,009	0	117,615,009	73.00
74.00	07400	RENAL DIALYSIS	9,443,918	-485,960	8,957,958	74.00
76.00	03560	PULMONARY LABS	1,129,880	0	1,129,880	76.00
76.01	03950	OCCUPATIONAL HEALTH	0	0	0	76.01
76.03	03951	HYPERALIMENTATION	0	0	0	76.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
12/2/2019 11:48 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
76.04	03650	PERIPHERAL VASCULAR	1,609,522	0	1,609,522	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	7,984,394	0	7,984,394	76.07
76.09	03953	BONE MARROW PROCUREMENT	2,293,898	0	2,293,898	76.09
76.10	03954	BARIATRICS	844,368	0	844,368	76.10
76.11	03955	HEPATOLOGY	1,186,390	0	1,186,390	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	508,244	0	508,244	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	90.01
90.02	09002	CANCER CENTER	21,664,846	-965,689	20,699,157	90.02
90.03	09003	PSYCH SOCIAL REHAB	982,822	0	982,822	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	59,496,246	-11,102,317	48,393,929	90.07
90.08	09007	OBT OUTPATIENT CENTER	15,273,045	-1,291,740	13,981,305	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	2,446,231	0	2,446,231	90.09
90.10	09009	LAGRANGE FAMILY PCC	3,817,839	0	3,817,839	90.10
90.12	09010	NORTH RIVERSIDE PCC	4,972,855	0	4,972,855	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	90.13
90.14	09012	WHEATON PCC	480,217	0	480,217	90.14
90.15	09013	OBT II PCC	2,662,145	-236,749	2,425,396	90.15
90.16	09014	HICKORY HILLS PCC	5,282,095	0	5,282,095	90.16
90.18	09015	DARIEN PCC	2,696,298	0	2,696,298	90.18
90.20	09016	ORLAND PARK - FP	3,206,679	0	3,206,679	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	6,447,519	0	6,447,519	90.21
90.22	09018	HOMER GLEN PCC	8,257,152	0	8,257,152	90.22
90.23	09019	OAK PARK PCC	1,321,090	0	1,321,090	90.23
90.24	09020	PARK RIDGE PCC	1,672,027	0	1,672,027	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	2,999,456	0	2,999,456	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	8,237,637	0	8,237,637	90.28
90.29	09025	BURR RIDGE PCC	31,442,937	0	31,442,937	90.29
90.30	09026	RIVER FOREST	3,064,870	0	3,064,870	90.30
90.31	09027	NORRIDGE	710,255	0	710,255	90.31
90.32	09028	ELMWOOD PARK	1,502,660	0	1,502,660	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	630,446	0	630,446	90.34
91.00	09100	EMERGENCY	21,235,723	-3,715,309	17,520,414	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	6,266,643	0	6,266,643	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	655,657	0	655,657	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	972,036	0	972,036	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	10,470,261	0	10,470,261	105.00
106.00	10600	HEART ACQUISITION	4,009,781	0	4,009,781	106.00
107.00	10700	LIVER ACQUISITION	5,986,251	0	5,986,251	107.00
108.00	10800	LUNG ACQUISITION	7,387,605	0	7,387,605	108.00
109.00	10900	PANCREAS ACQUISITION	372,635	0	372,635	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)	905,149,192	-66,642,975	838,506,217	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	433,889	0	433,889	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	2,328,498	0	2,328,498	190.02
190.03	19003	OP HOSPITAL PHARMACY	35,854,579	0	35,854,579	190.03
190.04	19004	HOSPITALIST	0	0	0	190.04
190.05	19005	STUDENT HEALTH	46,069	0	46,069	190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	47,563	0	47,563	190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	315,729,016	0	315,729,016	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
12/2/2019 11:48 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
193.00	19300	NONPAID WORKERS	203,915	0	203,915		193.00
200.00		Cross Foot Adjustments	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	1,259,792,721	-66,642,975	1,193,149,746		202.00

COST ALLOCATION STATISTICS

Provider CCN: 14-0276

Period:

From 07/01/2018
To 06/30/2019

Worksheet Non-CMS W

Date/Time Prepared:
12/2/2019 11:48 am

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
1.01	NEW CAPITAL-BLDG INTEREST	1	SQUARE FEET	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	S	GROSS SALARIES	4.00
5.00	ADMINISTRATIVE & GENERAL	-5	ACCUM. COST	5.00
6.00	MAINTENANCE & REPAIRS	1	SQUARE FEET	6.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	8	LAUNDRY COST	8.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	10	MEALS SERVED	10.00
11.00	CAFETERIA	11	PAID HOURS	11.00
12.00	MAINTENANCE OF PERSONNEL	12	NUMBER HOUSED	12.00
12.01	PATIENT TRANSPORTATION	13	NUMBER OF TRIPS	12.01
13.00	NURSING ADMINISTRATION	14	RN FTES	13.00
14.00	CENTRAL SERVICES & SUPPLY	15	COSTED REQUIS.	14.00
15.00	PHARMACY	17	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	18	INPATIENT REVENUE	16.00
17.00	SOCIAL SERVICE	P	TOTAL PATIENT DAYS	17.00
17.01	HOSPITAL MEDICAL ADMIN	20	MED ADMIN COMPENSATI	17.01
19.00	NONPHYSICIAN ANESTHETISTS	21	ASSIGNED TIME	19.00
20.00	NURSING SCHOOL	22	PATIENT DAYS	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	23	ASSIGNED TIME	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	23	ASSIGNED TIME	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	24	ASSIGNED TIME	23.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
12/2/2019 11:48 am

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
			BLDG & FIXT	NEW CAPITAL-BLDG INTEREST	MVBLE EQUIP		
		0	1.00	1.01	2.00	2A	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400	0	9,387	12,993	4,001	26,381	4.00
5.00	00500	0	1,728,153	2,391,936	1,912,389	6,032,478	5.00
6.00	00600	0	0	0	4,592	4,592	6.00
7.00	00700	0	7,336,297	10,154,157	1,666,172	19,156,626	7.00
8.00	00800	0	1,224	1,694	0	2,918	8.00
9.00	00900	0	292,321	404,601	9,141	706,063	9.00
10.00	01000	0	258,717	358,091	42,011	658,819	10.00
11.00	01100	0	12,429	17,203	0	29,632	11.00
12.00	01200	0	0	0	0	0	12.00
12.01	01201	0	11,680	16,167	0	27,847	12.01
13.00	01300	0	41,113	56,905	52,497	150,515	13.00
14.00	01400	0	177,738	246,007	743,603	1,167,348	14.00
15.00	01500	0	176,776	244,675	365,376	786,827	15.00
16.00	01600	0	249,211	344,933	84,545	678,689	16.00
17.00	01700	0	27,353	37,860	3,761	68,974	17.00
17.01	01701	0	0	0	0	0	17.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	59,115	81,822	892	141,829	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	76,761	106,245	7,632	190,638	23.01
23.02	02302	0	0	0	0	0	23.02
23.03	02303	0	3,256	4,506	1,852	9,614	23.03
23.04	02304	0	2,234	3,092	0	5,326	23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	1,605,431	2,222,076	500,567	4,328,074	30.00
31.00	03100	0	326,483	451,885	483,087	1,261,455	31.00
33.00	03300	0	129,210	178,840	91,749	399,799	33.00
35.00	02060	0	128,961	178,494	296,164	603,619	35.00
35.01	02080	0	38,986	53,961	167,076	260,023	35.01
35.03	02400	0	93,016	128,744	732,685	954,445	35.03
35.04	02401	0	116,223	160,864	100,879	377,966	35.04
41.00	04100	0	0	0	0	0	41.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	733,779	1,015,623	3,592,097	5,341,499	50.00
50.01	05001	0	277,646	384,290	335,054	996,990	50.01
51.00	05100	0	144,348	199,793	139,351	483,492	51.00
52.00	05200	0	76,903	106,442	144,504	327,849	52.00
53.00	05300	0	8,757	12,121	406,948	427,826	53.00
54.00	05400	0	483,665	669,440	1,539,853	2,692,958	54.00
54.01	03630	0	21,567	29,850	289,059	340,476	54.01
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	77,652	107,478	550,695	735,825	56.00
57.00	05700	0	60,244	83,384	770,648	914,276	57.00
58.00	05800	0	107,584	148,907	76,666	333,157	58.00
59.00	05900	0	337,165	466,671	841,294	1,645,130	59.00
60.00	06000	0	420,129	581,500	390,465	1,392,094	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	17,420	24,111	89,303	130,834	63.00
65.00	06500	0	59,638	82,545	139,957	282,140	65.00
66.00	06600	0	832	1,151	6,287	8,270	66.00
67.00	06700	0	36,360	50,326	0	86,686	67.00
68.00	06800	0	8,793	12,170	2,916	23,879	68.00
69.00	06900	0	86,457	119,665	184,298	390,420	69.00
70.00	07000	0	54,838	75,901	202,715	333,454	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	132,787	183,790	206,075	522,652	74.00
76.00	03560	0	27,365	37,876	245,985	311,226	76.00
76.01	03950	0	0	0	0	0	76.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
12/2/2019 11:48 am

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	15,210	21,052	94,062	130,324	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	0	148,103	204,990	615,986	969,079	76.07
76.09	03953	BONE MARROW PROCUREMENT	0	0	0	0	0	76.09
76.10	03954	BARIATRICS	0	0	0	18,543	18,543	76.10
76.11	03955	HEPATOLOGY	0	124,897	172,870	31,132	328,899	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	24,240	33,551	703	58,494	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	0	334,753	463,332	195,510	993,595	90.02
90.03	09003	PSYCH SOCIAL REHAB	0	66,898	92,594	0	159,492	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	1,574,667	2,179,496	3,677,006	7,431,169	90.07
90.08	09007	OBT OUTPATIENT CENTER	0	440,056	609,081	256,837	1,305,974	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	0	90,747	125,602	59,202	275,551	90.09
90.10	09009	LAGRANGE FAMILY PCC	0	140,094	193,905	41,827	375,826	90.10
90.12	09010	NORTH RIVERSIDE PCC	0	342,346	473,841	2,172	818,359	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	0	12,049	16,677	12,747	41,473	90.14
90.15	09013	OBT II PCC	0	78,115	108,120	49,948	236,183	90.15
90.16	09014	HICKORY HILLS PCC	0	208,324	288,341	6,402	503,067	90.16
90.18	09015	DARIEN PCC	0	67,457	93,367	40,994	201,818	90.18
90.20	09016	ORLAND PARK - FP	0	115,866	160,370	2,935	279,171	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0	201,836	279,361	3,236	484,433	90.21
90.22	09018	HOMER GLEN PCC	0	135,294	187,260	335,334	657,888	90.22
90.23	09019	OAK PARK PCC	0	63,417	87,775	7,182	158,374	90.23
90.24	09020	PARK RIDGE PCC	0	52,509	72,677	11,512	136,698	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	0	0	0	9,708	9,708	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	214,246	214,246	90.28
90.29	09025	BURR RIDGE PCC	0	933,583	1,292,172	791,843	3,017,598	90.29
90.30	09026	RIVER FOREST	0	100,680	139,352	3,532	243,564	90.30
90.31	09027	NORRIDGE	0	34,079	47,169	487	81,735	90.31
90.32	09028	ELMWOOD PARK	0	63,666	88,121	0	151,787	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	0	30,407	42,087	487	72,981	90.34
91.00	09100	EMERGENCY	0	188,123	260,382	281,913	730,418	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	106,895	147,953	191,013	445,861	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	11,538	15,970	0	27,508	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	26,581	36,791	0	63,372	105.00
106.00	10600	HEART ACQUISITION	0	2,971	4,112	1,930	9,013	106.00
107.00	10700	LIVER ACQUISITION	0	9,922	13,733	0	23,655	107.00
108.00	10800	LUNG ACQUISITION	0	4,159	5,756	0	9,915	108.00
109.00	10900	PANCREAS ACQUISITION	0	5,632	7,796	0	13,428	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	21,831,118	30,216,441	24,383,270	76,430,829	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	13,891	19,226	0	33,117	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	0	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	0	0	0	2,706	2,706	190.02
190.03	19003	OP HOSPITAL PHARMACY	0	12,500	17,302	1,135	30,937	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	2,460	3,404	4,154	10,018	190.06

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
12/2/2019 11:48 am

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
				BLDG & FIXT	NEW CAPITAL-BLDG INTEREST	MVBLE EQUIP		
			0	1.00	1.01	2.00	2A	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	0	1,418,008	1,962,664	460,574	3,841,246	192.01
193.00	19300	NONPAID WORKERS	0	9,660	13,371	0	23,031	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	23,287,637	32,232,408	24,851,839	80,371,884	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0276

Period:
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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	26,381					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,057	6,035,535				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	94,893	99,485			6.00
7.00	00700	OPERATION OF PLANT	474	228,808	33,870	19,419,778		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,053	6	1,672	5,649	8.00
9.00	00900	HOUSEKEEPING	228	90,908	1,349	399,387	1	9.00
10.00	01000	DIETARY	73	8,258	1,194	353,476	0	10.00
11.00	01100	CAFETERIA	93	25,340	57	16,981	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01	01201	PATIENT TRANSPORTATION	43	7,435	54	15,959	0	12.01
13.00	01300	NURSING ADMINISTRATION	396	67,499	190	56,172	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	68	36,895	821	242,837	0	14.00
15.00	01500	PHARMACY	385	117,198	816	241,522	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	539	97,960	1,150	340,488	0	16.00
17.00	01700	SOCIAL SERVICE	148	25,761	126	37,372	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	1,825	313,613	273	80,767	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	37	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL ED-MICU	25	5,532	354	104,875	0	23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK	0	0	0	0	0	23.02
23.03	02303	CLINICAL PASTORAL EDUCATION	5	700	15	4,448	0	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	26	4,180	10	3,052	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,019	311,280	7,411	2,193,436	2,516	30.00
31.00	03100	INTENSIVE CARE UNIT	605	108,612	1,507	446,061	668	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	161	29,999	596	176,535	152	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	274	47,381	595	176,194	43	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	88	15,836	180	53,266	48	35.01
35.03	02400	HEART TRANSPLANT ICU	108	23,610	429	127,084	107	35.03
35.04	02401	BONE INTENSIVE CARE	144	26,345	537	158,790	290	35.04
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	33	5,700	0	0	8	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	552	185,112	3,387	1,002,534	215	50.00
50.01	05001	AMBULATORY SURGERY CENTER	122	33,563	1,282	379,337	0	50.01
51.00	05100	RECOVERY ROOM	120	23,162	666	197,218	154	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	114	20,641	355	105,070	268	52.00
53.00	05300	ANESTHESIOLOGY	28	9,503	40	11,965	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	221	52,730	2,233	660,813	114	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	50	10,035	100	29,466	34	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	55	44,952	358	106,093	62	56.00
57.00	05700	CT SCAN	123	25,948	278	82,309	16	57.00
58.00	05800	MRI	69	13,115	497	146,988	67	58.00
59.00	05900	CARDIAC CATHETERIZATION	287	62,245	1,557	460,656	154	59.00
60.00	06000	LABORATORY	385	138,909	1,940	574,006	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.	58	49,268	80	23,800	58	63.00
65.00	06500	RESPIRATORY THERAPY	276	51,238	275	81,481	24	65.00
66.00	06600	PHYSICAL THERAPY	91	12,838	4	1,136	102	66.00
67.00	06700	OCCUPATIONAL THERAPY	37	6,383	168	49,678	0	67.00
68.00	06800	SPEECH PATHOLOGY	18	3,061	41	12,014	0	68.00
69.00	06900	ELECTROCARDIOLOGY	106	19,785	399	118,123	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	49	10,403	253	74,923	12	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	292,016	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	232,719	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	439,570	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	135	36,917	613	181,421	0	74.00
76.00	03560	PULMONARY LABS	14	4,355	126	37,388	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	35	6,360	70	20,780	30	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0	0	76.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0276

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Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4.00	5.00	6.00	7.00	8.00	
76.07	03340	GASTROINTESTINAL SERVICE	145	31,181	684	202,348	62	76.07
76.09	03953	BONE MARROW PROCUREMENT	8	10,847	0	0	0	76.09
76.10	03954	BARIATRICS	16	3,952	0	0	0	76.10
76.11	03955	HEPATOLOGY	0	1,964	577	170,642	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	1,616	112	33,119	0	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	252	83,140	1,545	457,361	0	90.02
90.03	09003	PSYCH SOCIAL REHAB	9	2,607	309	91,401	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	818	178,352	7,269	2,151,407	0	90.07
90.08	09007	OBST OUTPATIENT CENTER	234	52,449	2,032	601,232	0	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	30	8,748	419	123,984	0	90.09
90.10	09009	LAGRANGE FAMILY PCC	57	13,472	647	191,406	0	90.10
90.12	09010	NORTH RIVERSIDE PCC	57	13,286	1,580	467,735	0	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	9	1,878	56	16,462	0	90.14
90.15	09013	OBST II PCC	31	8,937	361	106,726	0	90.15
90.16	09014	HICKORY HILLS PCC	81	18,691	962	284,625	0	90.16
90.18	09015	DARIEN PCC	36	10,528	311	92,164	0	90.18
90.20	09016	ORLAND PARK - FP	76	11,366	535	158,303	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	119	24,370	932	275,761	0	90.21
90.22	09018	HOMER GLEN PCC	162	34,507	625	184,847	0	90.22
90.23	09019	OAK PARK PCC	32	4,221	293	86,644	0	90.23
90.24	09020	PARK RIDGE PCC	22	6,312	242	71,741	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	63	13,982	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	31	38,402	0	0	0	90.28
90.29	09025	BURR RIDGE PCC	385	116,590	4,310	1,275,519	0	90.29
90.30	09026	RIVER FOREST	62	11,112	465	137,556	0	90.30
90.31	09027	NORRIDGE	9	2,320	157	46,561	0	90.31
90.32	09028	ELMWOOD PARK	18	5,090	294	86,985	0	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	6	2,089	140	41,544	0	90.34
91.00	09100	EMERGENCY	668	61,361	868	257,026	407	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	131	24,258	493	146,046	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	3,141	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	24	4,028	53	15,764	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	96	47,829	123	36,317	0	105.00
106.00	10600	HEART ACQUISITION	77	18,498	14	4,059	0	106.00
107.00	10700	LIVER ACQUISITION	84	27,529	46	13,556	0	107.00
108.00	10800	LUNG ACQUISITION	103	34,267	19	5,682	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	1,583	26	7,695	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)	17,720	4,414,127	92,761	17,429,791	5,649	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2	487	64	18,978	0	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	0	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	36	10,922	0	0	0	190.02
190.03	19003	OP HOSPITAL PHARMACY	42	150,031	58	17,079	0	190.03
190.04	19004	HOSPITALIST	0	0	0	0	0	190.04
190.05	19005	STUDENT HEALTH	0	220	0	0	0	190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	0	152	11	3,361	0	190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	8,578	1,458,914	6,546	1,937,370	0	192.01
193.00	19300	NONPAID WORKERS	3	682	45	13,199	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)	26,381	6,035,535	99,485	19,419,778	5,649	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
12/2/2019 11:48 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	1,197,936					9.00
10.00	01000	DIETARY	22,264	1,044,084				10.00
11.00	01100	CAFETERIA	1,070	738,989	812,162			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
12.01	01201	PATIENT TRANSPORTATION	1,005	0	5,413	0	57,756	12.01
13.00	01300	NURSING ADMINISTRATION	3,538	0	32,269	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,296	0	6,795	0	0	14.00
15.00	01500	PHARMACY	15,213	0	16,357	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	21,446	0	25,441	0	0	16.00
17.00	01700	SOCIAL SERVICE	2,354	0	7,448	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	5,087	0	83,352	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	6,606	0	1,299	0	0	23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK	0	0	0	0	0	23.02
23.03	02303	CLINICAL PASTORAL EDUCATION	280	0	282	0	0	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	192	0	1,820	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	138,162	171,470	102,300	0	17,394	30.00
31.00	03100	INTENSIVE CARE UNIT	28,096	34,996	27,648	0	3,509	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	11,119	4,729	8,102	0	119	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	11,098	0	11,251	0	67	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	3,355	6,621	3,838	0	213	35.01
35.03	02400	HEART TRANSPLANT ICU	8,005	4,729	4,908	0	454	35.03
35.04	02401	BONE INTENSIVE CARE	10,002	4,729	7,678	0	219	35.04
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	1,717	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	63,147	0	29,287	0	9	50.00
50.01	05001	AMBULATORY SURGERY CENTER	23,893	0	6,474	0	5	50.01
51.00	05100	RECOVERY ROOM	12,422	0	5,593	0	5	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,618	0	5,267	0	46	52.00
53.00	05300	ANESTHESIOLOGY	754	0	2,355	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	41,623	0	10,909	0	10,011	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	1,856	0	2,082	0	639	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	6,683	0	2,054	0	285	56.00
57.00	05700	CT SCAN	5,184	0	5,534	0	5,778	57.00
58.00	05800	MRI	9,258	0	2,747	0	1,914	58.00
59.00	05900	CARDIAC CATHETERIZATION	29,015	0	9,638	0	436	59.00
60.00	06000	LABORATORY	36,155	0	23,467	0	771	60.00
60.01	03420	LABORATORY - PATHOLOGICAL	0	0	0	0	0	60.01
60.02	03956	LABORATORY-NEUROSURGICAL	0	0	0	0	0	60.02
60.03	03957	LABORATORY-HLA	0	0	0	0	0	60.03
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,499	0	3,050	0	59	63.00
65.00	06500	RESPIRATORY THERAPY	5,132	0	14,816	0	798	65.00
66.00	06600	PHYSICAL THERAPY	72	0	3,609	0	1,017	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,129	0	1,883	0	1,056	67.00
68.00	06800	SPEECH PATHOLOGY	757	0	764	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	7,440	0	6,569	0	1,686	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,719	0	2,714	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	11,427	0	8,088	0	2,390	74.00
76.00	03560	PULMONARY LABS	2,355	0	705	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	1,309	0	1,492	0	1,819	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	12,745	0	7,180	0	1,817	76.07

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
12/2/2019 11:48 am

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	PATIENT TRANSPORTATION	
			9.00	10.00	11.00	12.00	12.01	
76.09	03953	BONE MARROW PROCUREMENT	0	0	318	0	0	76.09
76.10	03954	BARIATRICS	0	0	1,109	0	0	76.10
76.11	03955	HEPATOLOGY	10,748	0	0	0	0	76.11
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,086	0	355	0	8	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	28,808	158	12,603	0	694	90.02
90.03	09003	PSYCH SOCIAL REHAB	5,757	0	627	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	135,511	919	45,302	0	1	90.07
90.08	09007	OBT OUTPATIENT CENTER	37,870	0	11,280	0	0	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	7,809	0	1,742	0	0	90.09
90.10	09009	LAGRANGE FAMILY PCC	12,056	0	3,742	0	0	90.10
90.12	09010	NORTH RIVERSIDE PCC	29,461	0	2,768	0	0	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	1,037	0	569	0	0	90.14
90.15	09013	OB II PCC	6,722	0	2,120	0	0	90.15
90.16	09014	HICKORY HILLS PCC	17,928	0	4,093	0	0	90.16
90.18	09015	DARIEN PCC	5,805	0	2,154	0	0	90.18
90.20	09016	ORLAND PARK - FP	9,971	0	2,912	0	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	17,369	0	6,316	0	0	90.21
90.22	09018	HOMER GLEN PCC	11,643	0	7,718	0	0	90.22
90.23	09019	OAK PARK PCC	5,457	0	1,331	0	0	90.23
90.24	09020	PARK RIDGE PCC	4,519	0	924	0	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	0	0	3,346	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	1,501	0	0	90.28
90.29	09025	BURR RIDGE PCC	80,341	0	20,007	0	0	90.29
90.30	09026	RIVER FOREST	8,664	0	2,953	0	0	90.30
90.31	09027	NORRIDGE	2,933	0	651	0	0	90.31
90.32	09028	ELMWOOD PARK	5,479	0	1,253	0	0	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	2,617	0	567	0	0	90.34
91.00	09100	EMERGENCY	16,189	769	20,324	0	3,755	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	9,199	0	7,400	0	776	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	993	0	1,044	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	2,287	0	4,261	0	0	105.00
106.00	10600	HEART ACQUISITION	256	0	3,351	0	6	106.00
107.00	10700	LIVER ACQUISITION	854	0	3,033	0	0	107.00
108.00	10800	LUNG ACQUISITION	358	0	4,184	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	485	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,072,592	968,109	686,053	0	57,756	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,195	75,975	350	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	1,413	0	0	190.02
190.03	19003	OP HOSPITAL PHARMACY	1,076	0	1,958	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	212	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	122,030	0	122,221	0	0	192.01
193.00	19300	NONPAID WORKERS	831	0	167	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)	1,197,936	1,044,084	812,162	0	57,756	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
12/2/2019 11:48 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	310,579					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,470,060				14.00
15.00	01500	PHARMACY	21	59,573	1,237,912			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,850	704	0	1,168,267		16.00
17.00	01700	SOCIAL SERVICE	1	19	0	0	142,203	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	310	379	49	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	93	274	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	3	0	0	0	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	1	4	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	94,163	8,746	0	208,388	101,060	30.00
31.00	03100	INTENSIVE CARE UNIT	27,689	4,742	0	68,059	19,328	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	8,109	1,893	0	20,801	1,742	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	10,791	395	0	23,971	6,924	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	3,957	351	0	7,901	2,044	35.01
35.03	02400	HEART TRANSPLANT ICU	4,809	676	0	11,715	2,877	35.03
35.04	02401	BONE INTENSIVE CARE	7,500	1,026	0	22,729	3,503	35.04
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	1,533	393	0	3,499	4,725	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	17,204	58,435	0	67,287	0	50.00
50.01	05001	AMBULATORY SURGERY CENTER	4,865	6,542	0	95	0	50.01
51.00	05100	RECOVERY ROOM	5,590	1,158	0	27,011	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,792	591	0	9,619	0	52.00
53.00	05300	ANESTHESIOLOGY	0	2,503	0	63,906	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,549	1,167	0	30,289	0	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	129	6	0	4,912	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	207	30,707	0	1,994	0	56.00
57.00	05700	CT SCAN	546	455	0	35,942	0	57.00
58.00	05800	MRI	273	198	0	11,227	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,691	5,900	0	29,199	0	59.00
60.00	06000	LABORATORY	0	48,214	0	133,138	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.	316	38,038	0	20,625	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	4,670	0	48,768	0	65.00
66.00	06600	PHYSICAL THERAPY	0	2	0	9,542	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	5,843	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	10	0	2,529	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,045	122	0	18,870	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	56	0	6,181	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	284,016	0	24,783	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	226,355	0	42,358	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	427,475	1,004,052	97,834	0	73.00
74.00	07400	RENAL DIALYSIS	2,815	463	0	7,567	0	74.00
76.00	03560	PULMONARY LABS	350	214	0	1,371	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	15	0	6,234	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

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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
76.07	03340	GASTROINTESTINAL SERVICE	5,303	2,379	0	8,197	0	76.07
76.09	03953	BONE MARROW PROCUREMENT	0	0	0	1,393	0	76.09
76.10	03954	BARIATRICS	179	55	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	340	98	0	3	0	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	6,316	35,365	28,873	182	0	90.02
90.03	09003	PSYCH SOCIAL REHAB	342	94	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	16,909	1,117	0	2,758	0	90.07
90.08	09007	OBST OUTPATIENT CENTER	3,982	265	0	38	0	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	819	141	0	2	0	90.09
90.10	09009	LAGRANGE FAMILY PCC	2,075	193	0	5	0	90.10
90.12	09010	NORTH RIVERSIDE PCC	939	98	0	3	0	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	164	6	0	1	0	90.14
90.15	09013	OBST II PCC	1,134	62	0	6	0	90.15
90.16	09014	HICKORY HILLS PCC	970	121	0	5	0	90.16
90.18	09015	DARIEN PCC	1,233	111	0	3	0	90.18
90.20	09016	ORLAND PARK - FP	1,816	60	0	3	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	950	119	0	7	0	90.21
90.22	09018	HOMER GLEN PCC	2,936	144	0	14	0	90.22
90.23	09019	OAK PARK PCC	694	34	0	3	0	90.23
90.24	09020	PARK RIDGE PCC	375	208	0	12	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	1,031	64	0	1	0	90.25
90.26	09022	WOODRIDGE PCC	0	0	0	0	0	90.26
90.27	09023	NEUROLOGY - NILES	0	0	0	0	0	90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	715	28,707	0	25	0	90.28
90.29	09025	BURR RIDGE PCC	5,788	26,810	31,994	158	0	90.29
90.30	09026	RIVER FOREST	1,919	92	0	11	0	90.30
90.31	09027	NORRIDGE	167	2	0	3	0	90.31
90.32	09028	ELMWOOD PARK	683	48	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	12,270	3,642	0	42,348	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	7,242	589	0	5,254	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	930	6	0	299	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	14,694	0	105.00
106.00	10600	HEART ACQUISITION	9	0	0	3,552	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	7,822	0	107.00
108.00	10800	LUNG ACQUISITION	5	0	0	6,835	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	376	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)	285,434	1,317,120	1,064,968	1,168,200	142,203	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6	0	0	0	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	0	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	248	3,893	0	0	0	190.02
190.03	19003	OP HOSPITAL PHARMACY	0	137,611	171,389	0	0	190.03
190.04	19004	HOSPITALIST	0	0	0	0	0	190.04
190.05	19005	STUDENT HEALTH	0	6	1	0	0	190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	0	0	22	0	0	190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	24,897	11,423	1,532	67	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)	310,579	1,470,060	1,237,912	1,168,267	142,203	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
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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	
			17.00	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			627,484		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0				37	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

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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:
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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	627,484	37	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	627,484	37	202.00

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	
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		309,696				23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK			0			23.02
23.03	02303	CLINICAL PASTORAL EDUCATION				15,347		23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM					14,611	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 & CANTEN						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	309,696	0	15,347	14,611	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	309,696	0	15,347	14,611	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019Worksheet 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	7,686,419	0	7,686,419	30.00
31.00	03100	INTENSIVE CARE UNIT	2,032,975	0	2,032,975	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	663,856	0	663,856	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	892,603	0	892,603	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	357,721	0	357,721	35.01
35.03	02400	HEART TRANSPLANT ICU	1,143,956	0	1,143,956	35.03
35.04	02401	BONE INTENSIVE CARE	621,458	0	621,458	35.04
41.00	04100	SUBPROVIDER - IRF	0	0	0	41.00
43.00	04300	NURSERY	17,608	0	17,608	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,768,668	0	6,768,668	50.00
50.01	05001	AMBULATORY SURGERY CENTER	1,453,168	0	1,453,168	50.01
51.00	05100	RECOVERY ROOM	756,591	0	756,591	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	481,230	0	481,230	52.00
53.00	05300	ANESTHESIOLOGY	518,880	0	518,880	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,504,617	0	3,504,617	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	389,785	0	389,785	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600	RADIOISOTOPE	929,275	0	929,275	56.00
57.00	05700	CT SCAN	1,076,389	0	1,076,389	57.00
58.00	05800	MRI	519,510	0	519,510	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,250,908	0	2,250,908	59.00
60.00	06000	LABORATORY	2,349,079	0	2,349,079	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.	267,685	0	267,685	63.00
65.00	06500	RESPIRATORY THERAPY	489,618	0	489,618	65.00
66.00	06600	PHYSICAL THERAPY	36,683	0	36,683	66.00
67.00	06700	OCCUPATIONAL THERAPY	154,863	0	154,863	67.00
68.00	06800	SPEECH PATHOLOGY	43,073	0	43,073	68.00
69.00	06900	ELECTROCARDIOLOGY	564,565	0	564,565	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	432,764	0	432,764	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	600,815	0	600,815	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	501,432	0	501,432	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,968,931	0	1,968,931	73.00
74.00	07400	RENAL DIALYSIS	774,488	0	774,488	74.00
76.00	03560	PULMONARY LABS	358,104	0	358,104	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 07/01/2018
To 06/30/2019Worksheet 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	
76.04	03650	PERIPHERAL VASCULAR	168,468	0	168,468	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	1,241,120	0	1,241,120	76.07
76.09	03953	BONE MARROW PROCUREMENT	12,566	0	12,566	76.09
76.10	03954	BIATRICS	23,854	0	23,854	76.10
76.11	03955	HEPATOLOGY	512,830	0	512,830	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	96,238	0	96,238	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	90.01
90.02	09002	CANCER CENTER	1,648,892	0	1,648,892	90.02
90.03	09003	PSYCH SOCIAL REHAB	260,638	0	260,638	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	9,971,532	0	9,971,532	90.07
90.08	09007	OB OUTPATIENT CENTER	2,015,356	0	2,015,356	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	419,245	0	419,245	90.09
90.10	09009	LAGRANGE FAMILY PCC	599,479	0	599,479	90.10
90.12	09010	NORTH RIVERSIDE PCC	1,334,286	0	1,334,286	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	90.13
90.14	09012	WHEATON PCC	61,655	0	61,655	90.14
90.15	09013	OB II PCC	362,282	0	362,282	90.15
90.16	09014	HICKORY HILLS PCC	830,543	0	830,543	90.16
90.18	09015	DARIEN PCC	314,163	0	314,163	90.18
90.20	09016	ORLAND PARK - FP	464,213	0	464,213	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	810,376	0	810,376	90.21
90.22	09018	HOMER GLEN PCC	900,484	0	900,484	90.22
90.23	09019	OAK PARK PCC	257,083	0	257,083	90.23
90.24	09020	PARK RIDGE PCC	221,053	0	221,053	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	28,195	0	28,195	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	283,627	0	283,627	90.28
90.29	09025	BURR RIDGE PCC	4,579,500	0	4,579,500	90.29
90.30	09026	RIVER FOREST	406,398	0	406,398	90.30
90.31	09027	NORRIDGE	134,538	0	134,538	90.31
90.32	09028	ELMWOOD PARK	251,637	0	251,637	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	119,944	0	119,944	90.34
91.00	09100	EMERGENCY	1,150,045	0	1,150,045	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	647,249	0	647,249	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	3,141	0	3,141	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	50,649	0	50,649	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	168,979	0	168,979	105.00
106.00	10600	HEART ACQUISITION	38,835	0	38,835	106.00
107.00	10700	LIVER ACQUISITION	76,579	0	76,579	107.00
108.00	10800	LUNG ACQUISITION	61,368	0	61,368	108.00
109.00	10900	PANCREAS ACQUISITION	23,593	0	23,593	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)	71,158,350	0	71,158,350	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	130,174	0	130,174	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	19,218	0	19,218	190.02
190.03	19003	OP HOSPITAL PHARMACY	510,181	0	510,181	190.03
190.04	19004	HOSPITALIST	0	0	0	190.04
190.05	19005	STUDENT HEALTH	227	0	227	190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	13,776	0	13,776	190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	7,534,824	0	7,534,824	192.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019Worksheet 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	
193.00	19300	NONPAID WORKERS	37,959	0	37,959	193.00
200.00		Cross Foot Adjustments	967,175	0	967,175	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	80,371,884	0	80,371,884	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
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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	4.00	5A	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,959,829					1.00
1.01	00101	NEW CAPITAL-BLDG INTEREST	0	1,959,829				1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP			15,298,832			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	790	790	2,463	599,997,519		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	145,437	145,437	1,177,270	69,478,454	-249,031,023	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	2,827	0	0	6.00
7.00	00700	OPERATION OF PLANT	617,404	617,404	1,025,698	10,781,258	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	103	103	0	0	0	8.00
9.00	00900	HOUSEKEEPING	24,601	24,601	5,627	5,173,582	0	9.00
10.00	01000	DIETARY	21,773	21,773	25,862	1,663,415	0	10.00
11.00	01100	CAFETERIA	1,046	1,046	0	2,117,097	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01	01201	PATIENT TRANSPORTATION	983	983	0	970,668	0	12.01
13.00	01300	NURSING ADMINISTRATION	3,460	3,460	32,317	8,991,376	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14,958	14,958	457,763	1,539,956	0	14.00
15.00	01500	PHARMACY	14,877	14,877	224,926	8,747,418	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	20,973	20,973	52,046	12,243,320	0	16.00
17.00	01700	SOCIAL SERVICE	2,302	2,302	2,315	3,371,435	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	4,975	4,975	549	41,473,471	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	4,698	560,193	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	114,581	0	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	188	188	0	599,782	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	135,109	135,109	308,150	45,885,789	0	30.00
31.00	03100	INTENSIVE CARE UNIT	27,476	27,476	297,389	13,750,662	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	10,874	10,874	56,481	3,659,432	0	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	10,853	10,853	182,319	6,230,245	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	3,281	3,281	102,852	1,996,417	0	35.01
35.03	02400	HEART TRANSPLANT ICU	7,828	7,828	451,042	2,458,627	0	35.03
35.04	02401	BONE INTENSIVE CARE	9,781	9,781	62,101	3,265,865	0	35.04
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	739,721	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	61,753	61,753	2,211,301	12,540,107	0	50.00
50.01	05001	AMBULATORY SURGERY CENTER	23,366	23,366	206,260	2,782,919	0	50.01
51.00	05100	RECOVERY ROOM	12,148	12,148	85,785	2,720,723	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,472	6,472	88,957	2,580,330	0	52.00
53.00	05300	ANESTHESIOLOGY	737	737	250,518	627,925	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	40,704	40,704	947,936	5,015,155	0	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	1,815	1,815	177,945	1,147,416	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	6,535	6,535	339,009	1,247,459	0	56.00
57.00	05700	CT SCAN	5,070	5,070	474,412	2,798,926	0	57.00
58.00	05800	MRI	9,054	9,054	47,196	1,562,811	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	28,375	28,375	517,902	6,517,917	0	59.00
60.00	06000	LABORATORY	35,357	35,357	240,371	8,760,715	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.	1,466	1,466	54,975	1,324,918	0	63.00
65.00	06500	RESPIRATORY THERAPY	5,019	5,019	86,158	6,261,460	0	65.00
66.00	06600	PHYSICAL THERAPY	70	70	3,870	2,060,844	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,060	3,060	0	835,165	0	67.00
68.00	06800	SPEECH PATHOLOGY	740	740	1,795	416,539	0	68.00
69.00	06900	ELECTROCARDIOLOGY	7,276	7,276	113,454	2,408,959	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,615	4,615	124,792	1,124,807	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	126,860	3,059,553	0	74.00
76.00	03560	PULMONARY LABS	2,303	2,303	151,429	314,694	0	76.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
12/2/2019 11:48 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	792,905	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	379,202	3,297,083	0	76.07
76.09	03953	BONE MARROW PROCUREMENT	0	0	0	177,792	0	76.09
76.10	03954	BARIATRICS	0	0	11,415	363,952	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	163,528	0	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	28,172	28,172	120,356	5,726,376	0	90.02
90.03	09003	PSYCH SOCIAL REHAB	5,630	5,630	0	215,338	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	132,520	132,520	2,263,571	18,587,247	0	90.07
90.08	09007	OBT OUTPATIENT CENTER	37,034	37,034	158,109	5,308,240	0	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	7,637	7,637	36,445	685,915	0	90.09
90.10	09009	LAGRANGE FAMILY PCC	11,790	11,790	25,749	1,290,303	0	90.10
90.12	09010	NORTH RIVERSIDE PCC	28,811	28,811	1,337	1,297,850	0	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	1,014	1,014	7,847	196,055	0	90.14
90.15	09013	OBT II PCC	6,574	6,574	30,748	708,212	0	90.15
90.16	09014	HICKORY HILLS PCC	17,532	17,532	3,941	1,846,835	0	90.16
90.18	09015	DARIEN PCC	5,677	5,677	25,236	809,397	0	90.18
90.20	09016	ORLAND PARK - FP	9,751	9,751	1,807	1,723,578	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	16,986	16,986	1,992	2,709,912	0	90.21
90.22	09018	HOMER GLEN PCC	11,386	11,386	206,432	3,673,312	0	90.22
90.23	09019	OAK PARK PCC	5,337	5,337	4,421	734,176	0	90.23
90.24	09020	PARK RIDGE PCC	4,419	4,419	7,087	491,060	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	0	0	5,976	1,442,679	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	131,890	694,315	0	90.28
90.29	09025	BURR RIDGE PCC	78,568	78,568	487,460	8,758,647	0	90.29
90.30	09026	RIVER FOREST	8,473	8,473	2,174	1,400,588	0	90.30
90.31	09027	NORRIDGE	2,868	2,868	300	204,702	0	90.31
90.32	09028	ELMWOOD PARK	5,358	5,358	0	401,679	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	143,221	0	90.34
91.00	09100	EMERGENCY	15,832	15,832	173,546	15,170,997	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	8,996	8,996	117,588	2,975,129	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	971	971	0	537,425	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	2,237	2,237	0	2,174,874	0	105.00
106.00	10600	HEART ACQUISITION	250	250	1,188	1,758,124	0	106.00
107.00	10700	LIVER ACQUISITION	835	835	0	1,912,981	0	107.00
108.00	10800	LUNG ACQUISITION	350	350	0	2,339,311	0	108.00
109.00	10900	PANCREAS ACQUISITION	474	474	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)	1,837,252	1,837,252	15,010,380	402,635,844	-249,031,023	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,169	1,169	0	47,938	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	807,498	0	190.02
190.03	19003	OP HOSPITAL PHARMACY	1,052	1,052	699	953,028	0	190.03
190.04	19004	HOSPITALIST	0	0	0	0	0	190.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
12/2/2019 11:48 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	0	0	190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	119,336	119,336	283,530	195,480,206	0	192.01
193.00	19300	NONPAID WORKERS	813	813	0	73,005	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)	23,287,637	32,232,408	24,851,839	9,812,948		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.882484	16.446541	1.624427	0.016355		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)				26,381		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)				0.000044		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 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
12/2/2019 11:48 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	1,010,761,698					5.00
6.00	00600	MAINTENANCE & REPAIRS	15,892,396	1,813,602				6.00
7.00	00700	OPERATION OF PLANT	38,319,884	617,404	1,196,198			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	176,306	103	103	3,376,361		8.00
9.00	00900	HOUSEKEEPING	15,224,920	24,601	24,601	593	1,171,494	9.00
10.00	01000	DIETARY	1,382,964	21,773	21,773	0	21,773	10.00
11.00	01100	CAFETERIA	4,243,813	1,046	1,046	0	1,046	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01	01201	PATIENT TRANSPORTATION	1,245,132	983	983	0	983	12.01
13.00	01300	NURSING ADMINISTRATION	11,304,434	3,460	3,460	0	3,460	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,178,951	14,958	14,958	0	14,958	14.00
15.00	01500	PHARMACY	19,627,929	14,877	14,877	0	14,877	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16,405,955	20,973	20,973	0	20,973	16.00
17.00	01700	SOCIAL SERVICE	4,314,376	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	52,522,677	4,975	4,975	0	4,975	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	22,113	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL ED-MICU	926,439	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	117,244	274	274	0	274	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	700,123	188	188	0	188	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	52,131,905	135,109	135,109	1,504,544	135,109	30.00
31.00	03100	INTENSIVE CARE UNIT	18,189,922	27,476	27,476	399,372	27,476	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	5,024,047	10,874	10,874	90,566	10,874	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	7,935,171	10,853	10,853	25,485	10,853	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	2,652,114	3,281	3,281	28,428	3,281	35.01
35.03	02400	HEART TRANSPLANT ICU	3,954,071	7,828	7,828	63,818	7,828	35.03
35.04	02401	BONE INTENSIVE CARE	4,412,231	9,781	9,781	173,618	9,781	35.04
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	954,635	0	0	4,803	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	31,001,804	61,753	61,753	128,254	61,753	50.00
50.01	05001	AMBULATORY SURGERY CENTER	5,621,050	23,366	23,366	0	23,366	50.01
51.00	05100	RECOVERY ROOM	3,879,164	12,148	12,148	92,148	12,148	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,456,861	6,472	6,472	159,942	6,472	52.00
53.00	05300	ANESTHESIOLOGY	1,591,518	737	737	0	737	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,831,028	40,704	40,704	68,351	40,704	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	1,680,640	1,815	1,815	20,459	1,815	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	7,528,378	6,535	6,535	36,964	6,535	56.00
57.00	05700	CT SCAN	4,345,722	5,070	5,070	9,815	5,070	57.00
58.00	05800	MRI	2,196,487	9,054	9,054	39,913	9,054	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,424,627	28,375	28,375	92,312	28,375	59.00
60.00	06000	LABORATORY	23,263,870	35,357	35,357	0	35,357	60.00
60.01	03420	LABORATORY - PATHOLOGICAL	0	0	0	0	0	60.01
60.02	03956	LABORATORY-NEUROSURGICAL	0	0	0	0	0	60.02
60.03	03957	LABORATORY-HLA	0	0	0	0	0	60.03
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,251,138	1,466	1,466	34,380	1,466	63.00
65.00	06500	RESPIRATORY THERAPY	8,581,097	5,019	5,019	14,094	5,019	65.00
66.00	06600	PHYSICAL THERAPY	2,150,136	70	70	61,172	70	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,068,973	3,060	3,060	0	3,060	67.00
68.00	06800	SPEECH PATHOLOGY	512,640	740	740	0	740	68.00
69.00	06900	ELECTROCARDIOLOGY	3,313,445	7,276	7,276	0	7,276	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,742,289	4,615	4,615	7,241	4,615	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	48,905,717	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	38,974,947	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73,617,548	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	6,182,681	11,175	11,175	0	11,175	74.00
76.00	03560	PULMONARY LABS	729,335	2,303	2,303	0	2,303	76.00
76.01	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.01
76.03	03951	HYPERALIMENTATION	0	0	0	0	0	76.03
76.04	03650	PERIPHERAL VASCULAR	1,065,175	1,280	1,280	17,651	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 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:

12/2/2019 11:48 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	5,222,102	12,464	12,464	37,223	12,464	76.07
76.09	03953	BONE MARROW PROCUREMENT	1,816,663	0	0	0	0	76.09
76.10	03954	BARIATRICS	661,935	0	0	0	0	76.10
76.11	03955	HEPATOLOGY	328,899	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	270,592	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	13,923,889	28,172	28,172	0	28,172	90.02
90.03	09003	PSYCH SOCIAL REHAB	436,673	5,630	5,630	0	5,630	90.03
90.04	09004	WELLNESS ASSESSMENT	0	0	0	0	0	90.04
90.06	09005	HEART FAILURE CLINIC	0	0	0	0	0	90.06
90.07	09006	LOC OUTPATIENT CENTER	29,869,777	132,520	132,520	0	132,520	90.07
90.08	09007	OBST OUTPATIENT CENTER	8,783,919	37,034	37,034	0	37,034	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	1,465,009	7,637	7,637	0	7,637	90.09
90.10	09009	LAGRANGE FAMILY PCC	2,256,258	11,790	11,790	0	11,790	90.10
90.12	09010	NORTH RIVERSIDE PCC	2,225,076	28,811	28,811	0	28,811	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	314,573	1,014	1,014	0	1,014	90.14
90.15	09013	OBST II PCC	1,496,815	6,574	6,574	0	6,574	90.15
90.16	09014	HICKORY HILLS PCC	3,130,237	17,532	17,532	0	17,532	90.16
90.18	09015	DARIEN PCC	1,763,158	5,677	5,677	0	5,677	90.18
90.20	09016	ORLAND PARK - FP	1,903,562	9,751	9,751	0	9,751	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	4,081,435	16,986	16,986	0	16,986	90.21
90.22	09018	HOMER GLEN PCC	5,779,132	11,386	11,386	0	11,386	90.22
90.23	09019	OAK PARK PCC	706,995	5,337	5,337	0	5,337	90.23
90.24	09020	PARK RIDGE PCC	1,057,132	4,419	4,419	0	4,419	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	2,341,670	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	6,431,361	0	0	0	0	90.28
90.29	09025	BURR RIDGE PCC	19,526,044	78,568	78,568	0	78,568	90.29
90.30	09026	RIVER FOREST	1,861,034	8,473	8,473	0	8,473	90.30
90.31	09027	NORRIDGE	388,540	2,868	2,868	0	2,868	90.31
90.32	09028	ELMWOOD PARK	852,418	5,358	5,358	0	5,358	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	349,826	2,559	2,559	0	2,559	90.34
91.00	09100	EMERGENCY	10,276,451	15,832	15,832	243,102	15,832	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	4,062,660	8,996	8,996	0	8,996	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	526,049	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	674,555	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	8,010,193	2,237	2,237	0	2,237	105.00
106.00	10600	HEART ACQUISITION	3,097,921	250	250	0	250	106.00
107.00	10700	LIVER ACQUISITION	4,610,371	835	835	0	835	107.00
108.00	10800	LUNG ACQUISITION	5,738,832	350	350	0	350	108.00
109.00	10900	PANCREAS ACQUISITION	265,113	474	474	0	474	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	739,260,778	1,691,025	1,073,621	3,376,361	1,048,917	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	81,599	1,169	1,169	0	1,169	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	0	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	1,829,191	0	0	0	0	190.02
190.03	19003	OP HOSPITAL PHARMACY	25,126,557	1,052	1,052	0	1,052	190.03
190.04	19004	HOSPITALIST	0	0	0	0	0	190.04
190.05	19005	STUDENT HEALTH	36,925	0	0	0	0	190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	25,521	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	244,286,984	119,336	119,336	0	119,336	192.01
193.00	19300	NONPAID WORKERS	114,143	813	813	0	813	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
12/2/2019 11:48 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)	249,031,023	19,807,965	54,504,358	225,562	20,365,701	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.246380	10.921892	45.564662	0.066806	17.384384	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	6,035,535	99,485	19,419,778	5,649	1,197,936	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.005971	0.054855	16.234585	0.001673	1.022571	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 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
12/2/2019 11:48 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	3,795,304					10.00
11.00	01100	CAFETERIA	2,686,262	9,066,667				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
12.01	01201	PATIENT TRANSPORTATION	0	60,429	0	196,235		12.01
13.00	01300	NURSING ADMINISTRATION	0	360,234	0	0	3,299,372	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	75,854	0	0	0	14.00
15.00	01500	PHARMACY	0	182,604	0	0	222	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	284,014	0	0	19,656	16.00
17.00	01700	SOCIAL SERVICE	0	83,145	0	0	7	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	930,502	0	0	3,296	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL ED-MICU	0	14,502	0	0	992	23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK	0	0	0	0	0	23.02
23.03	02303	CLINICAL PASTORAL EDUCATION	0	3,150	0	0	0	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	0	20,323	0	0	6	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	623,302	1,142,032	0	59,102	1,000,277	30.00
31.00	03100	INTENSIVE CARE UNIT	127,213	308,653	0	11,924	294,151	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	17,191	90,445	0	404	86,149	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	125,607	0	229	114,639	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	24,067	42,845	0	723	42,035	35.01
35.03	02400	HEART TRANSPLANT ICU	17,191	54,796	0	1,543	51,084	35.03
35.04	02401	BONE INTENSIVE CARE	17,191	85,716	0	743	79,678	35.04
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	19,170	0	0	16,281	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	326,945	0	29	182,764	50.00
50.01	05001	AMBULATORY SURGERY CENTER	0	72,269	0	18	51,684	50.01
51.00	05100	RECOVERY ROOM	0	62,438	0	16	59,388	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	58,800	0	156	50,909	52.00
53.00	05300	ANESTHESIOLOGY	0	26,286	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	121,789	0	34,013	16,456	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0	23,246	0	2,172	1,370	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	22,933	0	969	2,198	56.00
57.00	05700	CT SCAN	0	61,775	0	19,630	5,796	57.00
58.00	05800	MRI	0	30,661	0	6,502	2,903	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	107,594	0	1,481	71,076	59.00
60.00	06000	LABORATORY	0	261,978	0	2,618	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	34,050	0	202	3,359	63.00
65.00	06500	RESPIRATORY THERAPY	0	165,397	0	2,713	0	65.00
66.00	06600	PHYSICAL THERAPY	0	40,292	0	3,455	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	21,018	0	3,588	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	8,526	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	73,332	0	5,729	11,101	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	30,296	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	90,295	0	8,121	29,908	74.00
76.00	03560	PULMONARY LABS	0	7,875	0	0	3,723	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 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
12/2/2019 11:48 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	16,656	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	80,159	0	6,173	56,339	76.07
76.09	03953	BONE MARROW PROCUREMENT	0	3,554	0	0	0	76.09
76.10	03954	BARIATRICS	0	12,377	0	0	1,906	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	3,965	0	26	3,610	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	576	140,696	0	2,358	67,092	90.02
90.03	09003	PSYCH SOCIAL REHAB	0	7,003	0	0	3,633	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	3,339	505,738	0	4	179,633	90.07
90.08	09007	OBST OUTPATIENT CENTER	0	125,920	0	0	42,302	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	0	19,445	0	0	8,705	90.09
90.10	09009	LAGRANGE FAMILY PCC	0	41,769	0	0	22,042	90.10
90.12	09010	NORTH RIVERSIDE PCC	0	30,904	0	0	9,972	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	0	6,354	0	0	1,747	90.14
90.15	09013	OBST II PCC	0	23,666	0	0	12,052	90.15
90.16	09014	HICKORY HILLS PCC	0	45,689	0	0	10,307	90.16
90.18	09015	DARIEN PCC	0	24,045	0	0	13,096	90.18
90.20	09016	ORLAND PARK - FP	0	32,505	0	0	19,294	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0	70,511	0	0	10,090	90.21
90.22	09018	HOMER GLEN PCC	0	86,155	0	0	31,192	90.22
90.23	09019	OAK PARK PCC	0	14,862	0	0	7,370	90.23
90.24	09020	PARK RIDGE PCC	0	10,320	0	0	3,989	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	0	37,354	0	0	10,949	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	16,757	0	0	7,599	90.28
90.29	09025	BURR RIDGE PCC	0	223,352	0	0	61,491	90.29
90.30	09026	RIVER FOREST	0	32,967	0	0	20,389	90.30
90.31	09027	NORRIDGE	0	7,264	0	0	1,773	90.31
90.32	09028	ELMWOOD PARK	0	13,990	0	0	7,253	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	0	6,328	0	0	0	90.34
91.00	09100	EMERGENCY	2,797	226,894	0	12,758	130,348	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	82,616	0	2,637	76,929	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	11,652	0	0	9,882	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	47,565	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	37,405	0	19	100	106.00
107.00	10700	LIVER ACQUISITION	0	33,863	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	46,712	0	0	58	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,519,129	7,658,828	0	196,235	3,032,250	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	276,175	3,907	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	15,776	0	0	2,634	190.02
190.03	19003	OP HOSPITAL PHARMACY	0	21,862	0	0	0	190.03
190.04	19004	HOSPITALIST	0	0	0	0	0	190.04
190.05	19005	STUDENT HEALTH	0	0	0	0	0	190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	0	0	0	0	0	190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	0	1,364,430	0	0	264,488	192.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
12/2/2019 11:48 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	1,864	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,332,090	7,725,077	0	1,676,010	14,652,145	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.877951	0.852031	0.000000	8.540831	4.440889	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,044,084	812,162	0	57,756	310,579	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.275099	0.089577	0.000000	0.294321	0.094133	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 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
12/2/2019 11:48 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	253,125,857					14.00
15.00	01500	PHARMACY	10,257,071	89,166,563				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	121,206	0	1,662,615,833			16.00
17.00	01700	SOCIAL SERVICE	3,208	0	0	133,365		17.00
17.01	01701	HOSPITAL MEDICAL ADMIN	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	65,313	3,537	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	47,125	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	561	0	0	0	0	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	639	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,505,879	0	297,209,658	94,779	0	30.00
31.00	03100	INTENSIVE CARE UNIT	816,512	0	96,812,669	18,127	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	325,973	0	29,589,183	1,634	0	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	68,025	0	34,098,516	6,494	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	60,511	0	11,238,628	1,917	0	35.01
35.03	02400	HEART TRANSPLANT ICU	116,446	0	16,663,934	2,698	0	35.03
35.04	02401	BONE INTENSIVE CARE	176,590	0	32,331,580	3,285	0	35.04
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	67,750	0	4,976,560	4,431	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,061,133	0	95,714,289	0	0	50.00
50.01	05001	AMBULATORY SURGERY CENTER	1,126,367	0	135,280	0	0	50.01
51.00	05100	RECOVERY ROOM	199,310	0	38,421,809	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	101,711	0	13,682,085	0	0	52.00
53.00	05300	ANESTHESIOLOGY	430,888	0	90,905,145	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	201,012	0	43,085,753	0	0	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	1,058	0	6,986,957	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	5,287,011	0	2,836,595	0	0	56.00
57.00	05700	CT SCAN	78,271	0	51,126,400	0	0	57.00
58.00	05800	MRI	34,012	0	15,970,015	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,015,792	0	41,534,662	0	0	59.00
60.00	06000	LABORATORY	8,301,331	0	189,384,821	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.	6,549,233	0	29,338,544	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	803,988	0	69,371,222	0	0	65.00
66.00	06600	PHYSICAL THERAPY	402	0	13,572,636	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	8	0	8,311,649	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,673	0	3,597,208	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	21,014	0	26,841,878	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,674	0	8,792,802	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	48,900,907	0	35,253,642	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	38,972,957	0	60,252,952	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73,617,548	72,321,529	139,166,572	0	0	73.00
74.00	07400	RENAL DIALYSIS	79,716	0	10,764,254	0	0	74.00
76.00	03560	PULMONARY LABS	36,922	0	1,949,993	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 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
12/2/2019 11:48 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	2,655	0	8,868,222	0	0	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	409,659	0	11,659,630	0	0	76.07
76.09	03953	BONE MARROW PROCUREMENT	0	0	1,981,822	0	0	76.09
76.10	03954	BARIATRICS	9,424	0	354	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	16,802	0	4,938	0	0	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	6,089,023	2,079,723	259,266	0	0	90.02
90.03	09003	PSYCH SOCIAL REHAB	16,212	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	192,323	0	3,923,176	0	0	90.07
90.08	09007	OBST OUTPATIENT CENTER	45,614	0	53,829	0	0	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	24,250	0	3,331	0	0	90.09
90.10	09009	LAGRANGE FAMILY PCC	33,289	0	7,782	0	0	90.10
90.12	09010	NORTH RIVERSIDE PCC	16,918	0	4,554	0	0	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	973	0	2,077	0	0	90.14
90.15	09013	OBST II PCC	10,761	0	7,832	0	0	90.15
90.16	09014	HICKORY HILLS PCC	20,848	0	6,918	0	0	90.16
90.18	09015	DARIEN PCC	19,128	0	3,892	0	0	90.18
90.20	09016	ORLAND PARK - FP	10,250	0	4,816	0	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	20,460	0	9,277	0	0	90.21
90.22	09018	HOMER GLEN PCC	24,735	0	19,965	0	0	90.22
90.23	09019	OAK PARK PCC	5,887	0	4,386	0	0	90.23
90.24	09020	PARK RIDGE PCC	35,856	0	17,722	0	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	10,984	0	734	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	4,942,689	0	35,488	0	0	90.28
90.29	09025	BURR RIDGE PCC	4,615,990	2,304,534	224,418	0	0	90.29
90.30	09026	RIVER FOREST	15,849	0	16,137	0	0	90.30
90.31	09027	NORRIDGE	315	0	3,846	0	0	90.31
90.32	09028	ELMWOOD PARK	8,242	0	294	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	180	0	0	90.34
91.00	09100	EMERGENCY	626,984	0	60,239,097	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	101,405	0	7,473,887	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	1,042	0	424,875	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	20,902,475	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	5,051,966	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	11,126,716	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	9,723,195	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	535,183	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)	226,793,314	76,709,323	1,662,520,171	133,365	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	960	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	670,330	0	0	0	0	190.02
190.03	19003	OP HOSPITAL PHARMACY	23,693,397	12,345,259	0	0	0	190.03
190.04	19004	HOSPITALIST	0	0	0	0	0	190.04
190.05	19005	STUDENT HEALTH	976	42	0	0	0	190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	0	1,578	0	0	0	190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	1,966,761	110,361	95,662	0	0	192.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
12/2/2019 11:48 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	119	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)	8,870,913	26,078,864	22,330,877	5,618,388	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.035045	0.292474	0.013431	42.127905	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,470,060	1,237,912	1,168,267	142,203	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.005808	0.013883	0.000703	1.066269	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 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
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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 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
12/2/2019 11:48 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 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
12/2/2019 11:48 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	66,641,498	1,477	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	2,076.706077	0.046027	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	627,484	37	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	19.553880	0.001153	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 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
12/2/2019 11:48 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	383,770				23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK		0			23.02
23.03	02303	CLINICAL PASTORAL EDUCATION			7,118		23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM				14,560	23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	3,127	1,840	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	433	1,320	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	433	520	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	880	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	513	840	35.01
35.03	02400	HEART TRANSPLANT ICU	0	0	0	520	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	673	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	4,160	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 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
12/2/2019 11:48 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	433	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	1,360	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	383,770	0	833	2,280	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	480	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	673	360	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)	383,770	0	7,118	14,560	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	0	0	0	0	190.02
190.03	19003	OP HOSPITAL PHARMACY	0	0	0	0	190.03
190.04	19004	HOSPITALIST	0	0	0	0	190.04
190.05	19005	STUDENT HEALTH	0	0	0	0	190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	0	0	0	0	190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
200.00		Cross Foot Adjustments					200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
12/2/2019 11:48 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)	1,650,313	0	169,076	903,871		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	4.300266	0.000000	23.753301	62.079052		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	309,696	0	15,347	14,611		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.806983	0.000000	2.156083	1.003503		205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	0		206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	0.000000		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
12/2/2019 11:48 am

				Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
					Total Costs	RCE Disallowance			
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	89,750,706		89,750,706	0	89,750,706	30.00	
31.00	03100	INTENSIVE CARE UNIT	28,695,503		28,695,503	0	28,695,503	31.00	
33.00	03300	BURN INTENSIVE CARE UNIT	8,069,617		8,069,617	0	8,069,617	33.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	12,100,308		12,100,308	0	12,100,308	35.00	
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	4,098,452		4,098,452	0	4,098,452	35.01	
35.03	02400	HEART TRANSPLANT ICU	6,186,454		6,186,454	0	6,186,454	35.03	
35.04	02401	BONE INTENSIVE CARE	7,260,584		7,260,584	0	7,260,584	35.04	
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00	
43.00	04300	NURSERY	1,534,677		1,534,677	0	1,534,677	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	45,954,916		45,954,916	0	45,954,916	50.00	
50.01	05001	AMBULATORY SURGERY CENTER	9,064,576		9,064,576	0	9,064,576	50.01	
51.00	05100	RECOVERY ROOM	6,578,552		6,578,552	0	6,578,552	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,262,179		5,262,179	0	5,262,179	52.00	
53.00	05300	ANESTHESIOLOGY	3,296,521		3,296,521	0	3,296,521	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,071,301		15,071,301	0	15,071,301	54.00	
54.01	03630	RADIOLOGY-ULTRASOUND	2,368,479		2,368,479	0	2,368,479	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00	
56.00	05600	RADIOISOTOPE	10,129,394		10,129,394	0	10,129,394	56.00	
57.00	05700	CT SCAN	6,727,055		6,727,055	0	6,727,055	57.00	
58.00	05800	MRI	3,719,383		3,719,383	0	3,719,383	58.00	
59.00	05900	CARDIAC CATHETERIZATION	16,108,715		16,108,715	0	16,108,715	59.00	
60.00	06000	LABORATORY	34,687,598		34,687,598	0	34,687,598	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.	11,063,863		11,063,863	0	11,063,863	63.00	
65.00	06500	RESPIRATORY THERAPY	12,191,003	0	12,191,003	0	12,191,003	65.00	
66.00	06600	PHYSICAL THERAPY	2,935,293	0	2,935,293	0	2,935,293	66.00	
67.00	06700	OCCUPATIONAL THERAPY	1,718,579	0	1,718,579	0	1,718,579	67.00	
68.00	06800	SPEECH PATHOLOGY	749,245	0	749,245	0	749,245	68.00	
69.00	06900	ELECTROCARDIOLOGY	5,189,255		5,189,255	0	5,189,255	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	2,657,201		2,657,201	0	2,657,201	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	63,142,332		63,142,332	0	63,142,332	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	50,752,658		50,752,658	0	50,752,658	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	117,615,009		117,615,009	0	117,615,009	73.00	
74.00	07400	RENAL DIALYSIS	8,957,958		8,957,958	0	8,957,958	74.00	
76.00	03560	PULMONARY LABS	1,129,880		1,129,880	0	1,129,880	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	1,609,522		1,609,522	0	1,609,522	76.04	
76.05	03952	PEDIATRIC ENDO NUTRITION	0		0	0	0	76.05	
76.07	03340	GASTROINTESTINAL SERVICE	7,984,394		7,984,394	0	7,984,394	76.07	
76.09	03953	BONE MARROW PROCUREMENT	2,293,898		2,293,898	0	2,293,898	76.09	
76.10	03954	BARIASTRICS	844,368		844,368	0	844,368	76.10	
76.11	03955	HEPATOLOGY	1,186,390		1,186,390	0	1,186,390	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	508,244		508,244	0	508,244	90.00	
90.01	09001	CARDIAC REHABILITATION	0		0	0	0	90.01	
90.02	09002	CANCER CENTER	20,699,157		20,699,157	0	20,699,157	90.02	
90.03	09003	PSYCH SOCIAL REHAB	982,822		982,822	0	982,822	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	48,393,929		48,393,929	0	48,393,929	90.07	
90.08	09007	OBT OUTPATIENT CENTER	13,981,305		13,981,305	0	13,981,305	90.08	
90.09	09008	ELMHURST IMMEDIATE CARE	2,446,231		2,446,231	0	2,446,231	90.09	
90.10	09009	LAGRANGE FAMILY PCC	3,817,839		3,817,839	0	3,817,839	90.10	
90.12	09010	NORTH RIVERSIDE PCC	4,972,855		4,972,855	0	4,972,855	90.12	
90.13	09011	GLENDALE HEIGHTS PCC	0		0	0	0	90.13	
90.14	09012	WHEATON PCC	480,217		480,217	0	480,217	90.14	
90.15	09013	OBT II PCC	2,425,396		2,425,396	0	2,425,396	90.15	
90.16	09014	HICKORY HILLS PCC	5,282,095		5,282,095	0	5,282,095	90.16	
90.18	09015	DARIEN PCC	2,696,298		2,696,298	0	2,696,298	90.18	
90.20	09016	ORLAND PARK - FP	3,206,679		3,206,679	0	3,206,679	90.20	
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	6,447,519		6,447,519	0	6,447,519	90.21	

Worksheet C
Part I
Date/Time Prepared:
12/2/2019 11:48 am

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COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
12/2/2019 11:48 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		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	290,403,565		290,403,565		30.00
31.00	03100	INTENSIVE CARE UNIT	96,812,669		96,812,669		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	29,589,183		29,589,183		33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	34,098,516		34,098,516		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	11,238,628		11,238,628		35.01
35.03	02400	HEART TRANSPLANT ICU	16,663,934		16,663,934		35.03
35.04	02401	BONE INTENSIVE CARE	32,331,580		32,331,580		35.04
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
43.00	04300	NURSERY	4,976,560		4,976,560		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	95,714,289	35,918,759	131,633,048	0.349114	0.000000
50.01	05001	AMBULATORY SURGERY CENTER	135,280	62,306,349	62,441,629	0.145169	0.000000
51.00	05100	RECOVERY ROOM	38,421,809	34,411,367	72,833,176	0.090324	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,682,085	908,756	14,590,841	0.360649	0.000000
53.00	05300	ANESTHESIOLOGY	90,905,145	39,177,297	130,082,442	0.025342	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	43,085,753	57,551,078	100,636,831	0.149759	0.000000
54.01	03630	RADIOLOGY-ULTRASOUND	6,986,957	22,418,877	29,405,834	0.080545	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000
56.00	05600	RADIOISOTOPE	2,836,595	37,378,283	40,214,878	0.251882	0.000000
57.00	05700	CT SCAN	51,126,400	71,578,936	122,705,336	0.054823	0.000000
58.00	05800	MRI	15,970,015	44,310,904	60,280,919	0.061701	0.000000
59.00	05900	CARDIAC CATHETERIZATION	41,534,662	80,905,897	122,440,559	0.131564	0.000000
60.00	06000	LABORATORY	189,384,821	252,323,317	441,708,138	0.078531	0.000000
60.01	03420	LABORATORY - PATHOLOGICAL	0	0	0	0.000000	0.000000
60.02	03956	LABORATORY-NEUROSURGICAL	0	0	0	0.000000	0.000000
60.03	03957	LABORATORY-HLA	0	0	0	0.000000	0.000000
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	29,338,544	11,536,027	40,874,571	0.270678	0.000000
65.00	06500	RESPIRATORY THERAPY	69,371,222	1,800,227	71,171,449	0.171291	0.000000
66.00	06600	PHYSICAL THERAPY	13,572,636	1,746,020	15,318,656	0.191616	0.000000
67.00	06700	OCCUPATIONAL THERAPY	8,311,649	611,816	8,923,465	0.192591	0.000000
68.00	06800	SPEECH PATHOLOGY	3,597,208	84,847	3,682,055	0.203486	0.000000
69.00	06900	ELECTROCARDIOLOGY	26,841,878	30,455,625	57,297,503	0.090567	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	8,792,802	4,262,645	13,055,447	0.203532	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	35,253,642	26,509,477	61,763,119	1.022331	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	60,252,952	33,112,571	93,365,523	0.543591	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	139,166,572	253,658,014	392,824,586	0.299408	0.000000
74.00	07400	RENAL DIALYSIS	10,764,254	36,013,312	46,777,566	0.191501	0.000000
76.00	03560	PULMONARY LABS	1,949,993	3,627,615	5,577,608	0.202574	0.000000
76.01	03950	OCCUPATIONAL HEALTH	0	0	0	0.000000	0.000000
76.03	03951	HYPERALIMENTATION	0	0	0	0.000000	0.000000
76.04	03650	PERIPHERAL VASCULAR	8,868,222	9,395,992	18,264,214	0.088124	0.000000
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0.000000	0.000000
76.07	03340	GASTROINTESTINAL SERVICE	11,659,630	68,723,128	80,382,758	0.099330	0.000000
76.09	03953	BONE MARROW PROCUREMENT	1,981,822	912,124	2,893,946	0.792654	0.000000
76.10	03954	BARIATRICS	354	338,038	338,392	2.495236	0.000000
76.11	03955	HEPATOLOGY	0	31,520	31,520	37.639277	0.000000
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	4,938	1,420,691	1,425,629	0.356505	0.000000
90.01	09001	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000
90.02	09002	CANCER CENTER	259,266	28,564,835	28,824,101	0.718120	0.000000
90.03	09003	PSYCH SOCIAL REHAB	0	5,961	5,961	164.875356	0.000000
90.04	09004	WELLNESS ASSESSMENT	0	0	0	0.000000	0.000000
90.06	09005	HEART FAILURE CLINIC	0	0	0	0.000000	0.000000
90.07	09006	LOC OUTPATIENT CENTER	3,923,176	163,181,008	167,104,184	0.289603	0.000000
90.08	09007	OBT OUTPATIENT CENTER	53,829	29,491,041	29,544,870	0.473223	0.000000
90.09	09008	ELMHURST IMMEDIATE CARE	3,331	2,760,771	2,764,102	0.885000	0.000000
90.10	09009	LAGRANGE FAMILY PCC	7,782	8,005,555	8,013,337	0.476436	0.000000
90.12	09010	NORTH RIVERSIDE PCC	4,554	2,403,614	2,408,168	2.064995	0.000000
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0.000000	0.000000
90.14	09012	WHEATON PCC	2,077	585,693	587,770	0.817015	0.000000
90.15	09013	OBT II PCC	7,832	4,328,295	4,336,127	0.559346	0.000000
90.16	09014	HICKORY HILLS PCC	6,918	13,346,850	13,353,768	0.395551	0.000000
90.18	09015	DARIEN PCC	3,892	1,592,003	1,595,895	1.689521	0.000000
90.20	09016	ORLAND PARK - FP	4,816	4,689,511	4,694,327	0.683097	0.000000
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	9,277	25,392,145	25,401,422	0.253825	0.000000
90.22	09018	HOMER GLEN PCC	19,965	15,319,705	15,339,670	0.538287	0.000000

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
12/2/2019 11:48 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			
90.23	09019	OAK PARK PCC	4,386	1,643,267	1,647,653	0.801801	0.000000	90.23
90.24	09020	PARK RIDGE PCC	17,722	5,081,646	5,099,368	0.327889	0.000000	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	734	2,491,767	2,492,501	1.203392	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	35,488	4,066,568	4,102,056	2.008173	0.000000	90.28
90.29	09025	BURR RIDGE PCC	224,418	105,123,326	105,347,744	0.298468	0.000000	90.29
90.30	09026	RIVER FOREST	16,137	9,962,986	9,979,123	0.307128	0.000000	90.30
90.31	09027	NORRIDGE	3,846	973,409	977,255	0.726786	0.000000	90.31
90.32	09028	ELMWOOD PARK	316	1,679,682	1,679,998	0.894442	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	319	436,926	437,245	1.441860	0.000000	90.34
91.00	09100	EMERGENCY	60,239,097	79,742,161	139,981,258	0.125163	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,806,093	15,829,355	22,635,448	0.402764	0.000000	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	7,473,887	14,173,110	21,646,997	0.289492	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	424,875	3,529,278	3,954,153	0.245827	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	20,902,475	5,137,295	26,039,770			105.00
106.00	10600	HEART ACQUISITION	5,051,966	619,129	5,671,095			106.00
107.00	10700	LIVER ACQUISITION	11,126,716	1,334,075	12,460,791			107.00
108.00	10800	LUNG ACQUISITION	9,723,195	1,171,922	10,895,117			108.00
109.00	10900	PANCREAS ACQUISITION	535,183	0	535,183			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)	1,662,520,332	1,776,092,398	3,438,612,730			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,662,520,332	1,776,092,398	3,438,612,730			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
12/2/2019 11:48 am

Title XVIII			Hospital	PPS
Cost Center Description			PPS	
			PPS Inpatient Ratio	
			11.00	
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
33.00	03300	BURN INTENSIVE CARE UNIT		33.00
35.00	02060	NEONATAL INTENSIVE CARE 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	0.349114	50.00
50.01	05001	AMBULATORY SURGERY CENTER	0.145169	50.01
51.00	05100	RECOVERY ROOM	0.090324	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.360649	52.00
53.00	05300	ANESTHESIOLOGY	0.025342	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.149759	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0.080545	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	55.00
56.00	05600	RADIOISOTOPE	0.251882	56.00
57.00	05700	CT SCAN	0.054823	57.00
58.00	05800	MRI	0.061701	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.131564	59.00
60.00	06000	LABORATORY	0.078531	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.	0.270678	63.00
65.00	06500	RESPIRATORY THERAPY	0.171291	65.00
66.00	06600	PHYSICAL THERAPY	0.191616	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.192591	67.00
68.00	06800	SPEECH PATHOLOGY	0.203486	68.00
69.00	06900	ELECTROCARDIOLOGY	0.090567	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.203532	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.022331	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.543591	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.299408	73.00
74.00	07400	RENAL DIALYSIS	0.191501	74.00
76.00	03560	PULMONARY LABS	0.202574	76.00
76.01	03950	OCCUPATIONAL HEALTH	0.000000	76.01
76.03	03951	HYPERALIMENTATION	0.000000	76.03
76.04	03650	PERIPHERAL VASCULAR	0.088124	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0.000000	76.05
76.07	03340	GASTROINTESTINAL SERVICE	0.099330	76.07
76.09	03953	BONE MARROW PROCUREMENT	0.792654	76.09
76.10	03954	BARITRICS	2.495236	76.10
76.11	03955	HEPATOLOGY	37.639277	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	0.356505	90.00
90.01	09001	CARDIAC REHABILITATION	0.000000	90.01
90.02	09002	CANCER CENTER	0.718120	90.02
90.03	09003	PSYCH SOCIAL REHAB	164.875356	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	0.289603	90.07
90.08	09007	OBT OUTPATIENT CENTER	0.473223	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	0.885000	90.09
90.10	09009	LAGRANGE FAMILY PCC	0.476436	90.10
90.12	09010	NORTH RIVERSIDE PCC	2.064995	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0.000000	90.13
90.14	09012	WHEATON PCC	0.817015	90.14
90.15	09013	OBT II PCC	0.559346	90.15
90.16	09014	HICKORY HILLS PCC	0.395551	90.16
90.18	09015	DARIEN PCC	1.689521	90.18
90.20	09016	ORLAND PARK - FP	0.683097	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0.253825	90.21
90.22	09018	HOMER GLEN PCC	0.538287	90.22
90.23	09019	OAK PARK PCC	0.801801	90.23
90.24	09020	PARK RIDGE PCC	0.327889	90.24

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019Worksheet C
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Date/Time Prepared:
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Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	1.203392			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	2.008173			90.28
90.29	09025	BURR RIDGE PCC	0.298468			90.29
90.30	09026	RIVER FOREST	0.307128			90.30
90.31	09027	NORRIDGE	0.726786			90.31
90.32	09028	ELMWOOD PARK	0.894442			90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0.000000			90.33
90.34	09034	CHICAGO AND BELMONT	1.441860			90.34
91.00	09100	EMERGENCY	0.125163			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.402764			92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.289492			92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.245827			97.00
99.10	09910	CORF				99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09931	OOT				99.30
99.40	09941	OSP				99.40
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
107.00	10700	LIVER ACQUISITION				107.00
108.00	10800	LUNG ACQUISITION				108.00
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)				112.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
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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
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	89,750,706		89,750,706	89,750,706
31.00	03100	INTENSIVE CARE UNIT	28,695,503		28,695,503	28,695,503
33.00	03300	BURN INTENSIVE CARE UNIT	8,069,617		8,069,617	8,069,617
35.00	02060	NEONATAL INTENSIVE CARE UNIT	12,100,308		12,100,308	12,100,308
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	4,098,452		4,098,452	4,098,452
35.03	02400	HEART TRANSPLANT ICU	6,186,454		6,186,454	6,186,454
35.04	02401	BONE INTENSIVE CARE	7,260,584		7,260,584	7,260,584
41.00	04100	SUBPROVIDER - IRF	0		0	0
43.00	04300	NURSERY	1,534,677		1,534,677	1,534,677
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	45,954,916		45,954,916	45,954,916
50.01	05001	AMBULATORY SURGERY CENTER	9,064,576		9,064,576	9,064,576
51.00	05100	RECOVERY ROOM	6,578,552		6,578,552	6,578,552
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,262,179		5,262,179	5,262,179
53.00	05300	ANESTHESIOLOGY	3,296,521		3,296,521	3,296,521
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,071,301		15,071,301	15,071,301
54.01	03630	RADIOLOGY-ULTRASOUND	2,368,479		2,368,479	2,368,479
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0
56.00	05600	RADIOISOTOPE	10,129,394		10,129,394	10,129,394
57.00	05700	CT SCAN	6,727,055		6,727,055	6,727,055
58.00	05800	MRI	3,719,383		3,719,383	3,719,383
59.00	05900	CARDIAC CATHETERIZATION	16,108,715		16,108,715	16,108,715
60.00	06000	LABORATORY	34,687,598		34,687,598	34,687,598
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.	11,063,863		11,063,863	11,063,863
65.00	06500	RESPIRATORY THERAPY	12,191,003	0	12,191,003	12,191,003
66.00	06600	PHYSICAL THERAPY	2,935,293	0	2,935,293	2,935,293
67.00	06700	OCCUPATIONAL THERAPY	1,718,579	0	1,718,579	1,718,579
68.00	06800	SPEECH PATHOLOGY	749,245	0	749,245	749,245
69.00	06900	ELECTROCARDIOLOGY	5,189,255		5,189,255	5,189,255
70.00	07000	ELECTROENCEPHALOGRAPHY	2,657,201		2,657,201	2,657,201
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	63,142,332		63,142,332	63,142,332
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	50,752,658		50,752,658	50,752,658
73.00	07300	DRUGS CHARGED TO PATIENTS	117,615,009		117,615,009	117,615,009
74.00	07400	RENAL DIALYSIS	8,957,958		8,957,958	8,957,958
76.00	03560	PULMONARY LABS	1,129,880		1,129,880	1,129,880
76.01	03950	OCCUPATIONAL HEALTH	0		0	0
76.03	03951	HYPERALIMENTATION	0		0	0
76.04	03650	PERIPHERAL VASCULAR	1,609,522		1,609,522	1,609,522
76.05	03952	PEDIATRIC ENDO NUTRITION	0		0	0
76.07	03340	GASTROINTESTINAL SERVICE	7,984,394		7,984,394	7,984,394
76.09	03953	BONE MARROW PROCUREMENT	2,293,898		2,293,898	2,293,898
76.10	03954	BARIASTRICS	844,368		844,368	844,368
76.11	03955	HEPATOLOGY	1,186,390		1,186,390	1,186,390
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	508,244		508,244	508,244
90.01	09001	CARDIAC REHABILITATION	0		0	0
90.02	09002	CANCER CENTER	20,699,157		20,699,157	20,699,157
90.03	09003	PSYCH SOCIAL REHAB	982,822		982,822	982,822
90.04	09004	WELLNESS ASSESSMENT	0		0	0
90.06	09005	HEART FAILURE CLINIC	0		0	0
90.07	09006	LOC OUTPATIENT CENTER	48,393,929		48,393,929	48,393,929
90.08	09007	OBT OUTPATIENT CENTER	13,981,305		13,981,305	13,981,305
90.09	09008	ELMHURST IMMEDIATE CARE	2,446,231		2,446,231	2,446,231
90.10	09009	LAGRANGE FAMILY PCC	3,817,839		3,817,839	3,817,839
90.12	09010	NORTH RIVERSIDE PCC	4,972,855		4,972,855	4,972,855
90.13	09011	GLENDALE HEIGHTS PCC	0		0	0
90.14	09012	WHEATON PCC	480,217		480,217	480,217
90.15	09013	OBT II PCC	2,425,396		2,425,396	2,425,396
90.16	09014	HICKORY HILLS PCC	5,282,095		5,282,095	5,282,095
90.18	09015	DARIEN PCC	2,696,298		2,696,298	2,696,298
90.20	09016	ORLAND PARK - FP	3,206,679		3,206,679	3,206,679
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	6,447,519		6,447,519	6,447,519

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
12/2/2019 11:48 am

				Title XIX		Hospital		Cost	
Cost Center Description				Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
				1.00	2.00	3.00	4.00	5.00	
90.22	09018	HOMER GLEN PCC	8,257,152		8,257,152	0	8,257,152	90.22	
90.23	09019	OAK PARK PCC	1,321,090		1,321,090	0	1,321,090	90.23	
90.24	09020	PARK RIDGE PCC	1,672,027		1,672,027	0	1,672,027	90.24	
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	2,999,456		2,999,456	0	2,999,456	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	8,237,637		8,237,637	0	8,237,637	90.28	
90.29	09025	BURR RIDGE PCC	31,442,937		31,442,937	0	31,442,937	90.29	
90.30	09026	RIVER FOREST	3,064,870		3,064,870	0	3,064,870	90.30	
90.31	09027	NORRIDGE	710,255		710,255	0	710,255	90.31	
90.32	09028	ELMWOOD PARK	1,502,660		1,502,660	0	1,502,660	90.32	
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0		0	0	0	90.33	
90.34	09034	CHICAGO AND BELMONT	630,446		630,446	0	630,446	90.34	
91.00	09100	EMERGENCY	17,520,414		17,520,414	0	17,520,414	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	9,116,744		9,116,744		9,116,744	92.00	
92.01	09201	OBSERVATION BEDS-DISTINCT	6,266,643		6,266,643	0	6,266,643	92.01	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	655,657		655,657	0	655,657	95.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	972,036		972,036	0	972,036	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	10,470,261		10,470,261		10,470,261	105.00	
106.00	10600	HEART ACQUISITION	4,009,781		4,009,781		4,009,781	106.00	
107.00	10700	LIVER ACQUISITION	5,986,251		5,986,251		5,986,251	107.00	
108.00	10800	LUNG ACQUISITION	7,387,605		7,387,605		7,387,605	108.00	
109.00	10900	PANCREAS ACQUISITION	372,635		372,635		372,635	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)	847,622,961	0	847,622,961	0	847,622,961	200.00	
201.00		Less Observation Beds	9,116,744		9,116,744		9,116,744	201.00	
202.00		Total (see instructions)	838,506,217	0	838,506,217	0	838,506,217	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
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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	290,403,565		290,403,565		30.00
31.00	03100	INTENSIVE CARE UNIT	96,812,669		96,812,669		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	29,589,183		29,589,183		33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	34,098,516		34,098,516		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	11,238,628		11,238,628		35.01
35.03	02400	HEART TRANSPLANT ICU	16,663,934		16,663,934		35.03
35.04	02401	BONE INTENSIVE CARE	32,331,580		32,331,580		35.04
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
43.00	04300	NURSERY	4,976,560		4,976,560		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	95,714,289	35,918,759	131,633,048	0.349114	0.000000
50.01	05001	AMBULATORY SURGERY CENTER	135,280	62,306,349	62,441,629	0.145169	0.000000
51.00	05100	RECOVERY ROOM	38,421,809	34,411,367	72,833,176	0.090324	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,682,085	908,756	14,590,841	0.360649	0.000000
53.00	05300	ANESTHESIOLOGY	90,905,145	39,177,297	130,082,442	0.025342	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	43,085,753	57,551,078	100,636,831	0.149759	0.000000
54.01	03630	RADIOLOGY-ULTRASOUND	6,986,957	22,418,877	29,405,834	0.080545	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000
56.00	05600	RADIOISOTOPE	2,836,595	37,378,283	40,214,878	0.251882	0.000000
57.00	05700	CT SCAN	51,126,400	71,578,936	122,705,336	0.054823	0.000000
58.00	05800	MRI	15,970,015	44,310,904	60,280,919	0.061701	0.000000
59.00	05900	CARDIAC CATHETERIZATION	41,534,662	80,905,897	122,440,559	0.131564	0.000000
60.00	06000	LABORATORY	189,384,821	252,323,317	441,708,138	0.078531	0.000000
60.01	03420	LABORATORY - PATHOLOGICAL	0	0	0	0.000000	0.000000
60.02	03956	LABORATORY-NEUROSURGICAL	0	0	0	0.000000	0.000000
60.03	03957	LABORATORY-HLA	0	0	0	0.000000	0.000000
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	29,338,544	11,536,027	40,874,571	0.270678	0.000000
65.00	06500	RESPIRATORY THERAPY	69,371,222	1,800,227	71,171,449	0.171291	0.000000
66.00	06600	PHYSICAL THERAPY	13,572,636	1,746,020	15,318,656	0.191616	0.000000
67.00	06700	OCCUPATIONAL THERAPY	8,311,649	611,816	8,923,465	0.192591	0.000000
68.00	06800	SPEECH PATHOLOGY	3,597,208	84,847	3,682,055	0.203486	0.000000
69.00	06900	ELECTROCARDIOLOGY	26,841,878	30,455,625	57,297,503	0.090567	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	8,792,802	4,262,645	13,055,447	0.203532	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	35,253,642	26,509,477	61,763,119	1.022331	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	60,252,952	33,112,571	93,365,523	0.543591	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	139,166,572	253,658,014	392,824,586	0.299408	0.000000
74.00	07400	RENAL DIALYSIS	10,764,254	36,013,312	46,777,566	0.191501	0.000000
76.00	03560	PULMONARY LABS	1,949,993	3,627,615	5,577,608	0.202574	0.000000
76.01	03950	OCCUPATIONAL HEALTH	0	0	0	0.000000	0.000000
76.03	03951	HYPERALIMENTATION	0	0	0	0.000000	0.000000
76.04	03650	PERIPHERAL VASCULAR	8,868,222	9,395,992	18,264,214	0.088124	0.000000
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0.000000	0.000000
76.07	03340	GASTROINTESTINAL SERVICE	11,659,630	68,723,128	80,382,758	0.099330	0.000000
76.09	03953	BONE MARROW PROCUREMENT	1,981,822	912,124	2,893,946	0.792654	0.000000
76.10	03954	BARIATRICS	354	338,038	338,392	2.495236	0.000000
76.11	03955	HEPATOLOGY	0	31,520	31,520	37.639277	0.000000
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	4,938	1,420,691	1,425,629	0.356505	0.000000
90.01	09001	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000
90.02	09002	CANCER CENTER	259,266	28,564,835	28,824,101	0.718120	0.000000
90.03	09003	PSYCH SOCIAL REHAB	0	5,961	5,961	164.875356	0.000000
90.04	09004	WELLNESS ASSESSMENT	0	0	0	0.000000	0.000000
90.06	09005	HEART FAILURE CLINIC	0	0	0	0.000000	0.000000
90.07	09006	LOC OUTPATIENT CENTER	3,923,176	163,181,008	167,104,184	0.289603	0.000000
90.08	09007	OBT OUTPATIENT CENTER	53,829	29,491,041	29,544,870	0.473223	0.000000
90.09	09008	ELMHURST IMMEDIATE CARE	3,331	2,760,771	2,764,102	0.885000	0.000000
90.10	09009	LAGRANGE FAMILY PCC	7,782	8,005,555	8,013,337	0.476436	0.000000
90.12	09010	NORTH RIVERSIDE PCC	4,554	2,403,614	2,408,168	2.064995	0.000000
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0.000000	0.000000
90.14	09012	WHEATON PCC	2,077	585,693	587,770	0.817015	0.000000
90.15	09013	OBT II PCC	7,832	4,328,295	4,336,127	0.559346	0.000000
90.16	09014	HICKORY HILLS PCC	6,918	13,346,850	13,353,768	0.395551	0.000000
90.18	09015	DARIEN PCC	3,892	1,592,003	1,595,895	1.689521	0.000000
90.20	09016	ORLAND PARK - FP	4,816	4,689,511	4,694,327	0.683097	0.000000
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	9,277	25,392,145	25,401,422	0.253825	0.000000
90.22	09018	HOMER GLEN PCC	19,965	15,319,705	15,339,670	0.538287	0.000000

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019Worksheet 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				
90.23	09019	OAK PARK PCC	4,386	1,643,267	1,647,653	0.801801	0.000000	90.23	
90.24	09020	PARK RIDGE PCC	17,722	5,081,646	5,099,368	0.327889	0.000000	90.24	
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	734	2,491,767	2,492,501	1.203392	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	35,488	4,066,568	4,102,056	2.008173	0.000000	90.28	
90.29	09025	BURR RIDGE PCC	224,418	105,123,326	105,347,744	0.298468	0.000000	90.29	
90.30	09026	RIVER FOREST	16,137	9,962,986	9,979,123	0.307128	0.000000	90.30	
90.31	09027	NORRIDGE	3,846	973,409	977,255	0.726786	0.000000	90.31	
90.32	09028	ELMWOOD PARK	316	1,679,682	1,679,998	0.894442	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	319	436,926	437,245	1.441860	0.000000	90.34	
91.00	09100	EMERGENCY	60,239,097	79,742,161	139,981,258	0.125163	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,806,093	15,829,355	22,635,448	0.402764	0.000000	92.00	
92.01	09201	OBSERVATION BEDS-DISTINCT	7,473,887	14,173,110	21,646,997	0.289492	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	424,875	3,529,278	3,954,153	0.245827	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	20,902,475	5,137,295	26,039,770			105.00	
106.00	10600	HEART ACQUISITION	5,051,966	619,129	5,671,095			106.00	
107.00	10700	LIVER ACQUISITION	11,126,716	1,334,075	12,460,791			107.00	
108.00	10800	LUNG ACQUISITION	9,723,195	1,171,922	10,895,117			108.00	
109.00	10900	PANCREAS ACQUISITION	535,183	0	535,183			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)	1,662,520,332	1,776,092,398	3,438,612,730			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	1,662,520,332	1,776,092,398	3,438,612,730			202.00	

COMPUTATION OF RATIO OF COSTS TOCHARGES			Provider CCN: 14-0276	Period: From 07/01/2018 To 06/30/2019	Worksheet C Part I Date/Time Prepared: 12/2/2019 11:48 am
			Title XIX	Hospital	Cost
Cost Center Description		PPS Inpatient Ratio			
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
35.00	02060	NEONATAL INTENSIVE CARE 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	BARIATRICS	0.000000		76.10
76.11	03955	HEPATOLOGY	0.000000		76.11
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	CARDIAC REHABILITATION	0.000000		90.01
90.02	09002	CANCER CENTER	0.000000		90.02
90.03	09003	PSYCH SOCIAL REHAB	0.000000		90.03
90.04	09004	WELLNESS ASSESSMENT	0.000000		90.04
90.06	09005	HEART FAILURE CLINIC	0.000000		90.06
90.07	09006	LOC OUTPATIENT CENTER	0.000000		90.07
90.08	09007	OBT OUTPATIENT CENTER	0.000000		90.08
90.09	09008	ELMHURST IMMEDIATE CARE	0.000000		90.09
90.10	09009	LAGRANGE FAMILY PCC	0.000000		90.10
90.12	09010	NORTH RIVERSIDE PCC	0.000000		90.12
90.13	09011	GLENDALE HEIGHTS PCC	0.000000		90.13
90.14	09012	WHEATON PCC	0.000000		90.14
90.15	09013	OBT II PCC	0.000000		90.15
90.16	09014	HICKORY HILLS PCC	0.000000		90.16
90.18	09015	DARIEN PCC	0.000000		90.18
90.20	09016	ORLAND PARK - FP	0.000000		90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0.000000		90.21
90.22	09018	HOMER GLEN PCC	0.000000		90.22
90.23	09019	OAK PARK PCC	0.000000		90.23
90.24	09020	PARK RIDGE PCC	0.000000		90.24

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
12/2/2019 11:48 am

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 07/01/2018
To 06/30/2019Worksheet D
Part I
Date/Time Prepared:
12/2/2019 11:48 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	7,686,419	0	7,686,419	105,495	72.86	30.00
31.00	INTENSIVE CARE UNIT	2,032,975		2,032,975	18,127	112.15	31.00
33.00	BURN INTENSIVE CARE UNIT	663,856		663,856	1,634	406.28	33.00
35.00	NEONATAL INTENSIVE CARE UNIT	892,603		892,603	6,494	137.45	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	357,721		357,721	1,917	186.60	35.01
35.03	HEART TRANSPLANT ICU	1,143,956		1,143,956	2,698	424.00	35.03
35.04	BONE INTENSIVE CARE	621,458		621,458	3,285	189.18	35.04
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
43.00	NURSERY	17,608		17,608	4,431	3.97	43.00
200.00	Total (lines 30 through 199)	13,416,596		13,416,596	144,081		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	31,334	2,282,995				30.00
31.00	INTENSIVE CARE UNIT	7,052	790,882				31.00
33.00	BURN INTENSIVE CARE UNIT	1,251	508,256				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	1,484	629,216				35.03
35.04	BONE INTENSIVE CARE	1,765	333,903				35.04
41.00	SUBPROVIDER - IRF	0	0				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	42,886	4,545,252				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part II
Date/Time Prepared:
12/2/2019 11:48 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)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	6,768,668	131,633,048	0.051421	32,612,115	1,676,948	50.00
50.01	05001 AMBULATORY SURGERY CENTER	1,453,168	62,441,629	0.023272	76,223	1,774	50.01
51.00	05100 RECOVERY ROOM	756,591	72,833,176	0.010388	12,794,432	132,909	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	481,230	14,590,841	0.032982	88,018	2,903	52.00
53.00	05300 ANESTHESIOLOGY	518,880	130,082,442	0.003989	31,558,418	125,887	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,504,617	100,636,831	0.034824	15,844,377	551,765	54.00
54.01	03630 RADIOLOGY-ULTRASOUND	389,785	29,405,834	0.013255	2,391,744	31,703	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	929,275	40,214,878	0.023108	1,214,474	28,064	56.00
57.00	05700 CT SCAN	1,076,389	122,705,336	0.008772	17,949,286	157,451	57.00
58.00	05800 MRI	519,510	60,280,919	0.008618	5,063,013	43,633	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,250,908	122,440,559	0.018384	16,761,161	308,137	59.00
60.00	06000 LABORATORY	2,349,079	441,708,138	0.005318	71,807,048	381,870	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.	267,685	40,874,571	0.006549	10,400,558	68,113	63.00
65.00	06500 RESPIRATORY THERAPY	489,618	71,171,449	0.006879	26,547,401	182,620	65.00
66.00	06600 PHYSICAL THERAPY	36,683	15,318,656	0.002395	5,124,772	12,274	66.00
67.00	06700 OCCUPATIONAL THERAPY	154,863	8,923,465	0.017355	3,057,083	53,056	67.00
68.00	06800 SPEECH PATHOLOGY	43,073	3,682,055	0.011698	1,261,035	14,752	68.00
69.00	06900 ELECTROCARDIOLOGY	564,565	57,297,503	0.009853	11,083,390	109,205	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	432,764	13,055,447	0.033148	2,788,730	92,441	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	600,815	61,763,119	0.009728	12,848,793	124,993	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	501,432	93,365,523	0.005371	25,839,419	138,784	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,968,931	392,824,586	0.005012	46,423,957	232,677	73.00
74.00	07400 RENAL DIALYSIS	774,488	46,777,566	0.016557	5,293,675	87,647	74.00
76.00	03560 PULMONARY LABS	358,104	5,577,608	0.064204	974,282	62,553	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	168,468	18,264,214	0.009224	3,717,622	34,291	76.04
76.05	03952 PEDIATRIC ENDO NUTRITION	0	0	0.000000	0	0	76.05
76.07	03340 GASTROINTESTINAL SERVICE	1,241,120	80,382,758	0.015440	4,936,977	76,227	76.07
76.09	03953 BONE MARROW PROCUREMENT	12,566	2,893,946	0.004342	544,852	2,366	76.09
76.10	03954 BARIATRICS	23,854	338,392	0.070492	237	17	76.10
76.11	03955 HEPATOLOGY	512,830	31,520	16.269987	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	96,238	1,425,629	0.067506	1,722	116	90.00
90.01	09001 CARDIAC REHABILITATION	0	0	0.000000	0	0	90.01
90.02	09002 CANCER CENTER	1,648,892	28,824,101	0.057205	155,889	8,918	90.02
90.03	09003 PSYCH SOCIAL REHAB	260,638	5,961	43.723872	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	9,971,532	167,104,184	0.059673	2,000,052	119,349	90.07
90.08	09007 OUTPATIENT CENTER	2,015,356	29,544,870	0.068213	48,540	3,311	90.08
90.09	09008 ELMHURST IMMEDIATE CARE	419,245	2,764,102	0.151675	3,275	497	90.09
90.10	09009 LAGRANGE FAMILY PCC	599,479	8,013,337	0.074810	6,259	468	90.10
90.12	09010 NORTH RIVERSIDE PCC	1,334,286	2,408,168	0.554067	2,490	1,380	90.12
90.13	09011 GLENDALE HEIGHTS PCC	0	0	0.000000	0	0	90.13
90.14	09012 WHEATON PCC	61,655	587,770	0.104896	2,043	214	90.14
90.15	09013 OUT II PCC	362,282	4,336,127	0.083550	5,426	453	90.15
90.16	09014 HICKORY HILLS PCC	830,543	13,353,768	0.062195	5,338	332	90.16
90.18	09015 DARIEN PCC	314,163	1,595,895	0.196857	3,178	626	90.18
90.20	09016 ORLAND PARK - FP	464,213	4,694,327	0.098888	4,429	438	90.20
90.21	09017 FAMILY PRACTICE MAYWOOD PCC	810,376	25,401,422	0.031903	6,684	213	90.21
90.22	09018 HOMER GLEN PCC	900,484	15,339,670	0.058703	16,066	943	90.22
90.23	09019 OAK PARK PCC	257,083	1,647,653	0.156030	4,056	633	90.23
90.24	09020 PARK RIDGE PCC	221,053	5,099,368	0.043349	14,150	613	90.24
90.25	09021 LOYOLA CLINIC AT GOTTLIEB	28,195	2,492,501	0.011312	614	7	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	283,627	4,102,056	0.069143	28,789	1,991	90.28
90.29	09025 BURR RIDGE PCC	4,579,500	105,347,744	0.043470	172,645	7,505	90.29
90.30	09026 RIVER FOREST	406,398	9,979,123	0.040725	10,298	419	90.30
90.31	09027 NORRIDGE	134,538	977,255	0.137669	1,264	174	90.31

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part II
Date/Time Prepared:
12/2/2019 11:48 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	251,637	1,679,998	0.149784	316	47	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0.000000	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	119,944	437,245	0.274318	319	88	90.34
91.00	09100	EMERGENCY	1,150,045	139,981,258	0.008216	21,513,750	176,757	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	780,776	22,635,448	0.034494	2,848,974	98,273	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	647,249	21,646,997	0.029900	5,233,304	156,476	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	50,649	3,954,153	0.012809	248,795	3,187	97.00
200.00		Total (lines 50 through 199)	58,150,035	2,866,896,139		401,341,757	5,318,488	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0276		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part III Date/Time Prepared: 12/2/2019 11:48 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	188,503	0	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	0	0	92,229	0	31.00			
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	42,566	0	33.00			
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	54,630	0	35.00			
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	64,331	0	35.01			
35.03	02400	HEART TRANSPLANT ICU	0	0	0	32,281	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	474,540	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	188,503	105,495	1.79	31,334	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	92,229	18,127	5.09	7,052	31.00			
33.00	03300	BURN INTENSIVE CARE UNIT	0	42,566	1,634	26.05	1,251	33.00			
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	54,630	6,494	8.41	0	35.00			
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	64,331	1,917	33.56	0	35.01			
35.03	02400	HEART TRANSPLANT ICU	0	32,281	2,698	11.96	1,484	35.03			
35.04	02401	BONE INTENSIVE CARE	0	0	3,285	0.00	1,765	35.04			
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00			
43.00	04300	NURSERY	0	0	4,431	0.00	0	43.00			
200.00	Total (lines 30 through 199)		0	474,540	144,081		42,886	200.00			
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. All Other Medical Education Cost					
					9.00	13.00					
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	56,088	0				30.00			
31.00	03100	INTENSIVE CARE UNIT	35,895	0				31.00			
33.00	03300	BURN INTENSIVE CARE UNIT	32,589	0				33.00			
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0				35.00			
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0				35.01			
35.03	02400	HEART TRANSPLANT ICU	17,749	0				35.03			
35.04	02401	BONE INTENSIVE CARE	0	0				35.04			
41.00	04100	SUBPROVIDER - IRF	0	0				41.00			
43.00	04300	NURSERY	0	0				43.00			
200.00	Total (lines 30 through 199)		142,321	0				200.00			

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0276	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part IV Date/Time Prepared: 12/2/2019 11:48 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	15,986
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	258,250
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	10,285
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	84,428
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	OB 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 07/01/2018
To 06/30/2019

Worksheet D
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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	1,811,639	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	19,145	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	2,199,733	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0276

Period:
From 07/01/2018
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			Title XVIII		Hospital	PPS		
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	15,986	15,986	131,633,048	0.000121	50.00
50.01	05001	AMBULATORY SURGERY CENTER	0	0	0	62,441,629	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	72,833,176	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	14,590,841	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	130,082,442	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	100,636,831	0.000000	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0	0	0	29,405,834	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	40,214,878	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	122,705,336	0.000000	57.00
58.00	05800	MRI	0	0	0	60,280,919	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	122,440,559	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	441,708,138	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	40,874,571	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	71,171,449	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	15,318,656	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	8,923,465	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,682,055	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	57,297,503	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	13,055,447	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	61,763,119	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	93,365,523	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	258,250	258,250	392,824,586	0.000657	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	46,777,566	0.000000	74.00
76.00	03560	PULMONARY LABS	0	0	0	5,577,608	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	18,264,214	0.000000	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0	0.000000	76.05
76.07	03340	GASTROINTESTINAL SERVICE	0	10,285	10,285	80,382,758	0.000128	76.07
76.09	03953	BONE MARROW PROCUREMENT	0	0	0	2,893,946	0.000000	76.09
76.10	03954	BARIATRICS	0	0	0	338,392	0.000000	76.10
76.11	03955	HEPATOLOGY	0	0	0	31,520	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	1,425,629	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	28,824,101	0.000000	90.02
90.03	09003	PSYCH SOCIAL REHAB	0	0	0	5,961	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	84,428	84,428	167,104,184	0.000505	90.07
90.08	09007	OBST OUTPATIENT CENTER	0	0	0	29,544,870	0.000000	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	0	0	0	2,764,102	0.000000	90.09
90.10	09009	LAGRANGE FAMILY PCC	0	0	0	8,013,337	0.000000	90.10
90.12	09010	NORTH RIVERSIDE PCC	0	0	0	2,408,168	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	587,770	0.000000	90.14
90.15	09013	OBST II PCC	0	0	0	4,336,127	0.000000	90.15
90.16	09014	HICKORY HILLS PCC	0	0	0	13,353,768	0.000000	90.16
90.18	09015	DARIEN PCC	0	0	0	1,595,895	0.000000	90.18
90.20	09016	ORLAND PARK - FP	0	0	0	4,694,327	0.000000	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0	0	0	25,401,422	0.000000	90.21
90.22	09018	HOMER GLEN PCC	0	0	0	15,339,670	0.000000	90.22
90.23	09019	OAK PARK PCC	0	0	0	1,647,653	0.000000	90.23
90.24	09020	PARK RIDGE PCC	0	0	0	5,099,368	0.000000	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	0	0	0	2,492,501	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	4,102,056	0.000000	90.28
90.29	09025	BURR RIDGE PCC	0	0	0	105,347,744	0.000000	90.29
90.30	09026	RIVER FOREST	0	0	0	9,979,123	0.000000	90.30
90.31	09027	NORRIDGE	0	0	0	977,255	0.000000	90.31

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0276

Period:
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Cost Center Description			Title XVIII		Hospital	PPS		
			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00
90.32	09028	ELMWOOD PARK	0	0	0	1,679,998	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	437,245	0.000000	90.34
91.00	09100	EMERGENCY	0	1,811,639	1,811,639	139,981,258	0.012942	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	19,145	19,145	22,635,448	0.000846	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	21,646,997	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	3,954,153	0.000000	97.00
200.00		Total (lines 50 through 199)	0	2,199,733	2,199,733	2,866,896,139		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0276

Period:
From 07/01/2018
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Part IV
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Cost Center Description			Title XVIII		Hospital		PPS
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
			9.00	10.00	11.00	12.00	13.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000121	32,612,115	3,946	7,190,420	870
50.01	05001	AMBULATORY SURGERY CENTER	0.000000	76,223	0	11,813,153	0
51.00	05100	RECOVERY ROOM	0.000000	12,794,432	0	7,318,268	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	88,018	0	1,180	0
53.00	05300	ANESTHESIOLOGY	0.000000	31,558,418	0	8,868,538	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	15,844,377	0	13,199,275	0
54.01	03630	RADIOLOGY-ULTRASOUND	0.000000	2,391,744	0	3,976,814	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0
56.00	05600	RADIOISOTOPE	0.000000	1,214,474	0	13,313,673	0
57.00	05700	CT SCAN	0.000000	17,949,286	0	21,605,646	0
58.00	05800	MRI	0.000000	5,063,013	0	12,307,210	0
59.00	05900	CARDIAC CATHETERIZATION	0.000000	16,761,161	0	34,449,999	0
60.00	06000	LABORATORY	0.000000	71,807,048	0	44,837,939	0
60.01	03420	LABORATORY - PATHOLOGICAL	0.000000	0	0	0	0
60.02	03956	LABORATORY-NEUROSURGICAL	0.000000	0	0	0	0
60.03	03957	LABORATORY-HLA	0.000000	0	0	0	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	10,400,558	0	2,289,810	0
65.00	06500	RESPIRATORY THERAPY	0.000000	26,547,401	0	429,542	0
66.00	06600	PHYSICAL THERAPY	0.000000	5,124,772	0	120,928	0
67.00	06700	OCCUPATIONAL THERAPY	0.000000	3,057,083	0	44,818	0
68.00	06800	SPEECH PATHOLOGY	0.000000	1,261,035	0	1,110	0
69.00	06900	ELECTROCARDIOLOGY	0.000000	11,083,390	0	9,981,824	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	2,788,730	0	791,059	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	12,848,793	0	7,646,115	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	25,839,419	0	11,992,580	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000657	46,423,957	30,501	79,514,149	52,241
74.00	07400	RENAL DIALYSIS	0.000000	5,293,675	0	275,809	0
76.00	03560	PULMONARY LABS	0.000000	974,282	0	1,445,480	0
76.01	03950	OCCUPATIONAL HEALTH	0.000000	0	0	0	0
76.03	03951	HYPERALIMENTATION	0.000000	0	0	0	0
76.04	03650	PERIPHERAL VASCULAR	0.000000	3,717,622	0	3,760,636	0
76.05	03952	PEDIATRIC ENDO NUTRITION	0.000000	0	0	0	0
76.07	03340	GASTROINTESTINAL SERVICE	0.000128	4,936,977	632	19,503,747	2,496
76.09	03953	BONE MARROW PROCUREMENT	0.000000	544,852	0	76,572	0
76.10	03954	BARITRICS	0.000000	237	0	45,496	0
76.11	03955	HEPATOLOGY	0.000000	0	0	3,932	0
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	1,722	0	184,415	0
90.01	09001	CARDIAC REHABILITATION	0.000000	0	0	0	0
90.02	09002	CANCER CENTER	0.000000	155,889	0	8,618,506	0
90.03	09003	PSYCH SOCIAL REHAB	0.000000	0	0	1,166	0
90.04	09004	WELLNESS ASSESSMENT	0.000000	0	0	0	0
90.06	09005	HEART FAILURE CLINIC	0.000000	0	0	0	0
90.07	09006	LOC OUTPATIENT CENTER	0.000505	2,000,052	1,010	56,477,155	28,521
90.08	09007	OBST OUTPATIENT CENTER	0.000000	48,540	0	5,330,161	0
90.09	09008	ELMHURST IMMEDIATE CARE	0.000000	3,275	0	756,704	0
90.10	09009	LAGRANGE FAMILY PCC	0.000000	6,259	0	2,688,110	0
90.12	09010	NORTH RIVERSIDE PCC	0.000000	2,490	0	313,979	0
90.13	09011	GLENDALE HEIGHTS PCC	0.000000	0	0	0	0
90.14	09012	WHEATON PCC	0.000000	2,043	0	147,473	0
90.15	09013	OBST II PCC	0.000000	5,426	0	640,453	0
90.16	09014	HICKORY HILLS PCC	0.000000	5,338	0	1,451,587	0
90.18	09015	DARIEN PCC	0.000000	3,178	0	332,395	0
90.20	09016	ORLAND PARK - FP	0.000000	4,429	0	1,144,144	0
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0.000000	6,684	0	533,298	0
90.22	09018	HOMER GLEN PCC	0.000000	16,066	0	2,442,637	0
90.23	09019	OAK PARK PCC	0.000000	4,056	0	514,070	0
90.24	09020	PARK RIDGE PCC	0.000000	14,150	0	2,094,228	0
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	0.000000	614	0	720,067	0
90.26	09022	WOODRIDGE PCC	0.000000	0	0	0	0
90.27	09023	NEUROLOGY - NILES	0.000000	0	0	0	0
90.28	09024	MARJORIE WEINBERG CANCER CENTER	0.000000	28,789	0	1,739,426	0
90.29	09025	BURR RIDGE PCC	0.000000	172,645	0	28,331,513	0
90.30	09026	RIVER FOREST	0.000000	10,298	0	1,545,976	0
90.31	09027	NORRIDGE	0.000000	1,264	0	228,330	0

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0276

Period:
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Part IV
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				Title XVIII		Hospital	12/2/2019 11:48 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)	
				9.00					
90.32	09028	ELMWOOD PARK	0.000000	316	0	256,097	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	319	0	53,921	0	90.34	
91.00	09100	EMERGENCY	0.012942	21,513,750	278,431	12,595,218	163,007	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000846	2,848,974	2,410	2,735,319	2,314	92.00	
92.01	09201	OBSERVATION BEDS-DISTINCT	0.000000	5,233,304	0	4,048,636	0	92.01	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES						95.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	248,795	0	2,031,068	0	97.00	
200.00		Total (lines 50 through 199)		401,341,757	316,930	454,761,774	249,449	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019Worksheet D
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Date/Time Prepared:
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Cost Center Description			PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	PPS
			21.00	24.00			
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
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

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019

Worksheet D
Part IV
Date/Time Prepared:
12/2/2019 11:48 am

Cost Center Description			PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	PPS
			21.00	24.00			
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					95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0			97.00
200.00		Total (lines 50 through 199)	0	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part V
Date/Time Prepared:
12/2/2019 11:48 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	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.349114	7,190,420	0	0	2,510,276	50.00
50.01	05001	AMBULATORY SURGERY CENTER	0.145169	11,813,153	77,652	0	1,714,904	50.01
51.00	05100	RECOVERY ROOM	0.090324	7,318,268	1	6	661,015	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.360649	1,180	0	0	426	52.00
53.00	05300	ANESTHESIOLOGY	0.025342	8,868,538	0	0	224,746	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.149759	13,199,275	0	4	1,976,710	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0.080545	3,976,814	0	0	320,312	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.251882	13,313,673	0	0	3,353,475	56.00
57.00	05700	CT SCAN	0.054823	21,605,646	0	0	1,184,486	57.00
58.00	05800	MRI	0.061701	12,307,210	0	0	759,367	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.131564	34,449,999	0	4	4,532,380	59.00
60.00	06000	LABORATORY	0.078531	44,837,939	1	5	3,521,168	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.	0.270678	2,289,810	5,013	0	619,801	63.00
65.00	06500	RESPIRATORY THERAPY	0.171291	429,542	0	0	73,577	65.00
66.00	06600	PHYSICAL THERAPY	0.191616	120,928	0	0	23,172	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.192591	44,818	0	0	8,632	67.00
68.00	06800	SPEECH PATHOLOGY	0.203486	1,110	0	0	226	68.00
69.00	06900	ELECTROCARDIOLOGY	0.090567	9,981,824	0	2	904,024	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.203532	791,059	0	0	161,006	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.022331	7,646,115	2,688	0	7,816,860	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.543591	11,992,580	0	0	6,519,059	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.299408	79,514,149	75,269	1,160,316	23,807,172	73.00
74.00	07400	RENAL DIALYSIS	0.191501	275,809	42	400	52,818	74.00
76.00	03560	PULMONARY LABS	0.202574	1,445,480	0	0	292,817	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	0.088124	3,760,636	0	0	331,402	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0.000000	0	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	0.099330	19,503,747	0	0	1,937,307	76.07
76.09	03953	BONE MARROW PROCUREMENT	0.792654	76,572	26,467	0	60,695	76.09
76.10	03954	BARIATRICS	2.495236	45,496	0	0	113,523	76.10
76.11	03955	HEPATOLOGY	37.639277	3,932	1	10	147,998	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	0.356505	184,415	0	0	65,745	90.00
90.01	09001	CARDIAC REHABILITATION	0.000000	0	0	0	0	90.01
90.02	09002	CANCER CENTER	0.718120	8,618,506	86	809	6,189,122	90.02
90.03	09003	PSYCH SOCIAL REHAB	164.875356	1,166	0	0	192,245	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	0.289603	56,477,155	599	5,645	16,355,954	90.07
90.08	09007	OBT OUTPATIENT CENTER	0.473223	5,330,161	27	258	2,522,355	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	0.885000	756,704	190	1,795	669,683	90.09
90.10	09009	LAGRANGE FAMILY PCC	0.476436	2,688,110	134	1,264	1,280,712	90.10
90.12	09010	NORTH RIVERSIDE PCC	2.064995	313,979	104	985	648,365	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0.000000	0	0	0	0	90.13
90.14	09012	WHEATON PCC	0.817015	147,473	68	641	120,488	90.14
90.15	09013	OBT II PCC	0.559346	640,453	274	2,580	358,235	90.15
90.16	09014	HICKORY HILLS PCC	0.395551	1,451,587	160	1,510	574,177	90.16
90.18	09015	DARIEN PCC	1.689521	332,395	206	1,944	561,588	90.18
90.20	09016	ORLAND PARK - FP	0.683097	1,144,144	204	1,924	781,561	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0.253825	533,298	157	1,484	135,364	90.21
90.22	09018	HOMER GLEN PCC	0.538287	2,442,637	91	861	1,314,840	90.22
90.23	09019	OAK PARK PCC	0.801801	514,070	170	1,602	412,182	90.23
90.24	09020	PARK RIDGE PCC	0.327889	2,094,228	18	170	686,674	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	1.203392	720,067	99	935	866,523	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	2.008173	1,739,426	8	73	3,493,068	90.28
90.29	09025	BURR RIDGE PCC	0.298468	28,331,513	104	981	8,456,050	90.29

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part V
Date/Time Prepared:
12/2/2019 11:48 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	0.307128	1,545,976	14	133	474,813	90.30
90.31	09027	NORRIDGE	0.726786	228,330	69	648	165,947	90.31
90.32	09028	ELMWOOD PARK	0.894442	256,097	93	878	229,064	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0.000000	0	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	1.441860	53,921	74	701	77,747	90.34
91.00	09100	EMERGENCY	0.125163	12,595,218	31	293	1,576,455	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.402764	2,735,319	0	0	1,101,688	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.289492	4,048,636	15	139	1,172,048	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.000000		0			95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.245827	2,031,068	0	0	499,291	97.00
200.00		Subtotal (see instructions)		454,761,774	190,129	1,189,000	114,611,338	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 - line 201)		454,761,774	190,129	1,189,000	114,611,338	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0276		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part V Date/Time Prepared: 12/2/2019 11:48 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					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					50.00
50.01	05001	AMBULATORY SURGERY CENTER	11,273	0					50.01
51.00	05100	RECOVERY ROOM	0	1					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					52.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1					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	1					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.	1,357	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	2,748	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,536	347,408					73.00
74.00	07400	RENAL DIALYSIS	8	77					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	20,979	0					76.09
76.10	03954	BARITRICS	0	0					76.10
76.11	03955	HEPATOLOGY	38	376					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	62	581					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	173	1,635					90.07
90.08	09007	OBT OUTPATIENT CENTER	13	122					90.08
90.09	09008	ELMHURST IMMEDIATE CARE	168	1,589					90.09
90.10	09009	LAGRANGE FAMILY PCC	64	602					90.10
90.12	09010	NORTH RIVERSIDE PCC	215	2,034					90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0					90.13
90.14	09012	WHEATON PCC	56	524					90.14
90.15	09013	OBT II PCC	153	1,443					90.15
90.16	09014	HICKORY HILLS PCC	63	597					90.16
90.18	09015	DARIEN PCC	348	3,284					90.18
90.20	09016	ORLAND PARK - FP	139	1,314					90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	40	377					90.21
90.22	09018	HOMER GLEN PCC	49	463					90.22
90.23	09019	OAK PARK PCC	136	1,284					90.23
90.24	09020	PARK RIDGE PCC	6	56					90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	119	1,125					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	16	147					90.28
90.29	09025	BURR RIDGE PCC	31	293					90.29

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part V
Date/Time Prepared:
12/2/2019 11:48 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	4	41		90.30
90.31	09027	NORRIDGE	50	471		90.31
90.32	09028	ELMWOOD PARK	83	785		90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0		90.33
90.34	09034	CHICAGO AND BELMONT	107	1,011		90.34
91.00	09100	EMERGENCY	4	37		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	4	40		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)	61,042	367,719		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	61,042	367,719		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part V
Date/Time Prepared:
12/2/2019 11:48 am

			Title XIX		Hospital		12/27/2019 11:48 am 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	0.349114	995,962	0	0	347,704	50.00
50.01	05001	AMBULATORY SURGERY CENTER	0.145169	2,055,702	0	0	298,424	50.01
51.00	05100	RECOVERY ROOM	0.090324	961,780	0	0	86,872	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.360649	84,706	0	0	30,549	52.00
53.00	05300	ANESTHESIOLOGY	0.025342	1,007,088	0	0	25,522	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.149759	1,292,081	0	0	193,501	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0.080545	528,129	0	0	42,538	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.251882	582,156	0	0	146,635	56.00
57.00	05700	CT SCAN	0.054823	1,637,741	0	0	89,786	57.00
58.00	05800	MRI	0.061701	780,545	0	0	48,160	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.131564	968,021	0	0	127,357	59.00
60.00	06000	LABORATORY	0.078531	4,747,510	0	0	372,827	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.	0.270678	526,839	0	0	142,604	63.00
65.00	06500	RESPIRATORY THERAPY	0.171291	127,389	0	0	21,821	65.00
66.00	06600	PHYSICAL THERAPY	0.191616	54,603	0	0	10,463	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.192591	21,704	0	0	4,180	67.00
68.00	06800	SPEECH PATHOLOGY	0.203486	10,694	0	0	2,176	68.00
69.00	06900	ELECTROCARDIOLOGY	0.090567	462,195	0	0	41,860	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.203532	152,599	0	0	31,059	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.022331	368,803	0	0	377,039	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.543591	615,156	0	0	334,393	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.299408	338,664	0	0	101,399	73.00
74.00	07400	RENAL DIALYSIS	0.191501	778,518	0	0	149,087	74.00
76.00	03560	PULMONARY LABS	0.202574	33,605	0	0	6,807	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	0.088124	112,789	0	0	9,939	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0.000000	0	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	0.099330	543,068	0	0	53,943	76.07
76.09	03953	BONE MARROW PROCUREMENT	0.792654	0	0	0	0	76.09
76.10	03954	BARITRICS	2.495236	682	0	0	1,702	76.10
76.11	03955	HEPATOLOGY	37.639277	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	0.356505	55,723	0	0	19,866	90.00
90.01	09001	CARDIAC REHABILITATION	0.000000	0	0	0	0	90.01
90.02	09002	CANCER CENTER	0.718120	1,673,638	0	0	1,201,873	90.02
90.03	09003	PSYCH SOCIAL REHAB	164.875356	391	0	0	64,466	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	0.289603	2,984,324	0	0	864,269	90.07
90.08	09007	OBT OUTPATIENT CENTER	0.473223	1,278,678	0	0	605,100	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	0.885000	24,003	0	0	21,243	90.09
90.10	09009	LAGRANGE FAMILY PCC	0.476436	79,556	0	0	37,903	90.10
90.12	09010	NORTH RIVERSIDE PCC	2.064995	103,266	0	0	213,244	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0.000000	0	0	0	0	90.13
90.14	09012	WHEATON PCC	0.817015	7,631	0	0	6,235	90.14
90.15	09013	OBT II PCC	0.559346	13,730	0	0	7,680	90.15
90.16	09014	HICKORY HILLS PCC	0.395551	702,472	0	0	277,864	90.16
90.18	09015	DARIEN PCC	1.689521	47,278	0	0	79,877	90.18
90.20	09016	ORLAND PARK - FP	0.683097	36,785	0	0	25,128	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0.253825	406,346	0	0	103,141	90.21
90.22	09018	HOMER GLEN PCC	0.538287	381,969	0	0	205,609	90.22
90.23	09019	OAK PARK PCC	0.801801	10,743	0	0	8,614	90.23
90.24	09020	PARK RIDGE PCC	0.327889	27,645	0	0	9,064	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	1.203392	31,056	0	0	37,373	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	2.008173	185,020	0	0	371,552	90.28
90.29	09025	BURR RIDGE PCC	0.298468	965,584	0	0	288,196	90.29

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part V
Date/Time Prepared:
12/2/2019 11:48 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	0.307128	140,214	0	0	43,064	90.30	
90.31	09027	NORRIDGE	0.726786	7,836	0	0	5,695	90.31	
90.32	09028	ELMWOOD PARK	0.894442	25,237	0	0	22,573	90.32	
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0.000000	0	0	0	0	90.33	
90.34	09034	CHICAGO AND BELMONT	1.441860	11,233	0	0	16,196	90.34	
91.00	09100	EMERGENCY	0.125163	4,654,923	0	0	582,624	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.402764	1,028,750	0	0	414,343	92.00	
92.01	09201	OBSERVATION BEDS-DISTINCT	0.289492	403,146	0	0	116,708	92.01	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0.000000	0	0			95.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.245827	11,114	0	0	2,732	97.00	
200.00		Subtotal (see instructions)		35,087,020	0	0	8,750,579	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00		Net Charges (line 200 - line 201)		35,087,020	0	0	8,750,579	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0276		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part V Date/Time Prepared: 12/2/2019 11:48 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	BARITRICS	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 07/01/2018
To 06/30/2019Worksheet D
Part V
Date/Time Prepared:
12/2/2019 11:48 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 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 12/2/2019 11:48 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)		105,495	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		105,495	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)		94,779	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)		31,334	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)		89,750,706	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)		89,750,706	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)		89,750,706	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)		850.76	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		26,657,714	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)		26,657,714	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019

Worksheet D-1

Date/Time Prepared:

12/2/2019 11:48 am

Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Hospital Program Days	Program Cost (col. 3 x col. 4)	PPS
		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	28,695,503	18,127	1,583.03	7,052	11,163,528	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	8,069,617	1,634	4,938.57	1,251	6,178,151	45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	12,100,308	6,494	1,863.31	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	4,098,452	1,917	2,137.95	0	0	47.01
47.03	HEART TRANSPLANT ICU	6,186,454	2,698	2,292.98	1,484	3,402,782	47.03
47.04	BONE INTENSIVE CARE	7,260,584	3,285	2,210.22	1,765	3,901,038	47.04
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					85,990,439	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					137,293,652	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					4,687,573	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					5,635,418	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					10,322,991	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					126,970,661	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)					10,716	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					850.76	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					9,116,744	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019

Worksheet D-1

Date/Time Prepared:
12/2/2019 11:48 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	7,686,419	89,750,706	0.085642	9,116,744	780,776
91.00	Nursing School cost	0	89,750,706	0.000000	9,116,744	0
92.00	Allied health cost	188,503	89,750,706	0.002100	9,116,744	19,145
93.00	All other Medical Education	0	89,750,706	0.000000	9,116,744	0

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0276	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 12/2/2019 11:48 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		109,860,994	30.00
31.00	03100	INTENSIVE CARE UNIT		37,650,745	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		6,946,153	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		7,460,164	35.03
35.04	02401	BONE INTENSIVE CARE		9,117,467	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	0.349114	32,612,115	11,385,346 50.00
50.01	05001	AMBULATORY SURGERY CENTER	0.145169	76,223	11,065 50.01
51.00	05100	RECOVERY ROOM	0.090324	12,794,432	1,155,644 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.360649	88,018	31,744 52.00
53.00	05300	ANESTHESIOLOGY	0.025342	31,558,418	799,753 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.149759	15,844,377	2,372,838 54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0.080545	2,391,744	192,643 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.251882	1,214,474	305,904 56.00
57.00	05700	CT SCAN	0.054823	17,949,286	984,034 57.00
58.00	05800	MRI	0.061701	5,063,013	312,393 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.131564	16,761,161	2,205,165 59.00
60.00	06000	LABORATORY	0.078531	71,807,048	5,639,079 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.	0.270678	10,400,558	2,815,202 63.00
65.00	06500	RESPIRATORY THERAPY	0.171291	26,547,401	4,547,331 65.00
66.00	06600	PHYSICAL THERAPY	0.191616	5,124,772	981,988 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.192591	3,057,083	588,767 67.00
68.00	06800	SPEECH PATHOLOGY	0.203486	1,261,035	256,603 68.00
69.00	06900	ELECTROCARDIOLOGY	0.090567	11,083,390	1,003,789 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.203532	2,788,730	567,596 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.022331	12,848,793	13,135,719 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.543591	25,839,419	14,046,076 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.299408	46,423,957	13,899,704 73.00
74.00	07400	RENAL DIALYSIS	0.191501	5,293,675	1,013,744 74.00
76.00	03560	PULMONARY LABS	0.202574	974,282	197,364 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	0.088124	3,717,622	327,612 76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0.000000	0	0 76.05
76.07	03340	GASTROINTESTINAL SERVICE	0.099330	4,936,977	490,390 76.07
76.09	03953	BONE MARROW PROCUREMENT	0.792654	544,852	431,879 76.09
76.10	03954	BARIATRICS	2.495236	237	591 76.10
76.11	03955	HEPATOLOGY	37.639277	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	0.356505	1,722	614 90.00
90.01	09001	CARDIAC REHABILITATION	0.000000	0	0 90.01
90.02	09002	CANCER CENTER	0.718120	155,889	111,947 90.02
90.03	09003	PSYCH SOCIAL REHAB	164.875356	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	0.289603	2,000,052	579,221 90.07
90.08	09007	OBT OUTPATIENT CENTER	0.473223	48,540	22,970 90.08
90.09	09008	ELMHURST IMMEDIATE CARE	0.885000	3,275	2,898 90.09
90.10	09009	LAGRANGE FAMILY PCC	0.476436	6,259	2,982 90.10
90.12	09010	NORTH RIVERSIDE PCC	2.064995	2,490	5,142 90.12
90.13	09011	GLENDALE HEIGHTS PCC	0.000000	0	0 90.13
90.14	09012	WHEATON PCC	0.817015	2,043	1,669 90.14
90.15	09013	OBT II PCC	0.559346	5,426	3,035 90.15
90.16	09014	HICKORY HILLS PCC	0.395551	5,338	2,111 90.16
90.18	09015	DARIEN PCC	1.689521	3,178	5,369 90.18
90.20	09016	ORLAND PARK - FP	0.683097	4,429	3,025 90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0.253825	6,684	1,697 90.21
90.22	09018	HOMER GLEN PCC	0.538287	16,066	8,648 90.22

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0276	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 12/2/2019 11:48 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	0.801801	4,056	3,252	90.23
90.24	09020	PARK RIDGE PCC	0.327889	14,150	4,640	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	1.203392	614	739	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	2.008173	28,789	57,813	90.28
90.29	09025	BURR RIDGE PCC	0.298468	172,645	51,529	90.29
90.30	09026	RIVER FOREST	0.307128	10,298	3,163	90.30
90.31	09027	NORRIDGE	0.726786	1,264	919	90.31
90.32	09028	ELMWOOD PARK	0.894442	316	283	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0.000000	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	1.441860	319	460	90.34
91.00	09100	EMERGENCY	0.125163	21,513,750	2,692,725	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.402764	2,848,974	1,147,464	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.289492	5,233,304	1,515,000	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES				95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.245827	248,795	61,161	97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		401,341,757	85,990,439	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)		401,341,757		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0276	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 12/2/2019 11:48 am
Cost Center Description			Title XIX	Hospital	Cost
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		13,878,741	30.00
31.00	03100	INTENSIVE CARE UNIT		4,287,137	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		4,324,763	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		11,008,964	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT		2,990,494	35.01
35.03	02400	HEART TRANSPLANT ICU		324,414	35.03
35.04	02401	BONE INTENSIVE CARE		162,856	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	0.349114	3,518,712	50.00
50.01	05001	AMBULATORY SURGERY CENTER	0.145169	0	50.01
51.00	05100	RECOVERY ROOM	0.090324	1,503,459	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.360649	1,036,543	52.00
53.00	05300	ANESTHESIOLOGY	0.025342	3,229,063	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.149759	2,194,141	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0.080545	378,282	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.251882	57,682	56.00
57.00	05700	CT SCAN	0.054823	2,811,656	57.00
58.00	05800	MRI	0.061701	700,602	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.131564	1,078,439	59.00
60.00	06000	LABORATORY	0.078531	7,850,821	60.00
60.01	03420	LABORATORY - PATHOLOGICAL	0.000000	0	60.01
60.02	03956	LABORATORY-NEUROSURGICAL	0.000000	0	60.02
60.03	03957	LABORATORY-HLA	0.000000	0	60.03
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.270678	1,001,251	63.00
65.00	06500	RESPIRATORY THERAPY	0.171291	5,773,592	65.00
66.00	06600	PHYSICAL THERAPY	0.191616	780,392	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.192591	514,026	67.00
68.00	06800	SPEECH PATHOLOGY	0.203486	285,666	68.00
69.00	06900	ELECTROCARDIOLOGY	0.090567	1,108,038	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.203532	440,615	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.022331	1,711,512	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.543591	1,859,087	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.299408	6,251,436	73.00
74.00	07400	RENAL DIALYSIS	0.191501	249,583	74.00
76.00	03560	PULMONARY LABS	0.202574	65,076	76.00
76.01	03950	OCCUPATIONAL HEALTH	0.000000	0	76.01
76.03	03951	HYPERALIMENTATION	0.000000	0	76.03
76.04	03650	PERIPHERAL VASCULAR	0.088124	289,407	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0.000000	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	0.099330	335,848	76.07
76.09	03953	BONE MARROW PROCUREMENT	0.792654	0	76.09
76.10	03954	BARIATRICS	2.495236	0	76.10
76.11	03955	HEPATOLOGY	37.639277	0	76.11
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.356505	937	90.00
90.01	09001	CARDIAC REHABILITATION	0.000000	0	90.01
90.02	09002	CANCER CENTER	0.718120	1,487	90.02
90.03	09003	PSYCH SOCIAL REHAB	164.875356	0	90.03
90.04	09004	WELLNESS ASSESSMENT	0.000000	0	90.04
90.06	09005	HEART FAILURE CLINIC	0.000000	0	90.06
90.07	09006	LOC OUTPATIENT CENTER	0.289603	61,431	90.07
90.08	09007	OBT OUTPATIENT CENTER	0.473223	1,255	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	0.885000	0	90.09
90.10	09009	LAGRANGE FAMILY PCC	0.476436	0	90.10
90.12	09010	NORTH RIVERSIDE PCC	2.064995	0	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0.000000	0	90.13
90.14	09012	WHEATON PCC	0.817015	0	90.14
90.15	09013	OBT II PCC	0.559346	0	90.15
90.16	09014	HICKORY HILLS PCC	0.395551	0	90.16
90.18	09015	DARIEN PCC	1.689521	0	90.18
90.20	09016	ORLAND PARK - FP	0.683097	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0.253825	0	90.21
90.22	09018	HOMER GLEN PCC	0.538287	168	90.22

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0276	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 12/2/2019 11:48 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	0.801801	0	0	90.23
90.24	09020	PARK RIDGE PCC	0.327889	0	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	1.203392	0	0	90.25
90.26	09022	WOODRIDGE PCC	0.000000	0	0	90.26
90.27	09023	NEUROLOGY - NILES	0.000000	0	0	90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	2.008173	0	0	90.28
90.29	09025	BURR RIDGE PCC	0.298468	7,586	2,264	90.29
90.30	09026	RIVER FOREST	0.307128	664	204	90.30
90.31	09027	NORRIDGE	0.726786	0	0	90.31
90.32	09028	ELMWOOD PARK	0.894442	0	0	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0.000000	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	1.441860	0	0	90.34
91.00	09100	EMERGENCY	0.125163	3,463,454	433,496	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.402764	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.289492	202,906	58,740	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES				95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.245827	3,126	768	97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		48,767,943	10,173,177	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)		48,767,943		202.00

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

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019

Worksheet D-4

Component CCN:

Date/Time Prepared:

12/2/2019 11:48 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	119,854	850.76	37	31,478	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	1,583.03	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	4,938.57	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,863.31	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	0	2,137.95	0	0	6.01
6.03	HEART TRANSPLANT ICU	47.03	0	2,292.98	0	0	6.03
6.04	BONE INTENSIVE CARE	47.04	0	2,210.22	0	0	6.04
7.00	TOTAL (sum of lines 1 through 6)		119,854		37	31,478	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	0.349114	196,937	68,753	8.00
8.01	AMBULATORY SURGERY CENTER		50.01	0.145169	832	121	8.01
9.00	RECOVERY ROOM		51.00	0.090324	185,251	16,733	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.360649	586	211	10.00
11.00	ANESTHESIOLOGY		53.00	0.025342	451,974	11,454	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.149759	188,990	28,303	12.00
12.01	RADIOLOGY-ULTRASOUND		54.01	0.080545	90,208	7,266	12.01
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.000000	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.251882	927,345	233,582	14.00
15.00	CT SCAN		57.00	0.054823	663,811	36,392	15.00
16.00	MRI		58.00	0.061701	113,558	7,007	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.131564	636,738	83,772	17.00
18.00	LABORATORY		60.00	0.078531	2,843,294	223,287	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	0.270678	157,615	42,663	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.171291	32,631	5,589	23.00
24.00	PHYSICAL THERAPY		66.00	0.191616	1,861	357	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.192591	450	87	25.00
26.00	SPEECH PATHOLOGY		68.00	0.203486	156	32	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.090567	1,017,974	92,195	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.203532	11,446	2,330	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	1.022331	124,556	127,337	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.543591	1,436	781	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.299408	250,734	75,072	31.00
32.00	RENAL DIALYSIS		74.00	0.191501	2,263	433	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	PULMONARY LABS		76.00	0.202574	5,708	1,156	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	0.088124	186,021	16,393	34.04
34.05	PEDIATRIC ENDO NUTRITION		76.05	0.000000	0	0	34.05
34.07	GASTROINTESTINAL SERVICE		76.07	0.099330	252,069	25,038	34.07
34.09	BONE MARROW PROCUREMENT		76.09	0.792654	11,510	9,123	34.09
34.10	BARIATRICS		76.10	2.495236	116	289	34.10
34.11	HEPATOLOGY		76.11	37.639277	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	0.356505	844	301	37.00
37.01	CARDIAC REHABILITATION		90.01	0.000000	0	0	37.01
37.02	CANCER CENTER		90.02	0.718120	9,406	6,755	37.02
37.03	PSYCH SOCIAL REHAB		90.03	164.875356	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	0.289603	46,415	13,442	37.07
37.08	OBT OUTPATIENT CENTER		90.08	0.473223	3,350	1,585	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 07/01/2018

To 06/30/2019

Worksheet D-4

Component CCN:

Date/Time Prepared:

12/2/2019 11:48 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	0.885000	509	450		37.09
37.10	LAGRANGE FAMILY PCC	90.10	0.476436	1,951	930		37.10
37.12	NORTH RIVERSIDE PCC	90.12	2.064995	611	1,262		37.12
37.13	GLENDALE HEIGHTS PCC	90.13	0.000000	0	0		37.13
37.14	WHEATON PCC	90.14	0.817015	480	392		37.14
37.15	OBT II PCC	90.15	0.559346	998	558		37.15
37.16	HICKORY HILLS PCC	90.16	0.395551	741	293		37.16
37.18	DARIEN PCC	90.18	1.689521	453	765		37.18
37.20	ORLAND PARK - FP	90.20	0.683097	346	236		37.20
37.21	FAMILY PRACTICE MAYWOOD PCC	90.21	0.253825	1,651	419		37.21
37.22	HOMER GLEN PCC	90.22	0.538287	1,909	1,028		37.22
37.23	OAK PARK PCC	90.23	0.801801	1,094	877		37.23
37.24	PARK RIDGE PCC	90.24	0.327889	2,121	695		37.24
37.25	LOYOLA CLINIC AT GOTTLIEB	90.25	1.203392	301	362		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	2.008173	556	1,117		37.28
37.29	BURR RIDGE PCC	90.29	0.298468	12,412	3,705		37.29
37.30	RIVER FOREST	90.30	0.307128	1,446	444		37.30
37.31	NORRIDGE	90.31	0.726786	482	350		37.31
37.32	ELMWOOD PARK	90.32	0.894442	120	107		37.32
37.33	OCCUPATIONAL HEALTH CLINIC	90.33	0.000000	0	0		37.33
37.34	CHICAGO AND BELMONT	90.34	1.441860	122	176		37.34
38.00	EMERGENCY	91.00	0.125163	40,282	5,042		38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.402764	4,252	1,713		39.00
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.289492	3,217	931		39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)			8,492,139	1,159,691		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	37	0		42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0		43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0		44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0		45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0		46.00
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0		47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	7.01	0.00	0	0		47.01
47.03	HEART TRANSPLANT ICU	7.03	0.00	0	0		47.03
47.04	BONE INTENSIVE CARE	7.04	0.00	0	0		47.04
48.00	TOTAL (sum of lines 42 through 47)			37	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	844	0.000000	0		51.00
51.01	CARDIAC REHABILITATION	23.01	0	0.000000	0		51.01
51.02	CANCER CENTER	23.02	9,406	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	46,415	0.000000	0		51.07
51.08	OBT OUTPATIENT CENTER	23.08	3,350	0.000000	0		51.08
51.09	ELMHURST IMMEDIATE CARE	23.09	509	0.000000	0		51.09
51.10	LAGRANGE FAMILY PCC	23.10	1,951	0.000000	0		51.10
51.12	NORTH RIVERSIDE PCC	23.12	611	0.000000	0		51.12
51.13	GLENDALE HEIGHTS PCC	23.13	0	0.000000	0		51.13
51.14	WHEATON PCC	23.14	480	0.000000	0		51.14
51.15	OBT II PCC	23.15	998	0.000000	0		51.15
51.16	HICKORY HILLS PCC	23.16	741	0.000000	0		51.16
51.18	DARIEN PCC	23.18	453	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 07/01/2018

To 06/30/2019

Worksheet D-4

Component CCN:

Date/Time Prepared:

12/2/2019 11:48 am

Cost Center Description		Kidney		Hospital		PPS		
		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)			
		0	1.00	2.00	3.00			
51.20	ORLAND PARK - FP	23.20	346	0.000000	0	51.20		
51.21	FAMILY PRACTICE MAYWOOD PCC	23.21	1,651	0.000000	0	51.21		
51.22	HOMER GLEN PCC	23.22	1,909	0.000000	0	51.22		
51.23	OAK PARK PCC	23.23	1,094	0.000000	0	51.23		
51.24	PARK RIDGE PCC	23.24	2,121	0.000000	0	51.24		
51.25	LOYOLA CLINIC AT GOTTLIEB	23.25	301	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	556	0.000000	0	51.28		
51.29	BURR RIDGE PCC	23.29	12,412	0.000000	0	51.29		
51.30	RIVER FOREST	23.30	1,446	0.000000	0	51.30		
51.31	NORRIDGE	23.31	482	0.000000	0	51.31		
51.32	ELMWOOD PARK	23.32	120	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	122	0.000000	0	51.34		
52.00	EMERGENCY	24.00	40,282	0.000000	0	52.00		
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	4,252	0.000000	0	53.00		
53.01	OBSERVATION BEDS-DISTINCT	25.01	3,217	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)		136,069		0	55.00		
Cost Center Description		Cost		Charges				
		Part A	Part B	Part A	Part B			
		1.00	2.00	3.00	4.00			
	PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	1,191,169		8,611,993		56.00		
57.00	Interns and Residents (inpatient)	0		0		57.00		
58.00	Interns and Residents (outpatient)	0		0		58.00		
59.00	Direct Organ Acquisition (see instructions)	10,470,261		10,408,641		59.00		
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00		
61.00	Total (sum of lines 56 thru 60)	11,661,430		19,020,634		61.00		
62.00	Total Usable Organs (see instructions)		170			62.00		
63.00	Medicare Usable Organs (see instructions)		103			63.00		
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.605882			64.00		
65.00	Medicare Cost/Charges (see instructions)	7,065,451		11,524,260		65.00		
66.00	Revenue for Organs Sold	75,581		0		66.00		
67.00	Subtotal (line 65 minus line 66)	6,989,870		11,524,260		67.00		
68.00	Organs Furnished Part B	0	0	0	0	68.00		
69.00	Net Organ Acquisition Cost and Charges (see instructions)	6,989,870	0	11,524,260	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		26		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		144		73.00	
74.00	Total (sum of lines 70 through 73)		0		170		74.00	
75.00	Organs Transplanted		0		144	0	75.00	
76.00	Organs Sold to Other Hospitals		0		0	0	76.00	
77.00	Organs Sold to OPOs		0		26	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		170		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 07/01/2018
To 06/30/2019

Worksheet D-4

Component CCN:

Date/Time Prepared:
12/2/2019 11:48 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	50,203	850.76	12	10,209	1.00	
2.00	INTENSIVE CARE UNIT	43.00	17,004	1,583.03	3	4,749	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	4,938.57	0	0	4.00	
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00	
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,863.31	0	0	6.00	
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	0	2,137.95	0	0	6.01	
6.03	HEART TRANSPLANT ICU	47.03	0	2,292.98	0	0	6.03	
6.04	BONE INTENSIVE CARE	47.04	0	2,210.22	0	0	6.04	
7.00	TOTAL (sum of lines 1 through 6)		67,207		15	14,958	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	0.349114	43,620	15,228	8.00	
8.01	AMBULATORY SURGERY CENTER		50.01	0.145169	124	18	8.01	
9.00	RECOVERY ROOM		51.00	0.090324	27,523	2,486	9.00	
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.360649	170	61	10.00	
11.00	ANESTHESIOLOGY		53.00	0.025342	85,506	2,167	11.00	
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.149759	108,600	16,264	12.00	
12.01	RADIOLOGY-ULTRASOUND		54.01	0.080545	45,835	3,692	12.01	
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.000000	155,482	0	13.00	
14.00	RADIOISOTOPE		56.00	0.251882	0	0	14.00	
15.00	CT SCAN		57.00	0.054823	172,775	9,472	15.00	
16.00	MRI		58.00	0.061701	40,616	2,506	16.00	
17.00	CARDIAC CATHETERIZATION		59.00	0.131564	207,809	27,340	17.00	
18.00	LABORATORY		60.00	0.078531	883,959	69,418	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	0.270678	96,768	26,193	21.00	
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY		65.00	0.171291	40,004	6,852	23.00	
24.00	PHYSICAL THERAPY		66.00	0.191616	7,446	1,427	24.00	
25.00	OCCUPATIONAL THERAPY		67.00	0.192591	1,203	232	25.00	
26.00	SPEECH PATHOLOGY		68.00	0.203486	0	0	26.00	
27.00	ELECTROCARDIOLOGY		69.00	0.090567	343,267	31,089	27.00	
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.203532	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	1.022331	281,430	287,715	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.543591	75	41	30.00	
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.299408	69,604	20,840	31.00	
32.00	RENAL DIALYSIS		74.00	0.191501	6	1	32.00	
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00	
34.00	PULMONARY LABS		76.00	0.202574	1,405	285	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	0.088124	64,356	5,671	34.04	
34.05	PEDIATRIC ENDO NUTRITION		76.05	0.000000	0	0	34.05	
34.07	GASTROINTESTINAL SERVICE		76.07	0.099330	119,148	11,835	34.07	
34.09	BONE MARROW PROCUREMENT		76.09	0.792654	1,093	866	34.09	
34.10	BARITRICS		76.10	2.495236	17	42	34.10	
34.11	HEPATOLOGY		76.11	37.639277	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	0.356505	122	43	37.00	
37.01	CARDIAC REHABILITATION		90.01	0.000000	0	0	37.01	
37.02	CANCER CENTER		90.02	0.718120	1,708	1,227	37.02	
37.03	PSYCH SOCIAL REHAB		90.03	164.875356	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	0.289603	6,967	2,018	37.07	
37.08	OBT OUTPATIENT CENTER		90.08	0.473223	774	366	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 07/01/2018

To 06/30/2019

Worksheet D-4

Component CCN:

Date/Time Prepared:

12/2/2019 11:48 am

		Liver		Hospital	PPS	
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.09	ELMHURST IMMEDIATE CARE	90.09	0.885000	80	71	37.09
37.10	LAGRANGE FAMILY PCC	90.10	0.476436	285	136	37.10
37.12	NORTH RIVERSIDE PCC	90.12	2.064995	92	190	37.12
37.13	GLENDALE HEIGHTS PCC	90.13	0.000000	0	0	37.13
37.14	WHEATON PCC	90.14	0.817015	71	58	37.14
37.15	OBT II PCC	90.15	0.559346	151	84	37.15
37.16	HICKORY HILLS PCC	90.16	0.395551	145	57	37.16
37.18	DARIEN PCC	90.18	1.689521	68	115	37.18
37.20	ORLAND PARK - FP	90.20	0.683097	65	44	37.20
37.21	FAMILY PRACTICE MAYWOOD PCC	90.21	0.253825	242	61	37.21
37.22	HOMER GLEN PCC	90.22	0.538287	310	167	37.22
37.23	OAK PARK PCC	90.23	0.801801	163	131	37.23
37.24	PARK RIDGE PCC	90.24	0.327889	522	171	37.24
37.25	LOYOLA CLINIC AT GOTTLIEB	90.25	1.203392	43	52	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	2.008173	655	1,315	37.28
37.29	BURR RIDGE PCC	90.29	0.298468	2,941	878	37.29
37.30	RIVER FOREST	90.30	0.307128	241	74	37.30
37.31	NORRIDGE	90.31	0.726786	71	52	37.31
37.32	ELMWOOD PARK	90.32	0.894442	18	16	37.32
37.33	OCCUPATIONAL HEALTH CLINIC	90.33	0.000000	0	0	37.33
37.34	CHICAGO AND BELMONT	90.34	1.441860	18	26	37.34
38.00	EMERGENCY	91.00	0.125163	12,382	1,550	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.402764	3,740	1,506	39.00
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.289492	2,605	754	39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8 through 40)			2,832,320	552,903	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	12	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)			15	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	122	0.000000	0	51.00
51.01	CARDIAC REHABILITATION	23.01	0	0.000000	0	51.01
51.02	CANCER CENTER	23.02	1,708	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	6,967	0.000000	0	51.07
51.08	OBT OUTPATIENT CENTER	23.08	774	0.000000	0	51.08
51.09	ELMHURST IMMEDIATE CARE	23.09	80	0.000000	0	51.09
51.10	LAGRANGE FAMILY PCC	23.10	285	0.000000	0	51.10
51.12	NORTH RIVERSIDE PCC	23.12	92	0.000000	0	51.12
51.13	GLENDALE HEIGHTS PCC	23.13	0	0.000000	0	51.13
51.14	WHEATON PCC	23.14	71	0.000000	0	51.14
51.15	OBT II PCC	23.15	151	0.000000	0	51.15
51.16	HICKORY HILLS PCC	23.16	145	0.000000	0	51.16
51.18	DARIEN PCC	23.18	68	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 07/01/2018

To 06/30/2019

Worksheet D-4

Component CCN:

Date/Time Prepared:

12/2/2019 11:48 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	65	0.000000	0	51.20	
51.21	FAMILY PRACTICE MAYWOOD PCC	23.21	242	0.000000	0	51.21	
51.22	HOMER GLEN PCC	23.22	310	0.000000	0	51.22	
51.23	OAK PARK PCC	23.23	163	0.000000	0	51.23	
51.24	PARK RIDGE PCC	23.24	522	0.000000	0	51.24	
51.25	LOYOLA CLINIC AT GOTTLIEB	23.25	43	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	655	0.000000	0	51.28	
51.29	BURR RIDGE PCC	23.29	2,941	0.000000	0	51.29	
51.30	RIVER FOREST	23.30	241	0.000000	0	51.30	
51.31	NORRIDGE	23.31	71	0.000000	0	51.31	
51.32	ELMWOOD PARK	23.32	18	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	18	0.000000	0	51.34	
52.00	EMERGENCY	24.00	12,382	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	3,740	0.000000	0	53.00	
53.01	OBSERVATION BEDS-DISTINCT	25.01	2,605	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)		34,479		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	567,861		2,899,527		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)	5,986,251		5,962,830		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)	6,554,112		8,862,357		61.00	
62.00	Total Usable Organs (see instructions)		74			62.00	
63.00	Medicare Usable Organs (see instructions)		40			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.540541			64.00	
65.00	Medicare Cost/Charges (see instructions)	3,542,766		4,790,467		65.00	
66.00	Revenue for Organs Sold	29,070		0		66.00	
67.00	Subtotal (line 65 minus line 66)	3,513,696		4,790,467		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	3,513,696	0	4,790,467	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	10		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)			0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals			0	0		72.00
73.00	Organs Purchased from OPOs			0	64		73.00
74.00	Total (sum of lines 70 through 73)			0	74		74.00
75.00	Organs Transplanted			0	64	0	75.00
76.00	Organs Sold to Other Hospitals			0	0	0	76.00
77.00	Organs Sold to OPOs			0	10	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	74		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 07/01/2018

To 06/30/2019

Worksheet D-4

Date/Time Prepared:

12/2/2019 11:48 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	7,631	850.76	1	851	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	1,583.03	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	4,938.57	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,863.31	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	0	2,137.95	0	0	6.01
6.03	HEART TRANSPLANT ICU	47.03	0	2,292.98	0	0	6.03
6.04	BONE INTENSIVE CARE	47.04	0	2,210.22	0	0	6.04
7.00	TOTAL (sum of lines 1 through 6)		7,631		1	851	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	0.349114	5,743	2,005	8.00
8.01	AMBULATORY SURGERY CENTER		50.01	0.145169	50	7	8.01
9.00	RECOVERY ROOM		51.00	0.090324	4,073	368	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.360649	121	44	10.00
11.00	ANESTHESIOLOGY		53.00	0.025342	35,832	908	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.149759	32,468	4,862	12.00
12.01	RADIOLOGY-ULTRASOUND		54.01	0.080545	40,351	3,250	12.01
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.000000	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.251882	40,525	10,208	14.00
15.00	CT SCAN		57.00	0.054823	237,206	13,004	15.00
16.00	MRI		58.00	0.061701	21,538	1,329	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.131564	477,507	62,823	17.00
18.00	LABORATORY		60.00	0.078531	442,628	34,760	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	0.270678	26,414	7,150	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.171291	46,816	8,019	23.00
24.00	PHYSICAL THERAPY		66.00	0.191616	19,823	3,798	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.192591	415	80	25.00
26.00	SPEECH PATHOLOGY		68.00	0.203486	3	1	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.090567	99,842	9,042	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.203532	204	42	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	1.022331	54,091	55,299	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.543591	20,011	10,878	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.299408	30,118	9,018	31.00
32.00	RENAL DIALYSIS		74.00	0.191501	3	1	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	PULMONARY LABS		76.00	0.202574	277	56	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	0.088124	82,914	7,307	34.04
34.05	PEDIATRIC ENDO NUTRITION		76.05	0.000000	0	0	34.05
34.07	GASTROINTESTINAL SERVICE		76.07	0.099330	29,541	2,934	34.07
34.09	BONE MARROW PROCUREMENT		76.09	0.792654	137	109	34.09
34.10	BARIATRICS		76.10	2.495236	13	32	34.10
34.11	HEPATOLOGY		76.11	37.639277	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	0.356505	97	35	37.00
37.01	CARDIAC REHABILITATION		90.01	0.000000	0	0	37.01
37.02	CANCER CENTER		90.02	0.718120	1,084	778	37.02
37.03	PSYCH SOCIAL REHAB		90.03	164.875356	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	0.289603	5,351	1,550	37.07
37.08	OBT OUTPATIENT CENTER		90.08	0.473223	707	335	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 07/01/2018

To 06/30/2019

Worksheet D-4

Date/Time Prepared:

12/2/2019 11:48 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	
37.09	ELMHURST IMMEDIATE CARE	90.09	0.885000	61	54	37.09
37.10	LAGRANGE FAMILY PCC	90.10	0.476436	226	108	37.10
37.12	NORTH RIVERSIDE PCC	90.12	2.064995	72	149	37.12
37.13	GLENDALE HEIGHTS PCC	90.13	0.000000	0	0	37.13
37.14	WHEATON PCC	90.14	0.817015	56	46	37.14
37.15	OBT II PCC	90.15	0.559346	118	66	37.15
37.16	HICKORY HILLS PCC	90.16	0.395551	96	38	37.16
37.18	DARIEN PCC	90.18	1.689521	54	91	37.18
37.20	ORLAND PARK - FP	90.20	0.683097	43	29	37.20
37.21	FAMILY PRACTICE MAYWOOD PCC	90.21	0.253825	193	49	37.21
37.22	HOMER GLEN PCC	90.22	0.538287	225	121	37.22
37.23	OAK PARK PCC	90.23	0.801801	128	103	37.23
37.24	PARK RIDGE PCC	90.24	0.327889	219	72	37.24
37.25	LOYOLA CLINIC AT GOTTLIEB	90.25	1.203392	35	42	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	2.008173	65	131	37.28
37.29	BURR RIDGE PCC	90.29	0.298468	2,182	651	37.29
37.30	RIVER FOREST	90.30	0.307128	170	52	37.30
37.31	NORRIDGE	90.31	0.726786	56	41	37.31
37.32	ELMWOOD PARK	90.32	0.894442	14	13	37.32
37.33	OCCUPATIONAL HEALTH CLINIC	90.33	0.000000	0	0	37.33
37.34	CHICAGO AND BELMONT	90.34	1.441860	14	20	37.34
38.00	EMERGENCY	91.00	0.125163	6,239	781	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.402764	0	0	39.00
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.289492	0	0	39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8 through 40)			1,766,169	252,689	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)	
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	1	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	7.01	0.00	0	0	47.01
47.03	HEART TRANSPLANT ICU	7.03	0.00	0	0	47.03
47.04	BONE INTENSIVE CARE	7.04	0.00	0	0	47.04
48.00	TOTAL (sum of lines 42 through 47)			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)	
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	97	0.000000	0	51.00
51.01	CARDIAC REHABILITATION	23.01	0	0.000000	0	51.01
51.02	CANCER CENTER	23.02	1,084	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	5,351	0.000000	0	51.07
51.08	OBT OUTPATIENT CENTER	23.08	707	0.000000	0	51.08
51.09	ELMHURST IMMEDIATE CARE	23.09	61	0.000000	0	51.09
51.10	LAGRANGE FAMILY PCC	23.10	226	0.000000	0	51.10
51.12	NORTH RIVERSIDE PCC	23.12	72	0.000000	0	51.12
51.13	GLENDALE HEIGHTS PCC	23.13	0	0.000000	0	51.13
51.14	WHEATON PCC	23.14	56	0.000000	0	51.14
51.15	OBT II PCC	23.15	118	0.000000	0	51.15
51.16	HICKORY HILLS PCC	23.16	96	0.000000	0	51.16
51.18	DARIEN PCC	23.18	54	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 07/01/2018

To 06/30/2019

Worksheet D-4

Component CCN:

Date/Time Prepared:

12/2/2019 11:48 am

		Heart		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
51.20	ORLAND PARK - FP	23.20	43	0.000000	0	51.20	
51.21	FAMILY PRACTICE MAYWOOD PCC	23.21	193	0.000000	0	51.21	
51.22	HOMER GLEN PCC	23.22	225	0.000000	0	51.22	
51.23	OAK PARK PCC	23.23	128	0.000000	0	51.23	
51.24	PARK RIDGE PCC	23.24	219	0.000000	0	51.24	
51.25	LOYOLA CLINIC AT GOTTLIEB	23.25	35	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	65	0.000000	0	51.28	
51.29	BURR RIDGE PCC	23.29	2,182	0.000000	0	51.29	
51.30	RIVER FOREST	23.30	170	0.000000	0	51.30	
51.31	NORRIDGE	23.31	56	0.000000	0	51.31	
51.32	ELMWOOD PARK	23.32	14	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	14	0.000000	0	51.34	
52.00	EMERGENCY	24.00	6,239	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	53.00	
53.01	OBSERVATION BEDS-DISTINCT	25.01	0	0.000000	0	53.01	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		17,505		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	253,540		1,773,800		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)	4,009,781		4,002,351		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)	4,263,321		5,776,151		61.00	
62.00	Total Usable Organs (see instructions)		32			62.00	
63.00	Medicare Usable Organs (see instructions)		13			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.406250			64.00	
65.00	Medicare Cost/Charges (see instructions)	1,731,974		2,346,561		65.00	
66.00	Revenue for Organs Sold	8,721		0		66.00	
67.00	Subtotal (line 65 minus line 66)	1,723,253		2,346,561		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,723,253	0	2,346,561	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	29		73.00
74.00	Total (sum of lines 70 through 73)			0	32		74.00
75.00	Organs Transplanted			0	29	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	32		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 07/01/2018
To 06/30/2019

Worksheet D-4

Component CCN:

Date/Time Prepared:
12/2/2019 11:48 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	16,109	850.76	5	4,254	1.00
2.00	INTENSIVE CARE UNIT	43.00	3,006	1,583.03	1	1,583	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	4,938.57	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,863.31	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	0	2,137.95	0	0	6.01
6.03	HEART TRANSPLANT ICU	47.03	0	2,292.98	0	0	6.03
6.04	BONE INTENSIVE CARE	47.04	0	2,210.22	0	0	6.04
7.00	TOTAL (sum of lines 1 through 6)		19,115		6	5,837	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		0.349114	23,059	8,050	8.00
8.01	AMBULATORY SURGERY CENTER	50.01		0.145169	271	39	8.01
9.00	RECOVERY ROOM	51.00		0.090324	32,021	2,892	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00		0.360649	270	97	10.00
11.00	ANESTHESIOLOGY	53.00		0.025342	110,297	2,795	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00		0.149759	74,914	11,219	12.00
12.01	RADIOLOGY-ULTRASOUND	54.01		0.080545	42,841	3,451	12.01
13.00	RADIOLOGY-THERAPEUTIC	55.00		0.000000	0	0	13.00
14.00	RADIOISOTOPE	56.00		0.251882	132,518	33,379	14.00
15.00	CT SCAN	57.00		0.054823	125,262	6,867	15.00
16.00	MRI	58.00		0.061701	176,440	10,887	16.00
17.00	CARDIAC CATHETERIZATION	59.00		0.131564	725,167	95,406	17.00
18.00	LABORATORY	60.00		0.078531	675,363	53,037	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		0.270678	62,121	16,815	21.00
22.00	INTRAVENOUS THERAPY	64.00		0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00		0.171291	183,225	31,385	23.00
24.00	PHYSICAL THERAPY	66.00		0.191616	21,073	4,038	24.00
25.00	OCCUPATIONAL THERAPY	67.00		0.192591	542	104	25.00
26.00	SPEECH PATHOLOGY	68.00		0.203486	1,503	306	26.00
27.00	ELECTROCARDIOLOGY	69.00		0.090567	190,544	17,257	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00		0.203532	1,661	338	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00		1.022331	110,891	113,367	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00		0.543591	24,564	13,353	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00		0.299408	89,357	26,754	31.00
32.00	RENAL DIALYSIS	74.00		0.191501	5	1	32.00
33.00	ASC (NON-DISTINCT PART)	75.00		0.000000	0	0	33.00
34.00	PULMONARY LABS	76.00		0.202574	1,005	204	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		0.088124	113,610	10,012	34.04
34.05	PEDIATRIC ENDO NUTRITION	76.05		0.000000	0	0	34.05
34.07	GASTROINTESTINAL SERVICE	76.07		0.099330	258,202	25,647	34.07
34.09	BONE MARROW PROCUREMENT	76.09		0.792654	3,871	3,068	34.09
34.10	BARIATRICS	76.10		2.495236	60	150	34.10
34.11	HEPATOLOGY	76.11		37.639277	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		0.356505	435	155	37.00
37.01	CARDIAC REHABILITATION	90.01		0.000000	0	0	37.01
37.02	CANCER CENTER	90.02		0.718120	5,162	3,707	37.02
37.03	PSYCH SOCIAL REHAB	90.03		164.875356	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		0.289603	24,062	6,968	37.07
37.08	OBT OUTPATIENT CENTER	90.08		0.473223	1,538	728	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 07/01/2018

To 06/30/2019

Worksheet D-4

Component CCN:

Date/Time Prepared:

12/2/2019 11:48 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	0.885000	248	219	37.09	
37.10	LAGRANGE FAMILY PCC	90.10	0.476436	993	473	37.10	
37.12	NORTH RIVERSIDE PCC	90.12	2.064995	305	630	37.12	
37.13	GLENDALE HEIGHTS PCC	90.13	0.000000	0	0	37.13	
37.14	WHEATON PCC	90.14	0.817015	242	198	37.14	
37.15	OBT II PCC	90.15	0.559346	492	275	37.15	
37.16	HICKORY HILLS PCC	90.16	0.395551	380	150	37.16	
37.18	DARIEN PCC	90.18	1.689521	219	370	37.18	
37.20	ORLAND PARK - FP	90.20	0.683097	161	110	37.20	
37.21	FAMILY PRACTICE MAYWOOD PCC	90.21	0.253825	851	216	37.21	
37.22	HOMER GLEN PCC	90.22	0.538287	954	514	37.22	
37.23	OAK PARK PCC	90.23	0.801801	549	440	37.23	
37.24	PARK RIDGE PCC	90.24	0.327889	679	223	37.24	
37.25	LOYOLA CLINIC AT GOTTLIEB	90.25	1.203392	155	187	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	2.008173	1,221	2,452	37.28	
37.29	BURR RIDGE PCC	90.29	0.298468	5,088	1,519	37.29	
37.30	RIVER FOREST	90.30	0.307128	736	226	37.30	
37.31	NORRIDGE	90.31	0.726786	245	178	37.31	
37.32	ELMWOOD PARK	90.32	0.894442	61	55	37.32	
37.33	OCCUPATIONAL HEALTH CLINIC	90.33	0.000000	0	0	37.33	
37.34	CHICAGO AND BELMONT	90.34	1.441860	0	0	37.34	
38.00	EMERGENCY	91.00	0.125163	6,828	855	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.402764	595	240	39.00	
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.289492	3,260	944	39.01	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8 through 40)			3,236,116	512,950	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	5	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)			6	0	48.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	435	0.000000	0	51.00	
51.01	CARDIAC REHABILITATION	23.01	0	0.000000	0	51.01	
51.02	CANCER CENTER	23.02	5,162	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	24,062	0.000000	0	51.07	
51.08	OBT OUTPATIENT CENTER	23.08	1,538	0.000000	0	51.08	
51.09	ELMHURST IMMEDIATE CARE	23.09	248	0.000000	0	51.09	
51.10	LAGRANGE FAMILY PCC	23.10	993	0.000000	0	51.10	
51.12	NORTH RIVERSIDE PCC	23.12	305	0.000000	0	51.12	
51.13	GLENDALE HEIGHTS PCC	23.13	0	0.000000	0	51.13	
51.14	WHEATON PCC	23.14	242	0.000000	0	51.14	
51.15	OBT II PCC	23.15	492	0.000000	0	51.15	
51.16	HICKORY HILLS PCC	23.16	380	0.000000	0	51.16	
51.18	DARIEN PCC	23.18	219	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 07/01/2018

To 06/30/2019

Worksheet D-4

Component CCN:

Date/Time Prepared:

12/2/2019 11:48 am

Cost Center Description		Lung		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	161	0.000000	0	51.20	
51.21	FAMILY PRACTICE MAYWOOD PCC	23.21	851	0.000000	0	51.21	
51.22	HOMER GLEN PCC	23.22	954	0.000000	0	51.22	
51.23	OAK PARK PCC	23.23	549	0.000000	0	51.23	
51.24	PARK RIDGE PCC	23.24	679	0.000000	0	51.24	
51.25	LOYOLA CLINIC AT GOTTLIEB	23.25	155	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	1,221	0.000000	0	51.28	
51.29	BURR RIDGE PCC	23.29	5,088	0.000000	0	51.29	
51.30	RIVER FOREST	23.30	736	0.000000	0	51.30	
51.31	NORRIDGE	23.31	245	0.000000	0	51.31	
51.32	ELMWOOD PARK	23.32	61	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	6,828	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	595	0.000000	0	53.00	
53.01	OBSERVATION BEDS-DISTINCT	25.01	3,260	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)		55,459		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	518,787		3,255,231		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	7,387,605		7,376,886		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	7,906,392		10,632,117		61.00	
62.00	Total Usable Organs (see instructions)		92			62.00	
63.00	Medicare Usable Organs (see instructions)		46			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.500000			64.00	
65.00	Medicare Cost/Charges (see instructions)	3,953,196		5,316,059		65.00	
66.00	Revenue for Organs Sold	5,814		0		66.00	
67.00	Subtotal (line 65 minus line 66)	3,947,382		5,316,059		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	3,947,382	0	5,316,059	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	2		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	90		73.00	
74.00	Total (sum of lines 70 through 73)		0	92		74.00	
75.00	Organs Transplanted		0	90	0	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	2	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	92		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 07/01/2018
To 06/30/2019

Worksheet D-4

Component CCN:

Date/Time Prepared:

12/2/2019 11:48 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	4,085	850.76	1	851	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	1,583.03	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	4,938.57	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,863.31	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	0	2,137.95	0	0	6.01
6.03	HEART TRANSPLANT ICU	47.03	0	2,292.98	0	0	6.03
6.04	BONE INTENSIVE CARE	47.04	0	2,210.22	0	0	6.04
7.00	TOTAL (sum of lines 1 through 6)		4,085		1	851	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	0.349114	0	0	0	8.00
8.01	AMBULATORY SURGERY CENTER	50.01	0.145169	0	0	0	8.01
9.00	RECOVERY ROOM	51.00	0.090324	0	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.360649	0	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.025342	0	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.149759	0	0	0	12.00
12.01	RADIOLOGY-ULTRASOUND	54.01	0.080545	0	0	0	12.01
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.251882	0	0	0	14.00
15.00	CT SCAN	57.00	0.054823	0	0	0	15.00
16.00	MRI	58.00	0.061701	0	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.131564	0	0	0	17.00
18.00	LABORATORY	60.00	0.078531	0	0	0	18.00
18.01	LABORATORY - PATHOLOGICAL	60.01	0.000000	0	0	0	18.01
18.02	LABORATORY-NEUROSURGICAL	60.02	0.000000	0	0	0	18.02
18.03	LABORATORY-HLA	60.03	0.000000	0	0	0	18.03
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	0	20.00
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30	0.000000	0	0	0	20.30
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.270678	0	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.171291	0	0	0	23.00
24.00	PHYSICAL THERAPY	66.00	0.191616	0	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.192591	0	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.203486	0	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.090567	0	0	0	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.203532	0	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	1.022331	0	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.543591	0	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.299408	0	0	0	31.00
32.00	RENAL DIALYSIS	74.00	0.191501	0	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	0	33.00
34.00	PULMONARY LABS	76.00	0.202574	0	0	0	34.00
34.01	OCCUPATIONAL HEALTH	76.01	0.000000	0	0	0	34.01
34.03	HYPERALIMENTATION	76.03	0.000000	0	0	0	34.03
34.04	PERIPHERAL VASCULAR	76.04	0.088124	0	0	0	34.04
34.05	PEDIATRIC ENDO NUTRITION	76.05	0.000000	0	0	0	34.05
34.07	GASTROINTESTINAL SERVICE	76.07	0.099330	0	0	0	34.07
34.09	BONE MARROW PROCUREMENT	76.09	0.792654	0	0	0	34.09
34.10	BARITRICS	76.10	2.495236	0	0	0	34.10
34.11	HEPATOLOGY	76.11	37.639277	0	0	0	34.11
34.97	CARDIAC REHABILITATION	76.97	0.000000	0	0	0	34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0	0	34.98
34.99	LITHOTRIPSY	76.99	0.000000	0	0	0	34.99
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	0	36.00
37.00	CLINIC	90.00	0.356505	0	0	0	37.00
37.01	CARDIAC REHABILITATION	90.01	0.000000	0	0	0	37.01
37.02	CANCER CENTER	90.02	0.718120	0	0	0	37.02
37.03	PSYCH SOCIAL REHAB	90.03	164.875356	0	0	0	37.03
37.04	WELLNESS ASSESSMENT	90.04	0.000000	0	0	0	37.04
37.06	HEART FAILURE CLINIC	90.06	0.000000	0	0	0	37.06
37.07	LOC OUTPATIENT CENTER	90.07	0.289603	0	0	0	37.07
37.08	OBT OUTPATIENT CENTER	90.08	0.473223	0	0	0	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 07/01/2018
To 06/30/2019

Worksheet D-4

Component CCN:

Date/Time Prepared:
12/2/2019 11:48 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	0.885000	0	0	0	37.09
37.10	LAGRANGE FAMILY PCC	90.10	0.476436	0	0	0	37.10
37.12	NORTH RIVERSIDE PCC	90.12	2.064995	0	0	0	37.12
37.13	GLENDALE HEIGHTS PCC	90.13	0.000000	0	0	0	37.13
37.14	WHEATON PCC	90.14	0.817015	0	0	0	37.14
37.15	OBT II PCC	90.15	0.559346	0	0	0	37.15
37.16	HICKORY HILLS PCC	90.16	0.395551	0	0	0	37.16
37.18	DARIEN PCC	90.18	1.689521	0	0	0	37.18
37.20	ORLAND PARK - FP	90.20	0.683097	0	0	0	37.20
37.21	FAMILY PRACTICE MAYWOOD PCC	90.21	0.253825	0	0	0	37.21
37.22	HOMER GLEN PCC	90.22	0.538287	0	0	0	37.22
37.23	OAK PARK PCC	90.23	0.801801	0	0	0	37.23
37.24	PARK RIDGE PCC	90.24	0.327889	0	0	0	37.24
37.25	LOYOLA CLINIC AT GOTTLIEB	90.25	1.203392	0	0	0	37.25
37.26	WOODRIDGE PCC	90.26	0.000000	0	0	0	37.26
37.27	NEUROLOGY - NILES	90.27	0.000000	0	0	0	37.27
37.28	MARJORIE WEINBERG CANCER CENTER	90.28	2.008173	0	0	0	37.28
37.29	BURR RIDGE PCC	90.29	0.298468	0	0	0	37.29
37.30	RIVER FOREST	90.30	0.307128	0	0	0	37.30
37.31	NORRIDGE	90.31	0.726786	0	0	0	37.31
37.32	ELMWOOD PARK	90.32	0.894442	0	0	0	37.32
37.33	OCCUPATIONAL HEALTH CLINIC	90.33	0.000000	0	0	0	37.33
37.34	CHICAGO AND BELMONT	90.34	1.441860	0	0	0	37.34
38.00	EMERGENCY	91.00	0.125163	0	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.402764	0	0	0	39.00
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.289492	0	0	0	39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)			0	0	0	41.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	1	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	7.01	0.00	0	0	0	47.01
47.03	HEART TRANSPLANT ICU	7.03	0.00	0	0	0	47.03
47.04	BONE INTENSIVE CARE	7.04	0.00	0	0	0	47.04
48.00	TOTAL (sum of lines 42 through 47)			1	0	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
51.01	CARDIAC REHABILITATION	23.01	0	0.000000	0	0	51.01
51.02	CANCER CENTER	23.02	0	0.000000	0	0	51.02
51.03	PSYCH SOCIAL REHAB	23.03	0	0.000000	0	0	51.03
51.04	WELLNESS ASSESSMENT	23.04	0	0.000000	0	0	51.04
51.06	HEART FAILURE CLINIC	23.06	0	0.000000	0	0	51.06
51.07	LOC OUTPATIENT CENTER	23.07	0	0.000000	0	0	51.07
51.08	OBT OUTPATIENT CENTER	23.08	0	0.000000	0	0	51.08
51.09	ELMHURST IMMEDIATE CARE	23.09	0	0.000000	0	0	51.09
51.10	LAGRANGE FAMILY PCC	23.10	0	0.000000	0	0	51.10
51.12	NORTH RIVERSIDE PCC	23.12	0	0.000000	0	0	51.12
51.13	GLENDALE HEIGHTS PCC	23.13	0	0.000000	0	0	51.13
51.14	WHEATON PCC	23.14	0	0.000000	0	0	51.14
51.15	OBT II PCC	23.15	0	0.000000	0	0	51.15
51.16	HICKORY HILLS PCC	23.16	0	0.000000	0	0	51.16
51.18	DARIEN PCC	23.18	0	0.000000	0	0	51.18

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

Provider CCN: 14-0276

Period:

From 07/01/2018

To 06/30/2019

Worksheet D-4

Component CCN:

Date/Time Prepared:

12/2/2019 11:48 am

		Pancreas		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	0	0.000000	0	51.20	
51.21	FAMILY PRACTICE MAYWOOD PCC	23.21	0	0.000000	0	51.21	
51.22	HOMER GLEN PCC	23.22	0	0.000000	0	51.22	
51.23	OAK PARK PCC	23.23	0	0.000000	0	51.23	
51.24	PARK RIDGE PCC	23.24	0	0.000000	0	51.24	
51.25	LOYOLA CLINIC AT GOTTLIEB	23.25	0	0.000000	0	51.25	
51.26	WOODRIDGE PCC	23.26	0	0.000000	0	51.26	
51.27	NEUROLOGY - NILES	23.27	0	0.000000	0	51.27	
51.28	MARJORIE WEINBERG CANCER CENTER	23.28	0	0.000000	0	51.28	
51.29	BURR RIDGE PCC	23.29	0	0.000000	0	51.29	
51.30	RIVER FOREST	23.30	0	0.000000	0	51.30	
51.31	NORRIDGE	23.31	0	0.000000	0	51.31	
51.32	ELMWOOD PARK	23.32	0	0.000000	0	51.32	
51.33	OCCUPATIONAL HEALTH CLINIC	23.33	0	0.000000	0	51.33	
51.34	CHICAGO AND BELMONT	23.34	0	0.000000	0	51.34	
52.00	EMERGENCY	24.00	0	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	53.00	
53.01	OBSERVATION BEDS-DISTINCT	25.01	0	0.000000	0	53.01	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		0		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
	PART III - SUMMARY OF COSTS AND CHARGES						
56.00	Routine and Ancillary from Part I	851		4,085		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)	372,635		359,936		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)	373,486		364,021		61.00	
62.00	Total Usable Organs (see instructions)		6			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)		0.500000			64.00	
65.00	Medicare Cost/Charges (see instructions)	186,743		182,011		65.00	
66.00	Revenue for Organs Sold	5,814		0		66.00	
67.00	Subtotal (line 65 minus line 66)	180,929		182,011		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	180,929	0	182,011	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	2		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	6		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	2	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	6		84.00

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0276	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 12/2/2019 11:48 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)		95,732,045	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)		7,461,108	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		26,151,513	3.00	
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		498.18	4.00	
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		390.77	5.00	
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		6.18	6.00	
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00	
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01	
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00	
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01	
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02	
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		396.95	9.00	
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		405.30	10.00	
11.00	FTE count for residents in dental and podiatric programs.		15.05	11.00	
12.00	Current year allowable FTE (see instructions)		412.00	12.00	
13.00	Total allowable FTE count for the prior year.		411.91	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.		321.59	14.00	
15.00	Sum of lines 12 through 14 divided by 3.		381.83	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		381.83	18.00	
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.766450	19.00	
20.00	Prior year resident to bed ratio (see instructions)		0.803648	20.00	
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.766450	21.00	
22.00	IME payment adjustment (see instructions)		33,491,569	22.00	
22.01	IME payment adjustment - Managed Care (see instructions)		9,149,028	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)		8.35	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)		33,491,569	29.00	
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		9,149,028	29.01	
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.27	30.00	
31.00	Percentage of Medicaid patient days (see instructions)		22.45	31.00	
32.00	Sum of lines 30 and 31		26.72	32.00	
33.00	Allowable disproportionate share percentage (see instructions)		11.26	33.00	
34.00	Disproportionate share adjustment (see instructions)		2,694,857	34.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0276	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 12/2/2019 11:48 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
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	5,281,496	6,567,366	
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,331,227	4,912,029	
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	6,243,256		
40.00	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)			
	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	
			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
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		
47.00	Subtotal (see instructions)	145,622,835		
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		154,771,863	
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		10,924,657	
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		8,057,958	
53.00	Nursing and Allied Health Managed Care payment		138,546	
54.00	Special add-on payments for new technologies		1,750	
54.01	Islet isolation add-on payment		0	
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		16,355,130	
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		142,321	
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		316,930	
59.00	Total (sum of amounts on lines 49 through 58)		190,709,155	
60.00	Primary payer payments		37,857	
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		190,671,298	
62.00	Deductibles billed to program beneficiaries		6,341,692	
63.00	Coinsurance billed to program beneficiaries		1,060,948	
64.00	Allowable bad debts (see instructions)		1,308,392	
65.00	Adjusted reimbursable bad debts (see instructions)		850,455	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,041,624	
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		184,119,113	
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	
70.00	PSR OTHER ADJ		-2,474,201	
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	
70.87	Demonstration payment adjustment amount before sequestration		0	
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	
70.92	Bundled Model 1 discount amount (see instructions)		0	
70.93	HVBP payment adjustment amount (see instructions)		-141,709	
70.94	HRR adjustment amount (see instructions)		-517,902	
70.95	Recovery of accelerated depreciation		0	

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A
Date/Time Prepared:
12/2/2019 11:48 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	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	0	70.97
70.98	Low Volume Payment-3		0	0	70.98
70.99	HAC adjustment amount (see instructions)		0	0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		180,985,301	71.00	
71.01	Sequestration adjustment (see instructions)		3,619,706	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
72.00	Interim payments		171,871,756	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)		5,493,839	74.00	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		5,538,467	75.00	
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00	
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00	
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00	
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00	
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00	
95.00	Time value of money for operating expenses (see instructions)		0	95.00	
96.00	Time value of money for capital related expenses (see instructions)		0	96.00	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVPB Adjustment for HSP Bonus Payment					
101.00	HVPB adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00	
102.00	HVPB adjustment amount for HSP bonus payment (see instructions)	0	0	102.00	
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00	
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00	
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 DSH PAYMENT PERCENTAGE

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019

Worksheet DSH

Date/Time Prepared:
12/2/2019 11:48 am

		Title XVIII		Hospital		PPS	
		Original .mcrcx Values	Adjusted .mcrcx Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	4.27	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	22.45	0.00			22.45	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	26.72	0.00			22.45	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	RRC				RRC	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	498.18	0.00			498.18	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	11.26	0.00			7.74	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	No				No	9.00
10.00	S-2, Line 45	No				No	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	No				No	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	4,992	0			4,992	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	8,575	0			8,575	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	386	0			386	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	435	0			435	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	15,735	0			15,735	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	283	0			283	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	30,406	0			30,406	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	133,365	0			133,365	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	575	0			575	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	1,488	0			1,488	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	135,428	0			135,428	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	22.45	0.00			22.45	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE			Provider CCN: 14-0276		Period: From 07/01/2018 To 06/30/2019		Worksheet DSH Date/Time Prepared: 12/2/2019 11:48 am	
			Title XVIII		Hospital		PPS	
			Original .mcrx Values		Adjusted .mcax Values		Revised	
			Condition	Percentage	Condition	Percentage	Condition	
			1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE								
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	11.26		0.00	True	28.00	
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	False	29.00	
30.00	Line 28 or 29 as applicable		11.26		0.00		30.00	
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		11.26		0.00		31.00	
			Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
			1.00	2.00	3.00	4.00	5.00	
DETERMINATION OF PROVIDER TYPE								
32.00	Does the hospital qualify under the Pickle ammendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00	
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	True				True	33.00	
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00	
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00	
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Rural				Rural	36.00	

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019

Worksheet DSH

Date/Time Prepared:
12/2/2019 11:48 am

Title XVIII

Hospital

PPS

		Revised	
		Percentage	
		6.00	
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE		
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	7.74	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00	29.00
30.00	Line 28 or 29 as applicable	7.74	30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	7.74	31.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0276	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 12/2/2019 11:48 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		428,761	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		114,361,889	2.00
3.00	OPPS payments		99,677,245	3.00
4.00	Outlier payment (see instructions)		599,537	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		249,449	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		428,761	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		1,379,129	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)		1,379,129	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		1,379,129	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		950,368	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)		428,761	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)		100,526,231	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		22,364	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		18,393,582	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)		82,539,046	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		6,033,248	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)		88,572,294	30.00
31.00	Primary payer payments		26,551	31.00
32.00	Subtotal (line 30 minus line 31)		88,545,743	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		251,009	33.00
34.00	Allowable bad debts (see instructions)		1,838,830	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,195,240	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,309,162	36.00
37.00	Subtotal (see instructions)		89,991,992	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)		89,991,992	40.00
40.01	Sequestration adjustment (see instructions)		1,799,840	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		88,844,849	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-652,697	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0276	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 12/2/2019 11:48 am	
		Title XVIII	Hospital	PPS	
				Overrides	
				1.00	
WORKSHEET OVERRIDE VALUES					
112.00	Override of Ancillary service charges (line 12)				0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part I
Date/Time Prepared:
12/2/2019 11:48 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		166,259,406		88,245,088	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	02/25/2019	390,411	02/25/2019	661,767	3.01
3.02		06/19/2019	5,221,939		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0	06/19/2019	62,006	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)		5,612,350		599,761	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)		171,871,756		88,844,849	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		5,493,839		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		652,697	6.02
7.00	Total Medicare program liability (see instructions)		177,365,595		88,192,152	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 07/01/2018
To 06/30/2019Worksheet E-1
Part II
Date/Time Prepared:
12/2/2019 11:48 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
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019Worksheet E-3
Part VII
Date/Time Prepared:
12/2/2019 11:48 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		48,767,943	35,087,020	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)		48,767,943	35,087,020	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)		48,767,943	35,087,020	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		48,767,943	35,087,020	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0		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		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00
	OVERRIDES				
109.00	Override Ancillary service charges (line 9)		0	0	109.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0276	Period: From 07/01/2018 To 06/30/2019	Worksheet E-4 Date/Time Prepared: 12/2/2019 11:48 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)			405.30	6.00
7.00	Enter the lesser of line 5 or line 6			320.77	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	130.43	230.79	361.22	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.	103.23	182.66	285.89	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		15.05		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	103.23	197.71		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	102.76	198.55		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	104.12	198.04		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	103.37	198.10		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	103.37	198.10		17.00
18.00	Per resident amount	115,887.49	109,735.21		18.00
19.00	Approved amount for resident costs	11,979,290	21,738,545	33,717,835	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)			84.53	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)			33,717,835	25.00
		Inpatient Part	Managed care		
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	42,886	13,087		26.00
27.00	Total Inpatient Days (see instructions)	129,509	129,509		27.00
28.00	Ratio of inpatient days to total inpatient days	0.331143	0.101051		28.00
29.00	Program direct GME amount	11,165,425	3,407,221		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		481,440		30.00
31.00	Net Program direct GME amount			14,091,206	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0276	Period: From 07/01/2018 To 06/30/2019	Worksheet E-4 Date/Time Prepared: 12/2/2019 11:48 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)			46,777,566	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)			137,293,652	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			16,355,130	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			37,857	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			153,610,925	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			115,040,099	42.00
43.00	Primary payer payments (see instructions)			26,551	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			115,013,548	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			268,624,473	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.571843	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.428157	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			14,091,206	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			8,057,958	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			6,033,248	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 07/01/2018
To 06/30/2019

Worksheet G

Date/Time Prepared:
12/2/2019 11:48 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	5,547,270	0	0	0	1.00
2.00	Temporary investments	104,881,763	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	152,261,682	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	25,966,330	0	0	0	7.00
8.00	Prepaid expenses	5,961,606	0	0	0	8.00
9.00	Other current assets	110,172,883	0	0	0	9.00
10.00	Due from other funds	42,362,772	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	447,154,306	0	0	0	11.00
FIXED ASSETS						
12.00	Land	8,850,000	0	0	0	12.00
13.00	Land improvements	1,893,896	0	0	0	13.00
14.00	Accumulated depreciation	-277,661	0	0	0	14.00
15.00	Buildings	447,005,244	0	0	0	15.00
16.00	Accumulated depreciation	-139,965,238	0	0	0	16.00
17.00	Leasehold improvements	11,813,172	0	0	0	17.00
18.00	Accumulated depreciation	-7,936,254	0	0	0	18.00
19.00	Fixed equipment	41,779,595	0	0	0	19.00
20.00	Accumulated depreciation	-17,171,786	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	247,284,975	0	0	0	23.00
24.00	Accumulated depreciation	-175,023,820	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)	418,252,123	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	95,183,995	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	114,637,397	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	209,821,392	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	1,075,227,821	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	167,002,754	0	0	0	37.00
38.00	Salaries, wages, and fees payable	44,186,434	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	95,187,076	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	306,376,264	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	556,795,193	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	556,795,193	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	863,171,457	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	212,056,364	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	212,056,364	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	1,075,227,821	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019

Worksheet G-1

Date/Time Prepared:
12/2/2019 11:48 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		201,920,050		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		25,290,003				2.00
3.00	Total (sum of line 1 and line 2)		227,210,053		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)		227,210,053		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	OTHER CHANGES IN FUND BALANCE	15,153,689		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)		15,153,689		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		212,056,364		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00	OTHER CHANGES IN FUND BALANCE		0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
12/2/2019 11:48 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	290,403,565		290,403,565	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)	290,403,565		290,403,565	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	96,812,669		96,812,669	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT	29,589,183		29,589,183	13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	34,098,516		34,098,516	15.00
15.01	PEDIATRIC INTENSIVE CARE UNIT	11,238,628		11,238,628	15.01
15.03	HEART TRANSPLANT ICU	16,663,934		16,663,934	15.03
15.04	BONE INTENSIVE CARE	32,331,580		32,331,580	15.04
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	220,734,510		220,734,510	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	511,138,075		511,138,075	17.00
18.00	Ancillary services	1,151,671,175	1,239,106,091	2,390,777,266	18.00
19.00	Outpatient services	0	542,292,042	542,292,042	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	24.20
24.30	OOT	0	0	0	24.30
24.40	OSP	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	HOME INFUSION SERVICES	0	9,584,272	9,584,272	27.00
27.01	PHYSICIAN REVENUE	0	850,521,551	850,521,551	27.01
27.02	OTHER (SPECIFY)	0	0	0	27.02
27.05	OTHER (SPECIFY)	0	0	0	27.05
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,662,809,250	2,641,503,956	4,304,313,206	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,332,796,622		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)		1,332,796,622		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0276

Period:
From 07/01/2018
To 06/30/2019

Worksheet G-3

Date/Time Prepared:
12/2/2019 11:48 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	4,304,313,206	1.00
2.00	Less contractual allowances and discounts on patients' accounts	3,106,012,432	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,198,300,774	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,332,796,622	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-134,495,848	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	3,101,303	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	4,071,123	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,918,932	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	83,170	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	44,304	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	137,580,720	24.00
24.03	FACULTY & STRATEGIC SUP CAPITATION	12,986,299	24.03
25.00	Total other income (sum of lines 6-24)	159,785,851	25.00
26.00	Total (line 5 plus line 25)	25,290,003	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)	25,290,003	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 14-0276

Period:

Worksheet I-1

Component CCN: 14-2329

From 07/01/2018
To 06/30/2019Date/Time Prepared:
12/2/2019 11:48 am

		Renal Dialysis			
		Total Costs	Basis	Statistics	FTEs per 2080 Hours
		1.00	2.00	3.00	4.00
1.00	REGISTERED NURSES	1,540,224	HOURS OF SERVICE	33,490.00	16.10
2.00	LICENSED PRACTICAL NURSES	0	HOURS OF SERVICE	0.00	0.00
3.00	NURSES AIDES	0	HOURS OF SERVICE	0.00	0.00
4.00	TECHNICIANS	1,350,624	HOURS OF SERVICE	56,794.00	27.30
5.00	SOCIAL WORKERS	0	HOURS OF SERVICE	0.00	0.00
6.00	DIETICIANS	89,913	HOURS OF SERVICE	2,956.00	1.42
7.00	PHYSICIANS	0	ACCUMULATED COST		7.00
8.00	NON-PATIENT CARE SALARY	320,255	ACCUMULATED COST		8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	3,301,016			9.00
10.00	EMPLOYEE BENEFITS	271,954	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	143	PERCENTAGE OF TIME		13.00
14.00	SUPPLIES	40,314	REQUISITIONS		14.00
15.00	DRUGS	13,581	REQUISITIONS		15.00
16.00	OTHER	1,982,982	ACCUMULATED COST		16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	5,609,990			17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	316,577	SQUARE FEET		18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	206,075	PERCENTAGE OF TIME		19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	50,039	SALARY		20.00
21.00	ADMINISTRATIVE & GENERAL	1,523,289	ACCUMULATED COST		21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	825,507	SQUARE FEET		22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0			23.00
24.00	CENTRAL SERVICE & SUPPLIES	2,794	REQUISITIONS		24.00
25.00	PHARMACY	0	REQUISITIONS		25.00
26.00	OTHER ALLOCATED COSTS	423,687	ACCUMULATED COST		26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	8,957,958			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)	8,957,958			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 07/01/2018
To 06/30/2019Date/Time Prepared:
12/2/2019 11:48 am

		Capital Related Costs		Direct Patient Care Salary		Renal Dialysis		
		Building	Equipment	RNs	Other	Employee Benefits Department	Drugs	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Total Renal Department Costs	1,142,084	206,218	1,540,224	1,440,537	321,993	13,581	1.00
MAINTENANCE								
2.00	Hemodialysis	712,168	128,592	960,513	898,332	200,799	8,469	2.00
2.01	AKI-Hemodialysis	0	0	0	0	0	0	2.01
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0	0	3.01
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	102	18	92	87	18	1	6.00
7.00	CCPD	307	55	414	412	91	4	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	11,445	2,067	15,407	14,402	3,220	136	10.00
11.00	CCPD	280,718	50,687	378,594	354,110	79,150	3,338	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	137,344	24,799	185,204	173,194	38,715	1,633	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)						0	14.00
15.00								15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	1,142,084	206,218	1,540,224	1,440,537	321,993	13,581	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	43,108	0	4,707,745	4,250,213	8,957,958		1.00
MAINTENANCE								
2.00	Hemodialysis	26,884	0	2,935,757	2,650,439	5,586,196		2.00
2.01	AKI-Hemodialysis	0	0	0	0	0		2.01
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0		3.01
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	2	0	320	289	609		6.00
7.00	CCPD	12	0	1,295	1,169	2,464		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	431	0	47,108	42,530	89,638		10.00
11.00	CCPD	10,596	0	1,157,193	1,044,729	2,201,922		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	5,183	0	566,072	511,057	1,077,129		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)	43,108	0	4,707,745	4,250,213	8,957,958		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					8,957,958		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0276

Period:

Worksheet I-3

Component CCN: 14-2329

From 07/01/2018
To 06/30/2019Date/Time Prepared:
12/2/2019 11:48 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	1,142,084	206,218	1,540,224	1,440,537	321,993	1.00
MAINTENANCE							
2.00	Hemodialysis	6,969	6,969.00	20,885.00	41,417.00	1,907,974	2.00
2.01	AKI-Hemodialysis	0	0.00	0.00	0.00	0	2.01
3.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.00
3.01	AKI-Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.01
TRAINING							
4.00	Hemodialysis	0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	5.00
6.00	CAPD	1	1.00	2.00	4.00	173	6.00
7.00	CCPD	3	3.00	9.00	19.00	864	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	112	112.00	335.00	664.00	30,598	10.00
11.00	CCPD	2,747	2,747.00	8,232.00	16,326.00	752,074	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	1,344	1,344.00	4,027.00	7,985.00	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	11,176	11,176.00	33,490.00	66,415.00	3,059,552	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	102.190766	18.451861	45.990564	21.689935	0.105242	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	13,581	43,108	0	4,707,745	4,250,213	1.00
MAINTENANCE							
2.00	Hemodialysis	462,069	1,151,628	0			2.00
2.01	AKI-Hemodialysis	0	0	0			2.01
3.00	Intermittent Peritoneal	0	0	0			3.00
3.01	AKI-Intermittent Peritoneal	0	0	0			3.01
TRAINING							
4.00	Hemodialysis	0	0	0			4.00
5.00	Intermittent Peritoneal	0	0	0			5.00
6.00	CAPD	42	104	0			6.00
7.00	CCPD	209	522	0			7.00
HOME							
8.00	Hemodialysis	0	0	0			8.00
9.00	Intermittent Peritoneal	0	0	0			9.00
10.00	CAPD	7,410	18,469	0			10.00
11.00	CCPD	182,135	453,942	0			11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	89,090	222,041	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	740,955	1,846,706	0	4,707,745		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.018329	0.023343	0.000000	0.902813		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 07/01/2018
To 06/30/2019Date/Time Prepared:
12/2/2019 11:48 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	26,023	5,586,196	214.66	14,281	3,065,559
2.00	Maintenance - Peritoneal Dialysis	0	0	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	2	609	304.50	0	0
6.00	Training - CCPD	10	2,464	246.40	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	118	89,638	759.64	118	89,638
10.00	Home Program - CCPD	3,003	2,201,922	733.24	1,773	1,300,035
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)	26,035	7,880,829		14,281	4,455,232
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	35,398				
		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)			
		6.00	7.00			
1.00	Maintenance - Hemodialysis	3,746,265	262.33			
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	0	0.00			
10.00	Home Program - CCPD	0	0.00			
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	3,746,265				
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 07/01/2018 To 06/30/2019	Worksheet I-5 Date/Time Prepared: 12/2/2019 11:48 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)		4,455,232		1.00
2.00	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)		3,746,265	3,746,265	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)		3,746,265	3,746,265	2.03
2.04	Outlier payments		50,417		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)		6,029	6,029	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)		6,029	6,029	3.03
4.00	Coinsurance billed to Medicare (Part B) patients		957,749	957,749	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)		957,749	957,749	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries		386,167	386,167	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)		386,167	386,167	5.05
6.00	Adjusted reimbursable bad debts (see instructions)		251,009		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		304,448		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)		0	577,611	8.00
9.00	Program payment (see instructions)		0	2,992,189	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)		251,009		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE					
12.00	Total allowable expenses (see instructions)		7,880,829		12.00
13.00	Total composite costs (from Wkst. I-4, col. 2, line 11)		7,880,829		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)		1.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0276	Period: From 07/01/2018 To 06/30/2019	Worksheet L Parts I-III Date/Time Prepared: 12/2/2019 11:48 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		7,790,241	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		407,053	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)		358.90	3.00
4.00	Number of interns & residents (see instructions)		381.83	4.00
5.00	Indirect medical education percentage (see instructions)		35.01	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)		2,727,363	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)		10,924,657	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