

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 07/01/2020 To 06/30/2021	Worksheet S Parts I-III Date/Time Prepared: 11/30/2021 11:23 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 11/30/2021	Time: 11:23 am
	2. ☐ Manually prepared 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 07/01/2020 and ending 06/30/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed)

Officer or Administrator of Provider(s)

Title

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	3,097,616	1,009,559	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	3,097,616	1,009,559	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 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/30/2021 11:23 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:		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
								V	XVIII	XIX
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		LOYOLA UNIVERSITY MEDICAL CENTER	140276	99914	1	05/01/1969	N	P	O
4.00	Subprovider - IPF									
5.00	Subprovider - IRF									
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA									
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice									
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
17.10	Hospital-Based (CORF) I									
17.20	Hospital-Based (OPT) I									
17.30	Hospital-Based (OOT) I									
17.40	Hospital-Based (OSP) I									
18.00	Renal Dialysis		INPATIENT RENAL UNIT	142329	99914		03/31/2004			
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2020	06/30/2021		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
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMBdelineations for statistical areas adopted by CMS in FY 2021? 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.									22.04
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:

MCRIF32 - 16.12.172.7

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part I
Date/Time Prepared:
11/30/2021 11:23 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 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y		60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1	60.01	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.03	1	60.02	
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.04	1	60.03	
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	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	
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>						
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
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>						
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 07/01/2020
To 06/30/2021Worksheet S-2
Part I
Date/Time Prepared:
11/30/2021 11:23 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	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	325.02	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	0.00	0.93	0.000000	67.00
67.01		INTERNAL MEDICINE	1400	0.00	79.39	0.000000	67.01
67.02		INTERNAL MEDICINE-PEDIATRICS	1450	0.00	112.12	0.000000	67.02
67.03		PEDIATRICS	2000	0.00	229.73	0.000000	67.03

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0276	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/30/2021 11:23 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	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00

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				V	XIX		
				1.00	2.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00	
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N				110.00	
				1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00	
				1.00	2.00		
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N				112.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00	
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	10,612,659	0			0118.01	
				1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
122.00	Does the cost report contain 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	

Health Financial Systems		LOYOLA UNIVERSITY MEDICAL CENTER		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0276		Period: From 07/01/2020 To 06/30/2021	
				Worksheet S-2 Part I Date/Time Prepared: 11/30/2021 11:23 am	
		1.00		2.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00	
133.00	Removed and reserved			133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00	
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		HB1432	
		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	
142.00	Street: 20555 VICTORY PARKWAY	PO Box:			
143.00	City: LIVONIA	State: MI		Zip Code: 48152	
				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	
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	
		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	
156.00	Subprovider - IPF	N		N	
157.00	Subprovider - IRF	N		N	
158.00	SUBPROVIDER				
159.00	SNF	N		N	
160.00	HOME HEALTH AGENCY	N		N	
161.00	CMHC	N		N	
161.10	CORF	N		N	
161.20	OUTPATIENT PHYSICAL THERAPY	N		N	
161.30	OOT	N		N	
161.40	OSP	N		N	
				1.00	
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	
		0		1.00	
		State		Zip Code	
		2.00		3.00	
		CBSA		FTE/Campus	
		4.00		5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)			0.00	
				1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)			168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	9.99		169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0276	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/30/2021 11:23 am
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 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 07/01/2020
To 06/30/2021Worksheet S-2
Part II
Date/Time Prepared:
11/30/2021 11:23 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
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		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	11/08/2017	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE
Provider CCN: 14-0276
Period: From 07/01/2020 To 06/30/2021
Worksheet S-2 Part II Date/Time Prepared: 11/30/2021 11:23 am

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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part II
Date/Time Prepared:
11/30/2021 11:23 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/30/2021 11:23 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	344	125,925	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)		344	125,925	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	76	27,740	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	12	4,380	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	50	18,250	0.00	0	12.00
12.01 PEDIATRIC INTENSIVE CARE UNIT	35.01	14	5,110	0.00	0	12.01
12.03 HEART TRANSPLANT ICU	35.03	10	3,650	0.00	0	12.03
12.04 BONE INTENSIVE CARE	35.04	10	3,650	0.00	0	12.04
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		516	188,705	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)		516				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	4,758			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/30/2021 11:23 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	27,310	2,255	75,088			1.00
2.00	HMO and other (see instructions)	18,992	31,113				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)	27,310	2,255	75,088			7.00
8.00	INTENSIVE CARE UNIT	7,225	1,128	27,740			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT	1,099	16	1,115			10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE UNIT	0	79	11,863			12.00
12.01	PEDIATRIC INTENSIVE CARE UNIT	13	50	1,651			12.01
12.03	HEART TRANSPLANT ICU	1,164	94	3,300			12.03
12.04	BONE INTENSIVE CARE	1,952	115	3,650			12.04
13.00	NURSERY		139	4,636			13.00
14.00	Total (see instructions)	38,763	3,876	129,043	447.20	5,094.04	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)				447.20	5,094.04	27.00
28.00	Observation Bed Days		3,062	9,587			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			1,289			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	275	0	539			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 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/30/2021 11:23 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	6,026	4,709	20,733	1.00
2.00 HMO and other (see instructions)			2,571	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT						12.00
12.01 PEDIATRIC INTENSIVE CARE UNIT						12.01
12.03 HEART TRANSPLANT ICU						12.03
12.04 BONE INTENSIVE CARE						12.04
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	6,026	4,709	20,733	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 07/01/2020
To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
11/30/2021 11:23 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	561,328,401	0	561,328,401	10,595,607.04	52.98
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		16,322,082	0	16,322,082	128,251.00	127.27
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		17,100,806	0	17,100,806	120,511.00	141.90
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	41,438,730	2,712,361	44,151,091	1,107,662.00	39.86
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		218,641,080	-2,477,666	216,163,414	1,539,277.68	140.43
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		0	0	0	0.00	0.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		81,876,598	0	81,876,598	2,037,963.00	40.18
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		103,300,572	0	103,300,572		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		25,176,732	0	25,176,732		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		2,384,592	0	2,384,592		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		2,352,138	0	2,352,138		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		10,898,075	0	10,898,075		
25.50	Home office wage-related (core)		10,700,864	0	10,700,864		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
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		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	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	1,665,224	0	1,665,224	13,661.68	121.89	26.00
27.00	Administrative & General	5.00	33,676,240	661,975	34,338,215	693,399.98	49.52	27.00
28.00	Administrative & General under contract (see inst.)		4,453,276	0	4,453,276	62,439.00	71.32	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	9,833,107	0	9,833,107	302,916.00	32.46	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	5,540,808	0	5,540,808	310,205.83	17.86	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	4,121,956	-2,296,303	1,825,653	77,675.49	23.50	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	2,224,973	2,224,973	122,765.99	18.12	36.00
37.00	Maintenance of Personnel	12.00	1,166,188	0	1,166,188	66,085.37	17.65	37.00
38.00	Nursing Administration	13.00	2,990,732	-146,346	2,844,386	45,330.41	62.75	38.00
39.00	Central Services and Supply	14.00	1,217,107	0	1,217,107	63,215.11	19.25	39.00
40.00	Pharmacy	15.00	10,274,239	-365,274	9,908,965	228,409.06	43.38	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	3,362,825	0	3,362,825	85,012.15	39.56	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 07/01/2020
To 06/30/2021Worksheet S-3
Part III
Date/Time Prepared:
11/30/2021 11:23 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)	507,242,141	-2,712,361	504,529,780	9,429,873.04	53.50	1.00
2.00	Excluded area salaries (see instructions)	218,641,080	-2,477,666	216,163,414	1,539,277.68	140.43	2.00
3.00	Subtotal salaries (line 1 minus line 2)	288,601,061	-234,695	288,366,366	7,890,595.36	36.55	3.00
4.00	Subtotal other wages & related costs (see inst.)	81,876,598	0	81,876,598	2,037,963.00	40.18	4.00
5.00	Subtotal wage-related costs (see inst.)	116,386,028	0	116,386,028	0.00	40.36	5.00
6.00	Total (sum of lines 3 thru 5)	486,863,687	-234,695	486,628,992	9,928,558.36	49.01	6.00
7.00	Total overhead cost (see instructions)	78,301,702	79,025	78,380,727	2,071,116.07	37.84	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0276	Period: From 07/01/2020 To 06/30/2021	Worksheet S-3 Part IV Date/Time Prepared: 11/30/2021 11:23 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		24,727,653	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		3,359,983	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)		68,642,917	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		2,115,276	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		1,431,646	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)		2,239,428	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		2,578,359	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		31,333,582	17.00
18.00	Medicare Taxes - Employers Portion Only		7,328,015	18.00
19.00	Unemployment Insurance		59,806	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		295,445	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		144,112,110	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part V
Date/Time Prepared:
11/30/2021 11:23 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	144,112,110	1.00
2.00	Hospital	0	144,112,110	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 07/01/2020
To 06/30/2021

Worksheet S-5

Date/Time Prepared:
11/30/2021 11:23 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	135	0	2	0	26	1.00	
2.00	Number of times per week patient receives dialysis	0.00	3.00	3.00	3.00	0.00	3.00	2.00	
3.00	Average patient dialysis time including setup	0.00	4.50	4.50	4.50			3.00	
4.00	CAPD exchanges per day				4.00		4.00	4.00	
5.00	Number of days in year dialysis furnished	0	313					5.00	
6.00	Number of stations	0	31	0	0			6.00	
7.00	Treatment capacity per day per station	0	3					7.00	
8.00	Utilization (see instructions)	0.00	0.00					8.00	
9.00	Average times dialyzers re-used	0.00	0.00					9.00	
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00	
							Y/N		
							1.00		
ESRD PPS									
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)						N	10.01	
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)						Y	10.02	
						Prior to 1/1	After 12/31		
						1.00	2.00		
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)						0	0	10.03
TRANSPLANT INFORMATION									
11.00	Number of patients on transplant list						28		11.00
12.00	Number of patients transplanted during the cost reporting period						16		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)			308,770	0	50,224,900	0	22.00	

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021

Worksheet S-5

Date/Time Prepared:
11/30/2021 11:23 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 07/01/2020 To 06/30/2021	Worksheet S-10 Date/Time Prepared: 11/30/2021 11:23 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)			0.215754	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			139,742,749	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			650,370,355	6.00
7.00	Medicaid cost (line 1 times line 6)			140,320,006	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)			577,257	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP			0	9.00
10.00	Stand-alone CHIP charges			0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			1,439,808	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			577,257	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	54,954,033	3,822,770	58,776,803	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	11,856,552	3,822,770	15,679,322	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	11,856,552	3,822,770	15,679,322	23.00
				1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			31,522,259	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			2,137,026	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			3,287,734	27.01
28.00	Non-Medicare bad debt expense (see instructions)			28,234,525	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			7,242,420	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			22,921,742	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			23,498,999	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021

Worksheet A

Date/Time Prepared:
11/30/2021 11:23 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	21,603,703	21,603,703	1.00
1.01	00101	NEW CAPITAL-BLDG INTEREST		0	0	19,086,933	19,086,933	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	22,902,315	22,902,315	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,665,224	646,703	2,311,927	-4,666	2,307,261	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	33,676,240	310,192,858	343,869,098	-60,992,851	282,876,247	5.00
6.00	00600	MAINTENANCE & REPAIRS		0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	9,833,107	20,217,257	30,050,364	3,950	30,054,314	7.00
8.00	00800	LAUNDRY & LINEN SERVICE		0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	5,540,808	9,989,357	15,530,165	-138,359	15,391,806	9.00
10.00	01000	DIETARY	4,121,956	3,485,627	7,607,583	-4,655,852	2,951,731	10.00
11.00	01100	CAFETERIA		0	0	4,580,200	4,580,200	11.00
12.00	01200	MAINTENANCE OF PERSONNEL		0	0	0	0	12.00
12.01	01201	PATIENT TRANSPORTATION	1,166,188	293,569	1,459,757	-20,943	1,438,814	12.01
13.00	01300	NURSING ADMINISTRATION	2,990,732	702,386	3,693,118	-210,584	3,482,534	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,217,107	1,249,466	2,466,573	-792,086	1,674,487	14.00
15.00	01500	PHARMACY	10,274,239	36,749,744	47,023,983	-34,357,139	12,666,844	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	3,362,825	681,188	4,044,013	-20,894	4,023,119	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	41,438,730	10,355,130	51,793,860	4,010,707	55,804,567	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	604,904	181,017	785,921	-5,469	780,452	23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK		0	0	0	0	23.02
23.03	02303	CLINICAL PASTORAL EDUCATION		0	0	116,678	116,678	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	608,070	122,312	730,382	220,506	950,888	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	48,357,907	12,938,683	61,296,590	-4,201,020	57,095,570	30.00
31.00	03100	INTENSIVE CARE UNIT	16,954,388	7,289,593	24,243,981	-3,448,469	20,795,512	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	3,648,245	1,780,677	5,428,922	-801,570	4,627,352	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	4,521,998	1,257,384	5,779,382	-221,501	5,557,881	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	2,053,558	589,711	2,643,269	-190,515	2,452,754	35.01
35.03	02400	HEART TRANSPLANT ICU	2,524,923	950,170	3,475,093	-365,745	3,109,348	35.03
35.04	02401	BONE INTENSIVE CARE	3,208,940	1,130,185	4,339,125	-333,580	4,005,545	35.04
41.00	04100	SUBPROVIDER - IRF		0	0	0	0	41.00
43.00	04300	NURSERY		0	0	1,008,438	1,008,438	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	13,337,970	54,985,496	68,323,466	-42,875,928	25,447,538	50.00
50.01	05001	AMBULATORY SURGERY CENTER	3,053,481	7,989,247	11,042,728	-5,851,062	5,191,666	50.01
51.00	05100	RECOVERY ROOM	2,934,655	1,195,402	4,130,057	-503,356	3,626,701	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,535,521	871,461	3,406,982	-234,552	3,172,430	52.00
53.00	05300	ANESTHESIOLOGY	548,632	2,236,194	2,784,826	-1,612,980	1,171,846	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,037,876	4,084,642	10,122,518	-4,743,465	5,379,053	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	1,113,674	220,676	1,334,350	304,773	1,639,123	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	821,590	5,158,832	5,980,422	-4,342,999	1,637,423	56.00
57.00	05700	CT SCAN	1,808,827	1,028,035	2,836,862	1,040,630	3,877,492	57.00
58.00	05800	MRI	1,357,839	752,830	2,110,669	-382,628	1,728,041	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,809,568	19,432,029	25,241,597	-18,056,440	7,185,157	59.00
60.00	06000	LABORATORY	8,258,280	21,471,355	29,729,635	651,302	30,380,937	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	637,732	1,776,036	2,413,768	-2,413,768	0	60.03
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,585,697	8,133,012	9,718,709	-684,665	9,034,044	63.00
65.00	06500	RESPIRATORY THERAPY	6,396,289	2,265,733	8,662,022	-582,423	8,079,599	65.00
66.00	06600	PHYSICAL THERAPY	2,557,270	427,638	2,984,908	-56,301	2,928,607	66.00
67.00	06700	OCCUPATIONAL THERAPY	999,836	163,854	1,163,690	-4,715	1,158,975	67.00
68.00	06800	SPEECH PATHOLOGY	393,023	86,177	479,200	-27,149	452,051	68.00
69.00	06900	ELECTROCARDIOLOGY	2,304,001	1,070,199	3,374,200	-385,150	2,989,050	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,006,102	670,974	1,677,076	-55,927	1,621,149	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	54,052,062	54,052,062	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	41,438,795	41,438,795	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	113,293,859	113,293,859	73.00
74.00	07400	RENAL DIALYSIS	3,281,242	3,734,184	7,015,426	-2,549,135	4,466,291	74.00
76.00	03560	PULMONARY LABS	408,366	512,861	921,227	-370,142	551,085	76.00
76.01	03950	OCCUPATIONAL HEALTH		0	0	0	0	76.01
76.03	03951	HYPERALIMENTATION		0	0	0	0	76.03

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021

Worksheet A

Date/Time Prepared:

11/30/2021 11:23 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	697,288	164,189	861,477	-8,927	852,550	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	3,293,136	4,908,309	8,201,445	-3,704,118	4,497,327	76.07
76.09	03953	BONE MARROW PROCUREMENT	167,439	1,257,240	1,424,679	-384	1,424,295	76.09
76.10	03954	BARIATRICS	334,930	259,438	594,368	-4,109	590,259	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	140,588	120,377	260,965	-84,081	176,884	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	5,931,850	39,456,750	45,388,600	-37,880,085	7,508,515	90.02
90.03	09003	PSYCH SOCIAL REHAB	235,490	53,029	288,519	-7,924	280,595	90.03
90.04	09004	WELLNESS ASSESSMENT	0	0	0	0	0	90.04
90.06	09005	HEART FAILURE CLINIC	0	0	0	0	0	90.06
90.07	09006	LOC OUTPATIENT CENTER	19,930,785	21,708,212	41,638,997	-13,331,107	28,307,890	90.07
90.08	09007	OB OUTPATIENT CENTER	4,601,791	3,509,297	8,111,088	-105,747	8,005,341	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	646,865	1,003,489	1,650,354	-419,275	1,231,079	90.09
90.10	09009	LAGRANGE FAMILY PCC	644,997	836,935	1,481,932	-222,828	1,259,104	90.10
90.12	09010	NORTH RIVERSIDE PCC	930,630	1,712,001	2,642,631	-979,511	1,663,120	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	244,525	95,089	339,614	-16,736	322,878	90.14
90.15	09013	OB II PCC	1,092,863	1,327,461	2,420,324	-537,132	1,883,192	90.15
90.16	09014	HICKORY HILLS PCC	2,011,625	1,513,935	3,525,560	-370,347	3,155,213	90.16
90.18	09015	DARIEN PCC	684,911	1,623,844	2,308,755	-617,680	1,691,075	90.18
90.20	09016	ORLAND PARK - FP	216,719	543,850	760,569	-372,946	387,623	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	2,814,354	994,310	3,808,664	-380,942	3,427,722	90.21
90.22	09018	HOMER GLEN PCC	2,873,148	7,026,050	9,899,198	-3,752,150	6,147,048	90.22
90.23	09019	OAK PARK PCC	394,682	538,899	933,581	-259,291	674,290	90.23
90.24	09020	PARK RIDGE PCC	398,184	527,655	925,839	-74,445	851,394	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	914,282	1,372,691	2,286,973	-539,640	1,747,333	90.25
90.26	09022	WOODRIDGE PCC	0	0	0	0	0	90.26
90.27	09023	NEUROLOGY - NILES	0	0	0	0	0	90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	1,280,440	6,124,680	7,405,120	-5,431,513	1,973,607	90.28
90.29	09025	BURR RIDGE PCC	8,518,164	19,227,570	27,745,734	-12,658,251	15,087,483	90.29
90.30	09026	RIVER FOREST	985,564	1,189,203	2,174,767	-328,850	1,845,917	90.30
90.31	09027	NORRIDGE	238,561	102,211	340,772	-114,310	226,462	90.31
90.32	09028	ELMWOOD PARK	454,127	651,352	1,105,479	-351,402	754,077	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	15,068,032	4,021,362	19,089,394	-1,534,974	17,554,420	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	2,763,639	844,368	3,608,007	-235,680	3,372,327	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	429,723	429,723	0	429,723	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	433,126	68,485	501,611	-65	501,546	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	344,676	5,628,014	5,972,690	2,989,109	8,961,799	105.00
106.00	10600	HEART ACQUISITION	307,507	747,941	1,055,448	1,781,199	2,836,647	106.00
107.00	10700	LIVER ACQUISITION	378,720	5,008,988	5,387,708	1,513,980	6,901,688	107.00
108.00	10800	LUNG ACQUISITION	438,108	2,791,447	3,229,555	1,829,595	5,059,150	108.00
109.00	10900	PANCREAS ACQUISITION	0	396,650	396,650	131,621	528,271	109.00
110.00	11000	INTESTINAL ACQUISITION	626,033	96,712	722,745	-722,745	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	2,404,650	770,282	3,174,932	-3,174,932	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	348,399,989	697,721,922	1,046,121,911	7,844,200	1,053,966,111	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	840,342	1,828,139	2,668,481	0	2,668,481	190.02
190.03	19003	OP HOSPITAL PHARMACY	1,553,454	39,892,806	41,446,260	0	41,446,260	190.03
190.04	19004	HOSPITALIST	0	0	0	0	0	190.04
190.05	19005	STUDENT HEALTH	0	26,914	26,914	0	26,914	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	210,449,744	78,509,269	288,959,013	-7,844,200	281,114,813	192.01
193.00	19300	NONPAID WORKERS	84,872	12,906	97,778	0	97,778	193.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021

Worksheet A

Date/Time Prepared:
11/30/2021 11:23 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)	561,328,401	817,991,956	1,379,320,357	0	1,379,320,357	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021

Worksheet A

Date/Time Prepared:
11/30/2021 11:23 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	2,143,825	23,747,528	1.00
1.01	00101	NEW CAPITAL-BLDG INTEREST	11,550,927	30,637,860	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-256,569	22,645,746	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,580,972	10,888,233	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-68,302,694	214,573,553	5.00
6.00	00600	MAINTENANCE & REPAIRS	-6,804	-6,804	6.00
7.00	00700	OPERATION OF PLANT	-31,394	30,022,920	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	8.00
9.00	00900	HOUSEKEEPING	0	15,391,806	9.00
10.00	01000	DIETARY	-2,179,836	771,895	10.00
11.00	01100	CAFETERIA	0	4,580,200	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
12.01	01201	PATIENT TRANSPORTATION	0	1,438,814	12.01
13.00	01300	NURSING ADMINISTRATION	-41,727	3,440,807	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,674,487	14.00
15.00	01500	PHARMACY	-120,194	12,546,650	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	4,023,119	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	55,804,567	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	-108,006	672,446	23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK	0	0	23.02
23.03	02303	CLINICAL PASTORAL EDUCATION	3,097	119,775	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	0	950,888	23.04
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-8,323,621	48,771,949	30.00
31.00	03100	INTENSIVE CARE UNIT	0	20,795,512	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	4,627,352	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-33,800	5,524,081	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	2,452,754	35.01
35.03	02400	HEART TRANSPLANT ICU	0	3,109,348	35.03
35.04	02401	BONE INTENSIVE CARE	0	4,005,545	35.04
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
43.00	04300	NURSERY	0	1,008,438	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	25,447,538	50.00
50.01	05001	AMBULATORY SURGERY CENTER	0	5,191,666	50.01
51.00	05100	RECOVERY ROOM	-994	3,625,707	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,172,430	52.00
53.00	05300	ANESTHESIOLOGY	0	1,171,846	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-20,013	5,359,040	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0	1,639,123	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	1,637,423	56.00
57.00	05700	CT SCAN	-180	3,877,312	57.00
58.00	05800	MRI	0	1,728,041	58.00
59.00	05900	CARDIAC CATHETERIZATION	-364,869	6,820,288	59.00
60.00	06000	LABORATORY	-2,268,714	28,112,223	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.	-50,000	8,984,044	63.00
65.00	06500	RESPIRATORY THERAPY	-200	8,079,399	65.00
66.00	06600	PHYSICAL THERAPY	-532,500	2,396,107	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,158,975	67.00
68.00	06800	SPEECH PATHOLOGY	33,542	485,593	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,989,050	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,621,149	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	54,052,062	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	41,438,795	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	113,293,859	73.00
74.00	07400	RENAL DIALYSIS	0	4,466,291	74.00
76.00	03560	PULMONARY LABS	0	551,085	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	852,550	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 07/01/2020
To 06/30/2021

Worksheet A

Date/Time Prepared:
11/30/2021 11:23 am

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
76.07	03340	GASTROINTESTINAL SERVICE	0	4,497,327	76.07
76.09	03953	BONE MARROW PROCUREMENT	0	1,424,295	76.09
76.10	03954	BARIATRICS	0	590,259	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	176,884	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	90.01
90.02	09002	CANCER CENTER	0	7,508,515	90.02
90.03	09003	PSYCH SOCIAL REHAB	0	280,595	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	-319,887	27,988,003	90.07
90.08	09007	OB OUTPATIENT CENTER	-3,164	8,002,177	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	0	1,231,079	90.09
90.10	09009	LAGRANGE FAMILY PCC	-19,643	1,239,461	90.10
90.12	09010	NORTH RIVERSIDE PCC	-201,321	1,461,799	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	90.13
90.14	09012	WHEATON PCC	-117,428	205,450	90.14
90.15	09013	OB II PCC	-234,374	1,648,818	90.15
90.16	09014	HICKORY HILLS PCC	-172,667	2,982,546	90.16
90.18	09015	DARIEN PCC	-38,894	1,652,181	90.18
90.20	09016	ORLAND PARK - FP	-114,155	273,468	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	-8,737	3,418,985	90.21
90.22	09018	HOMER GLEN PCC	-28,195	6,118,853	90.22
90.23	09019	OAK PARK PCC	0	674,290	90.23
90.24	09020	PARK RIDGE PCC	0	851,394	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	0	1,747,333	90.25
90.26	09022	WOODRIDGE PCC	0	0	90.26
90.27	09023	NEUROLOGY - NILES	0	0	90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	0	1,973,607	90.28
90.29	09025	BURR RIDGE PCC	-85	15,087,398	90.29
90.30	09026	RIVER FOREST	0	1,845,917	90.30
90.31	09027	NORRIDGE	0	226,462	90.31
90.32	09028	ELMWOOD PARK	-675	753,402	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	-8,647,820	8,906,600	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	3,372,327	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	429,723	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	501,546	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	-216,200	8,745,599	105.00
106.00	10600	HEART ACQUISITION	-515,918	2,320,729	106.00
107.00	10700	LIVER ACQUISITION	-166,750	6,734,938	107.00
108.00	10800	LUNG ACQUISITION	-556,770	4,502,380	108.00
109.00	10900	PANCREAS ACQUISITION	-21,242	507,029	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)	-71,713,677	982,252,434	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	0	2,668,481	190.02
190.03	19003	OP HOSPITAL PHARMACY	0	41,446,260	190.03
190.04	19004	HOSPITALIST	0	0	190.04
190.05	19005	STUDENT HEALTH	0	26,914	190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	0	0	190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	12,808,030	293,922,843	192.01
193.00	19300	NONPAID WORKERS	0	97,778	193.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-58,905,647	1,320,414,710	200.00

RECLASSIFICATIONS

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021Worksheet A-6
Date/Time Prepared:
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - Depreciation Expense					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	21,603,703	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	22,902,315	2.00	
			0	44,506,018		
	E - Pension Employee Benefit					
1.00			0	0	1.00	
			0	0		
	K - Dietary Shared Cost					
1.00	CAFETERIA	11.00	2,224,973	2,356,350	1.00	
			2,224,973	2,356,350		
	L - Medical Supplies Charged to Patients					
1.00	OPERATION OF PLANT	7.00	0	3,950	1.00	
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	54,208,923	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
33.00		0.00	0	0	33.00	
34.00		0.00	0	0	34.00	
35.00		0.00	0	0	35.00	
36.00		0.00	0	0	36.00	
37.00		0.00	0	0	37.00	
38.00		0.00	0	0	38.00	
39.00		0.00	0	0	39.00	
40.00		0.00	0	0	40.00	
41.00		0.00	0	0	41.00	
42.00		0.00	0	0	42.00	
43.00		0.00	0	0	43.00	
44.00		0.00	0	0	44.00	
45.00		0.00	0	0	45.00	
46.00		0.00	0	0	46.00	
47.00		0.00	0	0	47.00	
48.00		0.00	0	0	48.00	
49.00		0.00	0	0	49.00	
50.00		0.00	0	0	50.00	
51.00		0.00	0	0	51.00	
52.00		0.00	0	0	52.00	
53.00		0.00	0	0	53.00	
54.00		0.00	0	0	54.00	
55.00		0.00	0	0	55.00	
56.00		0.00	0	0	56.00	
57.00		0.00	0	0	57.00	
58.00		0.00	0	0	58.00	
59.00		0.00	0	0	59.00	
60.00		0.00	0	0	60.00	
61.00		0.00	0	0	61.00	
62.00		0.00	0	0	62.00	

RECLASSIFICATIONS

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-6

Date/Time Prepared:
11/30/2021 11:23 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
63.00		0.00	0	0		63.00
64.00		0.00	0	0		64.00
65.00		0.00	0	0		65.00
66.00		0.00	0	0		66.00
67.00		0.00	0	0		67.00
68.00		0.00	0	0		68.00
69.00		0.00	0	0		69.00
70.00		0.00	0	0		70.00
71.00		0.00	0	0		71.00
72.00		0.00	0	0		72.00
73.00		0.00	0	0		73.00
74.00		0.00	0	0		74.00
75.00		0.00	0	0		75.00
76.00		0.00	0	0		76.00
77.00		0.00	0	0		77.00
0			0	54,212,873		
M - Drugs Charged to Patients						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	113,310,145		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
0			0	113,310,145		
N - Implantable Devices						
1.00	HEART TRANSPLANT ICU	35.03	0	4		1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	41,438,795		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00

RECLASSIFICATIONS

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-6

Date/Time Prepared:
11/30/2021 11:23 am

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
0					
T - Nursery					
1.00	NURSERY	43.00	793,318	215,120	1.00
2.00		0.00	0	0	2.00
0					
U - Interest Expense					
1.00	NEW CAPITAL-BLDG INTEREST	1.01	0	19,086,933	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
0					
AB - Transplant Pre vs Post Salary					
1.00	KIDNEY ACQUISITION	105.00	1,416,862	0	1.00
2.00	HEART ACQUISITION	106.00	1,668,743	0	2.00
3.00	LIVER ACQUISITION	107.00	1,265,673	0	3.00
4.00	LUNG ACQUISITION	108.00	1,659,811	0	4.00
5.00	PANCREAS ACQUISITION	109.00	84,931	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
0					
AO - Radiology Nursing					
1.00	RADIOLOGY-ULTRASOUND	54.01	243,864	78,086	1.00
2.00	RADIOISOTOPE	56.00	495,857	158,775	2.00
3.00	CT SCAN	57.00	1,159,651	371,323	3.00
4.00	MRI	58.00	12	4	4.00
5.00	OBSERVATION BEDS-DISTINCT	92.01	161	51	5.00
0					
AP - Medical Education					
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	2,712,361	1,298,404	1.00
0					
AQ - Pharmacy Resident Program Preceptor					
1.00	PHARMACY RESIDENCY PROGRAM	23.04	220,663	0	1.00
0					
AR - Clinical Pastoral Education Program					
1.00	CLINICAL PASTORAL EDUCATION	23.03	116,678	0	1.00
0					
AS - HLA to Transplant					
1.00	LABORATORY	60.00	191,432	532,271	1.00
2.00	KIDNEY ACQUISITION	105.00	293,604	816,356	2.00
3.00	HEART ACQUISITION	106.00	29,753	82,728	3.00
4.00	LIVER ACQUISITION	107.00	65,682	182,627	4.00
5.00	LUNG ACQUISITION	108.00	44,911	124,873	5.00
6.00	PANCREAS ACQUISITION	109.00	12,350	34,340	6.00
0					
AT - Living Donors to Transplant					
1.00	KIDNEY ACQUISITION	105.00	219,152	243,582	1.00
0					

RECLASSIFICATIONS

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-6

Date/Time Prepared:
11/30/2021 11:23 am

	Increases					11/03/2021 11:20 am
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
1.00	AU - Transplant Administrative Costs					1.00
	ADMINISTRATIVE & GENERAL	5.00	1,023,599	456,357		
	0		1,023,599	456,357		
1.00	AV - Post Transplant Abdominal Costs					1.00
	OBT OUTPATIENT CENTER	90.08	560,425	95,777		
			560,425	95,777		
500.00	Grand Total: Increases		16,504,466	279,601,792	500.00	

RECLASSIFICATIONS

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021Worksheet A-6
Date/Time Prepared:
11/30/2021 11:23 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - Depreciation Expense						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	44,506,018	9		1.00
2.00		0.00	0	0	9		2.00
	0		0	44,506,018			
	E - Pension Employee Benefit						
1.00			0	0			1.00
			0	0			
	K - Dietary Shared Cost						
1.00	DIETARY	10.00	2,224,973	2,356,350	0		1.00
	0		2,224,973	2,356,350			
	L - Medical Supplies Charged to Patients						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,666	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	662,437	0		2.00
3.00	HOUSEKEEPING	9.00	0	138,359	0		3.00
4.00	DIETARY	10.00	0	3,199	0		4.00
5.00	CAFETERIA	11.00	0	1,123	0		5.00
6.00	PATIENT TRANSPORTATION	12.01	0	20,943	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	64,096	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	760,328	0		8.00
9.00	PHARMACY	15.00	0	1,062,719	0		9.00
10.00	SOCIAL SERVICE	17.00	0	1,601	0		10.00
11.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	58	0		11.00
12.00	PARAMEDICAL ED-MICU	23.01	0	2,224	0		12.00
13.00	PHARMACY RESIDENCY PROGRAM	23.04	0	157	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	0	3,330,268	0		14.00
15.00	INTENSIVE CARE UNIT	31.00	0	3,363,685	0		15.00
16.00	BURN INTENSIVE CARE UNIT	33.00	0	801,570	0		16.00
17.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	221,501	0		17.00
18.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	190,515	0		18.00
19.00	HEART TRANSPLANT ICU	35.03	0	365,749	0		19.00
20.00	BONE INTENSIVE CARE	35.04	0	333,580	0		20.00
21.00	OPERATING ROOM	50.00	0	15,014,222	0		21.00
22.00	AMBULATORY SURGERY CENTER	50.01	0	2,162,279	0		22.00
23.00	RECOVERY ROOM	51.00	0	503,356	0		23.00
24.00	DELIVERY ROOM & LABOR ROOM	52.00	0	233,592	0		24.00
25.00	ANESTHESIOLOGY	53.00	0	1,610,738	0		25.00
26.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,829,438	0		26.00
27.00	RADIOLOGY-ULTRASOUND	54.01	0	15,664	0		27.00
28.00	RADIOISOTOPE	56.00	0	106,557	0		28.00
29.00	CT SCAN	57.00	0	70,404	0		29.00
30.00	MRI	58.00	0	114,395	0		30.00
31.00	CARDIAC CATHETERIZATION	59.00	0	9,347,009	0		31.00
32.00	LABORATORY	60.00	0	70,897	0		32.00
33.00	LABORATORY-HLA	60.03	0	2,841	0		33.00
34.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	657,123	0		34.00
35.00	RESPIRATORY THERAPY	65.00	0	486,022	0		35.00
36.00	PHYSICAL THERAPY	66.00	0	165	0		36.00
37.00	OCCUPATIONAL THERAPY	67.00	0	4,715	0		37.00
38.00	SPEECH PATHOLOGY	68.00	0	27,149	0		38.00
39.00	ELECTROCARDIOLOGY	69.00	0	167,232	0		39.00
40.00	ELECTROENCEPHALOGRAPHY	70.00	0	24,892	0		40.00
41.00	RENAL DIALYSIS	74.00	0	1,858,137	0		41.00
42.00	PULMONARY LABS	76.00	0	335,657	0		42.00
43.00	PERIPHERAL VASCULAR	76.04	0	8,927	0		43.00
44.00	GASTROINTESTINAL SERVICE	76.07	0	2,610,404	0		44.00
45.00	BONE MARROW PROCUREMENT	76.09	0	384	0		45.00
46.00	BARIATRICS	76.10	0	4,097	0		46.00
47.00	CLINIC	90.00	0	28,245	0		47.00
48.00	CANCER CENTER	90.02	0	327,533	0		48.00
49.00	PSYCH SOCIAL REHAB	90.03	0	1,266	0		49.00
50.00	LOC OUTPATIENT CENTER	90.07	0	1,494,925	0		50.00
51.00	OBT OUTPATIENT CENTER	90.08	0	304,952	0		51.00
52.00	ELMHURST IMMEDIATE CARE	90.09	0	35,419	0		52.00
53.00	LAGRANGE FAMILY PCC	90.10	0	81,084	0		53.00
54.00	NORTH RIVERSIDE PCC	90.12	0	32,751	0		54.00
55.00	WHEATON PCC	90.14	0	1,194	0		55.00
56.00	OBT II PCC	90.15	0	74,225	0		56.00
57.00	HICKORY HILLS PCC	90.16	0	46,685	0		57.00
58.00	DARIEN PCC	90.18	0	21,359	0		58.00
59.00	ORLAND PARK - FP	90.20	0	9,045	0		59.00
60.00	FAMILY PRACTICE MAYWOOD PCC	90.21	0	112,007	0		60.00

RECLASSIFICATIONS

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-6

Date/Time Prepared:
11/30/2021 11:23 am

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
61.00	HOMER GLEN PCC	90.22	0	152,479	0		61.00
62.00	OAK PARK PCC	90.23	0	18,656	0		62.00
63.00	PARK RIDGE PCC	90.24	0	32,660	0		63.00
64.00	LOYOLA CLINIC AT GOTTLIEB	90.25	0	98,194	0		64.00
65.00	MARJORIE WEINBERG CANCER CENTER	90.28	0	49,946	0		65.00
66.00	BURR RIDGE PCC	90.29	0	782,446	0		66.00
67.00	RIVER FOREST	90.30	0	61,069	0		67.00
68.00	NORRIDGE	90.31	0	498	0		68.00
69.00	ELMWOOD PARK	90.32	0	10,076	0		69.00
70.00	EMERGENCY	91.00	0	1,534,271	0		70.00
71.00	OBSERVATION BEDS-DISTINCT	92.01	0	235,892	0		71.00
72.00	DURABLE MEDICAL EQUIP-SOLD	97.00	0	65	0		72.00
73.00	KIDNEY ACQUISITION	105.00	0	447	0		73.00
74.00	HEART ACQUISITION	106.00	0	25	0		74.00
75.00	LIVER ACQUISITION	107.00	0	2	0		75.00
76.00	INTESTINAL ACQUISITION	110.00	0	935	0		76.00
77.00	OTHER ORGAN ACQUISITION (SPECIFY)	112.00	0	69,448	0		77.00
	0		0	54,212,873			
M - Drugs Charged to Patients							
1.00	NURSING ADMINISTRATION	13.00	0	142	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	31,211	0		2.00
3.00	PHARMACY	15.00	0	32,847,346	0		3.00
4.00	SOCIAL SERVICE	17.00	0	19,293	0		4.00
5.00	PARAMEDICAL ED-MICU	23.01	0	3,245	0		5.00
6.00	OPERATING ROOM	50.00	0	51,000	0		6.00
7.00	AMBULATORY SURGERY CENTER	50.01	0	670,432	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	55,207	0		8.00
9.00	RADIOLOGY-ULTRASOUND	54.01	0	1,513	0		9.00
10.00	RADIOISOTOPE	56.00	0	4,891,074	0		10.00
11.00	CT SCAN	57.00	0	419,940	0		11.00
12.00	MRI	58.00	0	268,249	0		12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	83,077	0		13.00
14.00	LABORATORY	60.00	0	958	0		14.00
15.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	27,542	0		15.00
16.00	RESPIRATORY THERAPY	65.00	0	91,351	0		16.00
17.00	ELECTROCARDIOLOGY	69.00	0	217,918	0		17.00
18.00	ELECTROENCEPHALOGRAPHY	70.00	0	31,035	0		18.00
19.00	RENAL DIALYSIS	74.00	0	690,971	0		19.00
20.00	PULMONARY LABS	76.00	0	4,432	0		20.00
21.00	GASTROINTESTINAL SERVICE	76.07	0	2,448	0		21.00
22.00	BARIATRICS	76.10	0	12	0		22.00
23.00	CLINIC	90.00	0	23,497	0		23.00
24.00	CANCER CENTER	90.02	0	37,548,828	0		24.00
25.00	PSYCH SOCIAL REHAB	90.03	0	6,658	0		25.00
26.00	LOC OUTPATIENT CENTER	90.07	0	11,242,847	0		26.00
27.00	OBT OUTPATIENT CENTER	90.08	0	431,653	0		27.00
28.00	ELMHURST IMMEDIATE CARE	90.09	0	383,856	0		28.00
29.00	LAGRANGE FAMILY PCC	90.10	0	140,546	0		29.00
30.00	NORTH RIVERSIDE PCC	90.12	0	946,760	0		30.00
31.00	WHEATON PCC	90.14	0	15,542	0		31.00
32.00	OBT II PCC	90.15	0	462,907	0		32.00
33.00	HICKORY HILLS PCC	90.16	0	323,662	0		33.00
34.00	DARIEN PCC	90.18	0	450,128	0		34.00
35.00	ORLAND PARK - FP	90.20	0	363,901	0		35.00
36.00	FAMILY PRACTICE MAYWOOD PCC	90.21	0	268,935	0		36.00
37.00	HOMER GLEN PCC	90.22	0	3,599,671	0		37.00
38.00	OAK PARK PCC	90.23	0	240,635	0		38.00
39.00	PARK RIDGE PCC	90.24	0	41,785	0		39.00
40.00	LOYOLA CLINIC AT GOTTLIEB	90.25	0	440,213	0		40.00
41.00	MARJORIE WEINBERG CANCER CENTER	90.28	0	5,381,567	0		41.00
42.00	BURR RIDGE PCC	90.29	0	10,040,210	0		42.00
43.00	RIVER FOREST	90.30	0	92,810	0		43.00
44.00	NORRIDGE	90.31	0	113,812	0		44.00
45.00	ELMWOOD PARK	90.32	0	341,326	0		45.00
	0		0	113,310,145			
N - Implantable Devices							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	4,290	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	547	0		2.00
3.00	PHARMACY	15.00	0	81,800	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	3,841	0		4.00

RECLASSIFICATIONS

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021Worksheet A-6
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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
5.00	INTENSIVE CARE UNIT	31.00	0	1,087	0		5.00
6.00	OPERATING ROOM	50.00	0	27,675,674	0		6.00
7.00	AMBULATORY SURGERY CENTER	50.01	0	3,018,351	0		7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	960	0		8.00
9.00	ANESTHESIOLOGY	53.00	0	2,242	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	382,656	0		10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	8,624,266	0		11.00
12.00	LABORATORY	60.00	0	546	0		12.00
13.00	RESPIRATORY THERAPY	65.00	0	5,050	0		13.00
14.00	PHYSICAL THERAPY	66.00	0	56,136	0		14.00
15.00	RENAL DIALYSIS	74.00	0	27	0		15.00
16.00	PULMONARY LABS	76.00	0	30,053	0		16.00
17.00	GASTROINTESTINAL SERVICE	76.07	0	1,091,266	0		17.00
18.00	CLINIC	90.00	0	32,339	0		18.00
19.00	CANCER CENTER	90.02	0	1,012	0		19.00
20.00	LOC OUTPATIENT CENTER	90.07	0	389,828	0		20.00
21.00	OBT OUTPATIENT CENTER	90.08	0	24,770	0		21.00
22.00	LAGRANGE FAMILY PCC	90.10	0	1,198	0		22.00
23.00	LOYOLA CLINIC AT GOTTLIEB	90.25	0	1,233	0		23.00
24.00	BURR RIDGE PCC	90.29	0	8,029	0		24.00
25.00	EMERGENCY	91.00	0	703	0		25.00
26.00	OTHER ORGAN ACQUISITION	112.00	0	895	0		26.00
	(SPECIFY) _____						
	0		0	41,438,799			
T - Nursery							
1.00	ADULTS & PEDIATRICS	30.00	793,318	73,593	0		1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	141,527	0		2.00
	0		793,318	215,120			
U - Interest Expense							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	16,938,438	11		1.00
2.00	OPERATING ROOM	50.00	0	2,575	0		2.00
3.00	DARIEN PCC	90.18	0	146,193	0		3.00
4.00	BURR RIDGE PCC	90.29	0	1,824,756	0		4.00
5.00	RIVER FOREST	90.30	0	174,971	0		5.00
	0		0	19,086,933			
AB - Transplant Pre vs Post Salary							
1.00	ADMINISTRATIVE & GENERAL	5.00	244,946	0	0		1.00
2.00	DIETARY	10.00	71,330	0	0		2.00
3.00	NURSING ADMINISTRATION	13.00	146,346	0	0		3.00
4.00	PHARMACY	15.00	144,611	0	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	83,697	0	0		5.00
6.00	OPERATING ROOM	50.00	132,457	0	0		6.00
7.00	CARDIAC CATHETERIZATION	59.00	2,088	0	0		7.00
8.00	CANCER CENTER	90.02	2,712	0	0		8.00
9.00	LOC OUTPATIENT CENTER	90.07	203,507	0	0		9.00
10.00	OBT OUTPATIENT CENTER	90.08	574	0	0		10.00
11.00	BURR RIDGE PCC	90.29	2,810	0	0		11.00
12.00	INTESTINAL ACQUISITION	110.00	65,608	0	0		12.00
13.00	OTHER ORGAN ACQUISITION	112.00	1,161,899	0	0		13.00
	(SPECIFY) _____						
14.00	FACULTY CLINICAL OPERATIONS	192.01	3,833,435	0	0		14.00
	0		6,096,020	0			
AO - Radiology Nursing							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	1,899,545	576,619	0		1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	15,334	0		2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	16,286	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
	0		1,899,545	608,239			
AP - Medical Education							
1.00	FACULTY CLINICAL OPERATIONS	192.01	2,712,361	1,298,404	0		1.00
	0		2,712,361	1,298,404			
AQ - Pharmacy Resident Program Preceptor							
1.00	PHARMACY	15.00	220,663	0	0		1.00
	0		220,663	0			
AR - Clinical Pastoral Education Program							
1.00	ADMINISTRATIVE & GENERAL	5.00	116,678				1.00
			116,678	0			
AS - HLA to Transplant							
1.00	LABORATORY-HLA	60.03	637,732	1,773,195	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00

RECLASSIFICATIONS

Provider CCN: 14-0276

Period:
From 07/01/2020
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Worksheet A-6

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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
			637,732	1,773,195		
AT - Living Donors to Transplant						
1.00	OTHER ORGAN ACQUISITION (SPECIFY) _____	112.00	219,152	243,582		1.00
			219,152	243,582		
AU - Transplant Administrative Costs						
1.00	OTHER ORGAN ACQUISITION (SPECIFY) _____	112.00	1,023,599	456,357	0	1.00
			1,023,599	456,357		
AV - Post Transplant Abdominal Costs						
1.00	INTESTINAL ACQUISITION _____	110.00	560,425	95,777		1.00
			560,425	95,777		
500.00	Grand Total: Decreases		16,504,466	279,601,792		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part I
Date/Time Prepared:
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		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	2,594,443	0	2,594,443	0	1.00	
2.00	Land Improvements	0	0	0	0	313,916	2.00	
3.00	Buildings and Fixtures	0	19,840	0	19,840	1,593,670	3.00	
4.00	Building Improvements	0	0	0	0	4,332,406	4.00	
5.00	Fixed Equipment	0	16,673,590	0	16,673,590	-10,967,661	5.00	
6.00	Movable Equipment	0	17,486,279	0	17,486,279	9,791,955	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	0	36,774,152	0	36,774,152	5,064,286	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	0	36,774,152	0	36,774,152	5,064,286	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,594,443	0					1.00
2.00	Land Improvements	-313,916	0					2.00
3.00	Buildings and Fixtures	-1,573,830	0					3.00
4.00	Building Improvements	-4,332,406	0					4.00
5.00	Fixed Equipment	27,641,251	0					5.00
6.00	Movable Equipment	7,694,324	0					6.00
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	31,709,866	0					8.00
9.00	Reconciling Items	0	0					9.00
10.00	Total (line 8 minus line 9)	31,709,866	0					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part II
Date/Time Prepared:
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	NEW CAPITAL-BLDG INTEREST	0	0	0	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	NEW CAPITAL-BLDG INTEREST	0	0				1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part III
Date/Time Prepared:
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	528,602,093	0	528,602,093	0.686973	0	1.00
1.01	NEW CAPITAL-BLDG INTEREST	0	0	0	0.000000	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	267,931,751	27,068,464	240,863,287	0.313027	0	2.00
3.00	Total (sum of lines 1-2)	796,533,844	27,068,464	769,465,380	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	25,954,823	0	1.00
1.01	NEW CAPITAL-BLDG INTEREST	0	0	0	11,550,927	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	22,645,746	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	60,151,496	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	-2,207,295	0	0	0	23,747,528	1.00
1.01	NEW CAPITAL-BLDG INTEREST	19,086,933	0	0	0	30,637,860	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	22,645,746	2.00
3.00	Total (sum of lines 1-2)	16,879,638	0	0	0	77,031,134	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8

Date/Time Prepared:
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Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00				3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-2,207,295	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)	A	-121,461	CAP REL COSTS-MVBLE EQUIP	2.00	9	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	0	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-17,685	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)	B	-62,499	OPERATION OF PLANT	7.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-20,000,555			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	9,948,117			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-2,120,649	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	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - NEW CAPITAL-BLDG INTEREST		0	NEW CAPITAL-BLDG INTEREST	1.01	0	26.01
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8

Date/Time Prepared:
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			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
31.00	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00		0		0.00	0	32.00
33.00		0		0.00	0	33.00
33.03	A	-121,461	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.03
35.03	A	-397,840	ADMINISTRATIVE & GENERAL	5.00	0	35.03
35.06	A	-164,325	ADMINISTRATIVE & GENERAL	5.00	0	35.06
35.07	A	-33,256	ADMINISTRATIVE & GENERAL	5.00	0	35.07
38.45	A	-135,362	ADMINISTRATIVE & GENERAL	5.00	0	38.45
38.74	A	-42,046	ADMINISTRATIVE & GENERAL	5.00	0	38.74
38.75	A	-33,864	NURSING ADMINISTRATION	13.00	0	38.75
38.76	A	-461,597	ADULTS & PEDIATRICS	30.00	0	38.76
39.00	A	-994	RECOVERY ROOM	51.00	0	39.00
39.01	A	-49,487	LOC OUTPATIENT CENTER	90.07	0	39.01
39.03	A	-7,782	LAGRANGE FAMILY PCC	90.10	0	39.03
39.07	A	-166	EMERGENCY	91.00	0	39.07
39.09	A	-381,737	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	39.09
39.23	B	-6,804	MAINTENANCE & REPAIRS	6.00	0	39.23
39.27	B	-5,048,797	ADMINISTRATIVE & GENERAL	5.00	0	39.27
39.28	B	-59,187	DIETARY	10.00	0	39.28
40.00	B	-7,863	NURSING ADMINISTRATION	13.00	0	40.00
42.00	B	-120,194	PHARMACY	15.00	0	42.00
44.00	B	-108,006	PARAMEDICAL ED-MICU	23.01	0	44.00
45.01	B	-33,800	NEONATAL INTENSIVE CARE UNIT	35.00	0	45.01
48.00	B	-20,013	RADIOLOGY-DIAGNOSTIC	54.00	0	48.00
49.01	B	-2,268,714	LABORATORY	60.00	0	49.01
49.02	B	-200	RESPIRATORY THERAPY	65.00	0	49.02
49.03	B	-2,300	SPEECH PATHOLOGY	68.00	0	49.03
49.05	B	-48,683	LOC OUTPATIENT CENTER	90.07	0	49.05
49.06	B	-3,164	OBT OUTPATIENT CENTER	90.08	0	49.06
49.08	B	-4,079	LAGRANGE FAMILY PCC	90.10	0	49.08
49.09	B	-38,894	DARIEN PCC	90.18	0	49.09
49.10	B	-3,906	FAMILY PRACTICE MAYWOOD PCC	90.21	0	49.10
49.11	A	-87,739	ADMINISTRATIVE & GENERAL	5.00	0	49.11
49.12	A	0	CLINICAL PASTORAL EDUCATION	23.03	0	49.12
49.18	B	-180	CT SCAN	57.00	0	49.18
49.19	B	-85	BURR RIDGE PCC	90.29	0	49.19
49.20	B	-675	ELMWOOD PARK	90.32	0	49.20
49.27	A	-34,630,420	ADMINISTRATIVE & GENERAL	5.00	0	49.27
50.00		-58,905,647				50.00
TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)						

(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 07/01/2020
To 06/30/2021

Worksheet A-8-1

Date/Time Prepared:
11/30/2021 11:23 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	4,299,545	0	1.00
2.00	1.01	NEW CAPITAL-BLDG INTEREST	INTERCOMPANY LOAN AND CAP EX	28,430,566	16,879,639	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	ADMIN OTHER OPERATING EXPENS	27,669,427	33,371,602	3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	TIS OPERATING EXPENSE	46,703,687	56,634,544	3.01
3.02	5.00	ADMINISTRATIVE & GENERAL	IC HO PAYROLL	0	13,621,454	3.02
3.03	5.00	ADMINISTRATIVE & GENERAL	MALPRACTICE INSURANCE	10,612,659	-10,289,072	3.03
3.04	5.00	ADMINISTRATIVE & GENERAL	WORKERS COMPENSATION	2,578,359	3,394,180	3.04
3.05	4.00	EMPLOYEE BENEFITS DEPARTMENT	DEFINED BENEFIT PENSION	3,863,276	0	3.05
3.06	4.00	EMPLOYEE BENEFITS DEPARTMENT	EMP HEALTH STOP LOSS PREMIUM	0	831,044	3.06
3.07	5.00	ADMINISTRATIVE & GENERAL	INTEGRATED RISK INSURANCE	547,070	0	3.07
3.08	1.00	CAP REL COSTS-BLDG & FIXT	TIS CAPITAL EXPENSE	51,575	0	3.08
3.09	5.00	ADMINISTRATIVE & GENERAL	PROPERTY INSURANCE	670,577	0	3.09
3.10	2.00	CAP REL COSTS-MVBLE EQUIP	REGIONAL CAPITAL	-13,647	0	3.10
3.11	4.00	EMPLOYEE BENEFITS DEPARTMENT	REGIONAL EMPLOYEE BENEFITS	5,930,477	0	3.11
3.12	5.00	ADMINISTRATIVE & GENERAL	REGIONAL DIRECT PASTORAL	1,565,590	0	3.12
3.13	5.00	ADMINISTRATIVE & GENERAL	REGIONAL SALARIES	35,202,581	79,018,765	3.13
3.14	5.00	ADMINISTRATIVE & GENERAL	REGIONAL ADMIN	22,438,614	0	3.14
3.15	7.00	OPERATION OF PLANT	REGIONAL OPERATION EXPENSE	48,790	0	3.15
3.16	23.03	CLINICAL PASTORAL EDUCATION	REGIONAL DIRECT CPE	3,097	0	3.16
3.17	192.01	FACULTY CLINICAL OPERATIONS	PB TOTAL REGIONAL ALLOCATION	12,808,030	0	3.17
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.			203,410,273	193,462,156	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.

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

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

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

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

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

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8-1

Date/Time Prepared:
11/30/2021 11:23 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	4,299,545	9		1.00
2.00	11,550,927	9		2.00
3.00	-5,702,175	9		3.00
3.01	-9,930,857	0		3.01
3.02	-13,621,454	0		3.02
3.03	20,901,731	0		3.03
3.04	-815,821	0		3.04
3.05	3,863,276	0		3.05
3.06	-831,044	0		3.06
3.07	547,070	0		3.07
3.08	51,575	9		3.08
3.09	670,577	0		3.09
3.10	-13,647	9		3.10
3.11	5,930,477	0		3.11
3.12	1,565,590	0		3.12
3.13	-43,816,184	0		3.13
3.14	22,438,614	0		3.14
3.15	48,790	0		3.15
3.16	3,097	0		3.16
3.17	12,808,030	0		3.17
4.00	0	0		4.00
5.00	9,948,117			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 07/01/2020
To 06/30/2021

Worksheet A-8-2

Date/Time Prepared:
11/30/2021 11:23 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	7,862,024	7,862,024	0	0	0	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	59.00	CARDIAC CATHETERIZATION	364,869	364,869	0	0	0	5.00
6.00	66.00	PHYSICAL THERAPY	532,500	532,500	0	0	0	6.00
7.00	68.00	SPEECH PATHOLOGY	-35,842	-35,842	0	0	0	7.00
8.00	90.07	LOC OUTPATIENT CENTER	221,717	221,717	0	0	0	8.00
9.00	90.10	LAGRANGE FAMILY PCC	7,782	7,782	0	0	0	9.00
10.00	90.12	NORTH RIVERSIDE PCC	201,321	201,321	0	0	0	10.00
11.00	90.14	WHEATON PCC	117,428	117,428	0	0	0	11.00
12.00	90.16	HICKORY HILLS PCC	172,667	172,667	0	0	0	12.00
13.00	90.20	ORLAND PARK - FP	114,155	114,155	0	0	0	13.00
14.00	90.22	HOMER GLEN PCC	28,195	28,195	0	0	0	14.00
18.00	91.00	EMERGENCY	8,647,654	8,647,654	0	0	0	18.00
19.00	63.00	BLOOD STORING, PROCESSING & TRANS.	50,000	50,000	0	0	0	19.00
20.00	90.15	OBT II PCC	234,374	234,374	0	0	0	20.00
21.00	90.21	FAMILY PRACTICE MAYWOOD PCC	4,831	4,831	0	0	0	21.00
22.00	105.00	KIDNEY ACQUISITION	679,503	0	679,503	246,400	3,911	22.00
23.00	106.00	HEART ACQUISITION	1,094,958	0	1,094,958	246,400	4,888	23.00
24.00	107.00	LIVER ACQUISITION	903,699	0	903,699	246,400	6,221	24.00
25.00	108.00	LUNG ACQUISITION	1,114,250	0	1,114,250	246,400	4,706	25.00
26.00	109.00	PANCREAS ACQUISITION	41,025	0	41,025	246,400	167	26.00
200.00			22,357,110	18,523,675	3,833,435		19,893	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8-2

Date/Time Prepared:
11/30/2021 11:23 am

	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	0.00		0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	5.00
6.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	6.00
7.00	68.00	SPEECH PATHOLOGY	0	0	0	0	0	7.00
8.00	90.07	LOC OUTPATIENT CENTER	0	0	0	0	0	8.00
9.00	90.10	LAGRANGE FAMILY PCC	0	0	0	0	0	9.00
10.00	90.12	NORTH RIVERSIDE PCC	0	0	0	0	0	10.00
11.00	90.14	WHEATON PCC	0	0	0	0	0	11.00
12.00	90.16	HICKORY HILLS PCC	0	0	0	0	0	12.00
13.00	90.20	ORLAND PARK - FP	0	0	0	0	0	13.00
14.00	90.22	HOMER GLEN PCC	0	0	0	0	0	14.00
18.00	91.00	EMERGENCY	0	0	0	0	0	18.00
19.00	63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	19.00
20.00	90.15	OBT II PCC	0	0	0	0	0	20.00
21.00	90.21	FAMILY PRACTICE MAYWOOD PCC	0	0	0	0	0	21.00
22.00	105.00	KIDNEY ACQUISITION	463,303	23,165	0	0	0	22.00
23.00	106.00	HEART ACQUISITION	579,040	28,952	0	0	0	23.00
24.00	107.00	LIVER ACQUISITION	736,949	36,847	0	0	0	24.00
25.00	108.00	LUNG ACQUISITION	557,480	27,874	0	0	0	25.00
26.00	109.00	PANCREAS ACQUISITION	19,783	989	0	0	0	26.00
200.00			2,356,555	117,827	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8-2

Date/Time Prepared:
11/30/2021 11:23 am

	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	7,862,024		1.00
2.00	0.00		0	0	0	0		2.00
3.00	0.00		0	0	0	0		3.00
4.00	0.00		0	0	0	0		4.00
5.00	59.00	CARDIAC CATHETERIZATION	0	0	0	364,869		5.00
6.00	66.00	PHYSICAL THERAPY	0	0	0	532,500		6.00
7.00	68.00	SPEECH PATHOLOGY	0	0	0	-35,842		7.00
8.00	90.07	LOC OUTPATIENT CENTER	0	0	0	221,717		8.00
9.00	90.10	LAGRANGE FAMILY PCC	0	0	0	7,782		9.00
10.00	90.12	NORTH RIVERSIDE PCC	0	0	0	201,321		10.00
11.00	90.14	WHEATON PCC	0	0	0	117,428		11.00
12.00	90.16	HICKORY HILLS PCC	0	0	0	172,667		12.00
13.00	90.20	ORLAND PARK - FP	0	0	0	114,155		13.00
14.00	90.22	HOMER GLEN PCC	0	0	0	28,195		14.00
18.00	91.00	EMERGENCY	0	0	0	8,647,654		18.00
19.00	63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	50,000		19.00
20.00	90.15	OBT II PCC	0	0	0	234,374		20.00
21.00	90.21	FAMILY PRACTICE MAYWOOD PCC	0	0	0	4,831		21.00
22.00	105.00	KIDNEY ACQUISITION	0	463,303	216,200	216,200		22.00
23.00	106.00	HEART ACQUISITION	0	579,040	515,918	515,918		23.00
24.00	107.00	LIVER ACQUISITION	0	736,949	166,750	166,750		24.00
25.00	108.00	LUNG ACQUISITION	0	557,480	556,770	556,770		25.00
26.00	109.00	PANCREAS ACQUISITION	0	19,783	21,242	21,242		26.00
200.00			0	2,356,555	1,476,880	20,000,555		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/30/2021 11:23 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	23,747,528	23,747,528			1.00
1.01	00101	NEW CAPITAL-BLDG INTEREST	30,637,860	0	30,637,860		1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	22,645,746		22,645,746		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	10,888,233	9,575	12,353	0	10,910,161
5.00	00500	ADMINISTRATIVE & GENERAL	214,573,553	1,762,645	2,274,076	19,233,485	669,389
6.00	00600	MAINTENANCE & REPAIRS	-6,804	0	0	0	0
7.00	00700	OPERATION OF PLANT	30,022,920	7,482,719	9,653,823	45,416	191,687
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,248	1,611	0	0
9.00	00900	HOUSEKEEPING	15,391,806	298,155	384,665	0	108,013
10.00	01000	DIETARY	771,895	263,881	340,446	4,681	35,589
11.00	01100	CAFETERIA	4,580,200	12,677	16,355	0	43,374
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
12.01	01201	PATIENT TRANSPORTATION	1,438,814	11,914	15,370	0	22,734
13.00	01300	NURSING ADMINISTRATION	3,440,807	41,934	54,101	263,067	55,448
14.00	01400	CENTRAL SERVICES & SUPPLY	1,674,487	181,286	233,886	2,341	23,726
15.00	01500	PHARMACY	12,546,650	180,304	232,619	24,991	193,165
16.00	01600	MEDICAL RECORDS & LIBRARY	0	254,185	327,937	0	0
17.00	01700	SOCIAL SERVICE	4,023,119	27,899	35,994	0	65,555
17.01	01701	HOSPITAL MEDICAL ADMIN	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	55,804,567	60,295	77,790	1,221	860,681
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	PARAMEDICAL ED-MICU	672,446	78,293	101,010	0	11,792
23.02	02302	PARAMEDICAL ED-SOCIAL WORK	0	0	0	0	0
23.03	02303	CLINICAL PASTORAL EDUCATION	119,775	3,321	4,284	0	2,275
23.04	02304	PHARMACY RESIDENCY PROGRAM	950,888	2,278	2,940	0	16,155
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	48,771,949	1,637,473	2,112,585	44,383	927,224
31.00	03100	INTENSIVE CARE UNIT	20,795,512	332,999	429,619	28,481	328,877
33.00	03300	BURN INTENSIVE CARE UNIT	4,627,352	131,789	170,028	6,141	71,119
35.00	02060	NEONATAL INTENSIVE CARE UNIT	5,524,081	131,535	169,699	9,267	88,152
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	2,452,754	39,765	51,302	2,425	40,032
35.03	02400	HEART TRANSPLANT ICU	3,109,348	94,873	122,400	1,819	49,221
35.04	02401	BONE INTENSIVE CARE	4,005,545	118,542	152,937	0	62,555
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
43.00	04300	NURSERY	1,008,438	0	0	0	15,465
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	25,447,538	748,425	965,580	534,340	257,428
50.01	05001	AMBULATORY SURGERY CENTER	5,191,666	283,188	365,354	58,277	59,525
51.00	05100	RECOVERY ROOM	3,625,707	147,229	189,948	9,741	57,208
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,172,430	78,438	101,197	12,034	49,427
53.00	05300	ANESTHESIOLOGY	1,171,846	8,932	11,524	60,534	10,695
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,359,040	493,318	636,454	322,932	80,673
54.01	03630	RADIOLOGY-ULTRASOUND	1,639,123	21,997	28,380	0	26,464
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	1,637,423	79,202	102,182	0	25,682
57.00	05700	CT SCAN	3,877,312	61,447	79,275	0	57,868
58.00	05800	MRI	1,728,041	109,731	141,570	66,579	26,470
59.00	05900	CARDIAC CATHETERIZATION	6,820,288	343,895	443,676	582,719	113,211
60.00	06000	LABORATORY	28,112,223	428,514	552,848	231,740	164,719
60.01	03420	LABORATORY - PATHOLOGICAL	0	0	0	0	0
60.02	03956	LABORATORY-NEUROSURGICAL	0	0	0	0	0
60.03	03957	LABORATORY-HLA	0	0	0	0	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,984,044	17,767	22,923	3,760	30,912
65.00	06500	RESPIRATORY THERAPY	8,079,399	60,829	78,478	108,196	124,689
66.00	06600	PHYSICAL THERAPY	2,396,107	848	1,095	0	49,851
67.00	06700	OCCUPATIONAL THERAPY	1,158,975	37,086	47,847	0	19,491
68.00	06800	SPEECH PATHOLOGY	485,593	8,969	11,571	2,398	7,662
69.00	06900	ELECTROCARDIOLOGY	2,989,050	88,183	113,769	133,939	44,914
70.00	07000	ELECTROENCEPHALOGRAPHY	1,621,149	55,932	72,161	71,258	19,613
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	54,052,062	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	41,438,795	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	113,293,859	0	0	0	0
74.00	07400	RENAL DIALYSIS	4,466,291	135,437	174,734	46,575	63,965
76.00	03560	PULMONARY LABS	551,085	27,912	36,010	25,752	7,961

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021Worksheet B
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Cost Center Description			CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	NEW CAPITAL-BLDG INTEREST	MVBLE EQUIP	
			0	1.00	1.01	2.00	4.00
76.01	03950	OCCUPATIONAL HEALTH	0	0	0	0	76.01
76.03	03951	HYPERALIMENTATION	0	0	0	0	76.03
76.04	03650	PERIPHERAL VASCULAR	852,550	15,513	20,014	49,718	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	4,497,327	151,059	194,889	24,525	76.07
76.09	03953	BONE MARROW PROCUREMENT	1,424,295	0	0	1,235	76.09
76.10	03954	BARIATRICS	590,259	0	0	0	76.10
76.11	03955	HEPATOLOGY	0	127,390	164,352	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	176,884	24,724	31,898	0	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	90.01
90.02	09002	CANCER CENTER	7,508,515	341,435	440,502	417	90.02
90.03	09003	PSYCH SOCIAL REHAB	280,595	68,234	88,032	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	27,988,003	1,606,096	2,072,103	144,226	90.07
90.08	09007	OBT OUTPATIENT CENTER	8,002,177	448,839	579,069	106,688	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	1,231,079	92,558	119,413	0	90.09
90.10	09009	LAGRANGE FAMILY PCC	1,239,461	142,891	184,350	48,165	90.10
90.12	09010	NORTH RIVERSIDE PCC	1,461,799	349,179	450,493	2,293	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	90.13
90.14	09012	WHEATON PCC	205,450	12,289	15,855	0	90.14
90.15	09013	OBT II PCC	1,648,818	79,675	102,792	0	90.15
90.16	09014	HICKORY HILLS PCC	2,982,546	212,482	274,133	9,561	90.16
90.18	09015	DARIEN PCC	1,652,181	68,803	88,766	890	90.18
90.20	09016	ORLAND PARK - FP	273,468	118,179	152,468	929	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	3,418,985	205,864	265,596	8,376	90.21
90.22	09018	HOMER GLEN PCC	6,118,853	137,994	178,033	18,400	90.22
90.23	09019	OAK PARK PCC	674,290	64,683	83,450	1,114	90.23
90.24	09020	PARK RIDGE PCC	851,394	53,557	69,096	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	1,747,333	0	0	114,191	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	1,973,607	0	0	0	90.28
90.29	09025	BURR RIDGE PCC	15,087,398	952,216	1,228,502	22,530	90.29
90.30	09026	RIVER FOREST	1,845,917	102,690	132,485	0	90.30
90.31	09027	NORRIDGE	226,462	34,759	44,844	0	90.31
90.32	09028	ELMWOOD PARK	753,402	64,937	83,779	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	8,906,600	191,878	247,552	15,370	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	3,372,327	109,028	140,663	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	429,723	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	501,546	11,768	15,183	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	8,745,599	45,727	58,995	2,100	105.00
106.00	10600	HEART ACQUISITION	2,320,729	3,939	5,082	0	106.00
107.00	10700	LIVER ACQUISITION	6,734,938	13,938	17,982	0	107.00
108.00	10800	LUNG ACQUISITION	4,502,380	7,005	9,038	0	108.00
109.00	10900	PANCREAS ACQUISITION	507,029	5,745	7,412	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)	982,252,434	22,261,938	28,721,227	22,509,220	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	14,168	18,279	0	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	2,668,481	0	0	0	190.02
190.03	19003	OP HOSPITAL PHARMACY	41,446,260	12,750	16,449	7,554	190.03
190.04	19004	HOSPITALIST	0	0	0	0	190.04

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	NEW CAPITAL-BLDG INTEREST	MVBLE EQUIP		
			0	1.00	1.01	2.00	4.00	
190.05	19005	STUDENT HEALTH	26,914	0	0	0	0	190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	0	2,509	3,237	0	0	190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	293,922,843	1,446,310	1,865,956	128,972	3,974,987	192.01
193.00	19300	NONPAID WORKERS	97,778	9,853	12,712	0	1,654	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)	1,320,414,710	23,747,528	30,637,860	22,645,746	10,910,161	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4A	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAPITAL-BLDG INTEREST						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	238,513,148	238,513,148				5.00
6.00	00600	MAINTENANCE & REPAIRS	-6,804	0	-6,804			6.00
7.00	00700	OPERATION OF PLANT	47,396,565	10,448,857	0	57,845,422		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,859	630	0	4,983	8,472	8.00
9.00	00900	HOUSEKEEPING	16,182,639	3,567,560	0	1,190,051	1	9.00
10.00	01000	DIETARY	1,416,492	312,274	0	1,053,249	0	10.00
11.00	01100	CAFETERIA	4,652,606	1,025,695	0	50,599	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01	01201	PATIENT TRANSPORTATION	1,488,832	328,222	0	47,552	0	12.01
13.00	01300	NURSING ADMINISTRATION	3,855,357	849,937	0	167,374	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,115,726	466,424	0	723,580	0	14.00
15.00	01500	PHARMACY	13,177,729	2,905,109	0	719,662	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	582,122	128,332	0	1,014,550	0	16.00
17.00	01700	SOCIAL SERVICE	4,152,567	915,458	0	111,357	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	56,804,554	12,522,905	0	240,661	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	55	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL ED-MICU	863,541	190,373	0	312,497	0	23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK	0	0	0	0	0	23.02
23.03	02303	CLINICAL PASTORAL EDUCATION	129,655	28,583	0	13,255	0	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	972,261	214,341	0	9,094	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	53,493,614	11,792,988	0	6,535,780	3,778	30.00
31.00	03100	INTENSIVE CARE UNIT	21,915,488	4,831,401	0	1,329,127	1,002	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	5,006,429	1,103,697	0	526,020	227	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	5,922,734	1,305,702	0	525,004	64	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	2,586,278	570,161	0	158,715	71	35.01
35.03	02400	HEART TRANSPLANT ICU	3,377,661	744,626	0	378,673	160	35.03
35.04	02401	BONE INTENSIVE CARE	4,339,579	956,686	0	473,147	436	35.04
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	1,023,903	225,726	0	0	12	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	27,953,311	6,162,475	0	2,987,246	322	50.00
50.01	05001	AMBULATORY SURGERY CENTER	5,958,010	1,313,479	0	1,130,309	0	50.01
51.00	05100	RECOVERY ROOM	4,029,833	888,401	0	587,649	231	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,413,526	752,532	0	313,077	401	52.00
53.00	05300	ANESTHESIOLOGY	1,263,531	278,553	0	35,652	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,892,417	1,519,475	0	1,969,020	172	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	1,715,964	378,295	0	87,799	51	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	1,844,489	406,629	0	316,125	93	56.00
57.00	05700	CT SCAN	4,075,902	898,557	0	245,257	25	57.00
58.00	05800	MRI	2,072,391	456,871	0	437,979	100	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,303,789	1,830,620	0	1,372,615	232	59.00
60.00	06000	LABORATORY	29,490,044	6,501,257	0	1,710,363	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.	9,059,406	1,997,200	0	70,916	86	63.00
65.00	06500	RESPIRATORY THERAPY	8,451,591	1,863,204	0	242,790	35	65.00
66.00	06600	PHYSICAL THERAPY	2,447,901	539,654	0	3,386	153	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,263,399	278,524	0	148,025	0	67.00
68.00	06800	SPEECH PATHOLOGY	516,193	113,798	0	35,797	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,369,855	742,905	0	351,970	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,840,113	405,664	0	223,247	18	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	54,052,062	11,916,101	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	41,438,795	9,135,431	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	113,293,859	24,976,311	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,887,002	1,077,369	0	540,581	0	74.00
76.00	03560	PULMONARY LABS	648,720	143,014	0	111,406	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	951,388	209,739	0	61,919	44	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	4,931,996	1,087,288	0	602,935	93	76.07

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4A	5.00	6.00	7.00	8.00	
76.09	03953	BONE MARROW PROCUREMENT	1,428,794	314,986	0	0	0	76.09
76.10	03954	BARIATRICS	596,788	131,565	0	0	0	76.10
76.11	03955	HEPATOLOGY	291,742	64,316	0	508,460	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	236,247	52,082	0	98,683	0	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	8,406,452	1,853,253	0	1,362,795	0	90.02
90.03	09003	PSYCH SOCIAL REHAB	441,452	97,321	0	272,346	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	32,194,992	7,097,579	0	6,410,537	0	90.07
90.08	09007	OBT OUTPATIENT CENTER	9,237,394	2,036,439	0	1,791,487	0	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	1,455,660	320,909	0	369,433	0	90.09
90.10	09009	LAGRANGE FAMILY PCC	1,627,441	358,779	0	570,331	0	90.10
90.12	09010	NORTH RIVERSIDE PCC	2,281,906	503,060	0	1,393,706	0	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	238,361	52,548	0	49,051	0	90.14
90.15	09013	OBT II PCC	1,852,589	408,414	0	318,011	0	90.15
90.16	09014	HICKORY HILLS PCC	3,517,937	775,550	0	848,095	0	90.16
90.18	09015	DARIEN PCC	1,823,992	402,110	0	274,620	0	90.18
90.20	09016	ORLAND PARK - FP	549,269	121,090	0	471,696	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	3,953,684	871,613	0	821,683	0	90.21
90.22	09018	HOMER GLEN PCC	6,509,289	1,435,012	0	550,788	0	90.22
90.23	09019	OAK PARK PCC	831,231	183,250	0	258,173	0	90.23
90.24	09020	PARK RIDGE PCC	981,809	216,446	0	213,765	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	1,879,347	414,313	0	0	0	90.25
90.26	09022	WOODRIDGE PCC	0	0	0	0	0	90.26
90.27	09023	NEUROLOGY - NILES	0	0	0	0	0	90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	1,998,568	440,596	0	0	0	90.28
90.29	09025	BURR RIDGE PCC	17,456,644	3,848,422	0	3,800,657	0	90.29
90.30	09026	RIVER FOREST	2,100,305	463,025	0	409,874	0	90.30
90.31	09027	NORRIDGE	310,716	68,499	0	138,737	0	90.31
90.32	09028	ELMWOOD PARK	910,971	200,829	0	259,188	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	9,655,136	2,128,533	0	765,859	610	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	3,675,896	810,373	0	435,173	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	429,723	94,735	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	536,940	118,372	0	46,971	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	8,896,756	1,961,343	0	182,516	0	105.00
106.00	10600	HEART ACQUISITION	2,368,855	522,228	0	15,722	0	106.00
107.00	10700	LIVER ACQUISITION	6,800,194	1,499,144	0	55,630	0	107.00
108.00	10800	LUNG ACQUISITION	4,560,195	1,005,322	0	27,960	0	108.00
109.00	10900	PANCREAS ACQUISITION	522,082	115,096	0	22,929	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)	974,690,379	162,296,185	0	51,915,869	8,472	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	32,447	7,153	0	56,549	0	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	0	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	2,684,863	591,894	0	0	0	190.02
190.03	19003	OP HOSPITAL PHARMACY	41,513,296	9,151,855	0	50,890	0	190.03
190.04	19004	HOSPITALIST	0	0	0	0	0	190.04
190.05	19005	STUDENT HEALTH	26,914	5,933	0	0	0	190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	5,746	1,267	0	10,013	0	190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	301,339,068	66,431,966	0	5,772,773	0	192.01
193.00	19300	NONPAID WORKERS	121,997	26,895	0	39,328	0	193.00
200.00		Cross Foot Adjustments	0	0		0		200.00
201.00		Negative Cost Centers	0	0	-6,804	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,320,414,710	238,513,148	-6,804	57,845,422	8,472	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/30/2021 11:23 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	20,940,251					9.00
10.00	01000	DIETARY	389,323	3,171,338				10.00
11.00	01100	CAFETERIA	18,704	2,510,271	8,257,875			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
12.01	01201	PATIENT TRANSPORTATION	17,577	0	59,394	0	1,941,577	12.01
13.00	01300	NURSING ADMINISTRATION	61,868	0	38,547	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	267,464	0	55,768	0	0	14.00
15.00	01500	PHARMACY	266,016	0	210,714	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	375,018	0	1,030	0	0	16.00
17.00	01700	SOCIAL SERVICE	41,162	0	75,902	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	88,958	0	1,086,512	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	115,511	0	14,797	0	0	23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK	0	0	0	0	0	23.02
23.03	02303	CLINICAL PASTORAL EDUCATION	4,899	0	1,614	0	0	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	3,362	0	29,386	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,415,883	404,791	1,075,141	0	618,972	30.00
31.00	03100	INTENSIVE CARE UNIT	491,299	135,058	363,269	0	117,293	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	194,438	8,060	84,342	0	3,974	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	194,063	0	90,920	0	2,253	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	58,668	7,433	38,183	0	7,112	35.01
35.03	02400	HEART TRANSPLANT ICU	139,973	12,872	52,046	0	0	35.03
35.04	02401	BONE INTENSIVE CARE	174,894	17,771	78,489	0	7,309	35.04
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	18,458	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,104,206	0	314,228	0	0	50.00
50.01	05001	AMBULATORY SURGERY CENTER	417,808	0	76,926	0	0	50.01
51.00	05100	RECOVERY ROOM	217,218	0	63,459	0	285	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	115,726	0	50,930	0	1,535	52.00
53.00	05300	ANESTHESIOLOGY	13,178	0	22,553	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	727,829	0	83,507	0	338,225	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	32,454	0	27,600	0	21,365	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	116,852	0	26,415	0	9,532	56.00
57.00	05700	CT SCAN	90,657	0	66,555	0	192,957	57.00
58.00	05800	MRI	161,895	0	26,265	0	63,958	58.00
59.00	05900	CARDIAC CATHETERIZATION	507,374	0	98,295	0	14,204	59.00
60.00	06000	LABORATORY	632,219	0	235,978	0	33,297	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.	26,214	0	36,720	0	1,987	63.00
65.00	06500	RESPIRATORY THERAPY	89,745	0	145,684	0	26,687	65.00
66.00	06600	PHYSICAL THERAPY	1,252	0	45,333	0	33,986	66.00
67.00	06700	OCCUPATIONAL THERAPY	54,716	0	22,899	0	35,294	67.00
68.00	06800	SPEECH PATHOLOGY	13,232	0	7,788	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	130,102	0	63,649	0	56,354	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	82,521	0	26,344	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	199,820	0	90,302	0	79,884	74.00
76.00	03560	PULMONARY LABS	41,180	0	8,796	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	22,888	0	13,136	0	60,791	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	222,869	0	84,345	0	60,722	76.07

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
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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	3,216	0	0	76.09
76.10	03954	BARIATRICS	0	0	9,543	0	0	76.10
76.11	03955	HEPATOLOGY	187,947	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	36,477	0	4,482	0	256	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	503,744	596	146,855	0	23,195	90.02
90.03	09003	PSYCH SOCIAL REHAB	100,670	0	7,562	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	2,369,591	3,761	528,543	0	226	90.07
90.08	09007	OBT OUTPATIENT CENTER	662,205	0	126,641	0	0	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	136,557	0	19,648	0	0	90.09
90.10	09009	LAGRANGE FAMILY PCC	210,817	0	23,103	0	0	90.10
90.12	09010	NORTH RIVERSIDE PCC	515,170	0	30,529	0	0	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	18,131	0	8,633	0	0	90.14
90.15	09013	OBT II PCC	117,550	0	36,185	0	0	90.15
90.16	09014	HICKORY HILLS PCC	313,490	0	56,377	0	0	90.16
90.18	09015	DARIEN PCC	101,510	0	21,276	0	0	90.18
90.20	09016	ORLAND PARK - FP	174,358	0	10,307	0	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	303,727	0	64,760	0	0	90.21
90.22	09018	HOMER GLEN PCC	203,593	0	77,226	0	0	90.22
90.23	09019	OAK PARK PCC	95,431	0	12,218	0	0	90.23
90.24	09020	PARK RIDGE PCC	79,016	0	10,173	0	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	0	0	42,126	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	32,786	0	0	90.28
90.29	09025	BURR RIDGE PCC	1,404,875	0	233,392	0	0	90.29
90.30	09026	RIVER FOREST	151,506	0	32,788	0	0	90.30
90.31	09027	NORRIDGE	51,283	0	7,675	0	0	90.31
90.32	09028	ELMWOOD PARK	95,806	0	15,712	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	283,092	3,113	219,906	0	123,087	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	160,858	0	68,656	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	17,362	0	8,786	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	67,465	0	42,690	0	0	105.00
106.00	10600	HEART ACQUISITION	5,811	0	37,676	0	0	106.00
107.00	10700	LIVER ACQUISITION	20,563	0	26,077	0	0	107.00
108.00	10800	LUNG ACQUISITION	10,335	0	40,708	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	8,476	0	309	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)	18,748,451	3,103,726	7,018,783	0	1,934,740	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	20,903	67,612	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	17,007	0	0	190.02
190.03	19003	OP HOSPITAL PHARMACY	18,811	0	35,708	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	3,701	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	2,133,848	0	1,184,514	0	6,837	192.01
193.00	19300	NONPAID WORKERS	14,537	0	1,863	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)	20,940,251	3,171,338	8,257,875	0	1,941,577	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021Worksheet B
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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	4,973,083					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,628,962				14.00
15.00	01500	PHARMACY	26,935	14,137	17,320,302			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	2,101,052		16.00
17.00	01700	SOCIAL SERVICE	0	79	0	0	5,296,525	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	5,818	453	666	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	2,972	161	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	446	0	0	0	0	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	11	12	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,528,444	19,255	0	345,498	3,081,960	30.00
31.00	03100	INTENSIVE CARE UNIT	561,570	13,196	0	153,157	1,138,579	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	131,968	2,189	0	37,408	45,765	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	131,552	1,107	0	20,026	486,913	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	59,186	919	0	13,876	67,765	35.01
35.03	02400	HEART TRANSPLANT ICU	78,937	1,976	0	19,551	135,447	35.03
35.04	02401	BONE INTENSIVE CARE	118,090	2,887	0	41,135	149,813	35.04
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	26,272	764	0	4,855	190,283	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	291,496	110,608	0	97,745	0	50.00
50.01	05001	AMBULATORY SURGERY CENTER	87,142	15,579	0	164	0	50.01
51.00	05100	RECOVERY ROOM	97,008	2,420	0	35,778	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	71,097	1,767	0	11,888	0	52.00
53.00	05300	ANESTHESIOLOGY	0	5,681	0	92,521	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	48,057	4,664	704	43,356	0	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0	375	196	8,140	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	85	602	398	3,348	0	56.00
57.00	05700	CT SCAN	0	3,341	932	58,924	0	57.00
58.00	05800	MRI	0	1,068	0	15,992	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	107,189	12,525	0	38,203	0	59.00
60.00	06000	LABORATORY	0	167,697	0	210,027	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.	8,556	86,455	0	31,052	0	63.00
65.00	06500	RESPIRATORY THERAPY	279	4,464	0	63,456	0	65.00
66.00	06600	PHYSICAL THERAPY	19	18	0	16,068	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1	0	9,525	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	8	0	3,896	0	68.00
69.00	06900	ELECTROCARDIOLOGY	18,418	537	0	25,246	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	139	2,652	0	10,630	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	651,165	0	34,593	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	499,213	0	59,855	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,364,854	14,666,986	130,834	0	73.00
74.00	07400	RENAL DIALYSIS	48,597	1,994	0	10,717	0	74.00
76.00	03560	PULMONARY LABS	6,045	571	0	1,551	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	82	0	8,302	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 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/30/2021 11:23 am

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
76.07	03340	GASTROINTESTINAL SERVICE	80,612	7,902	0	13,622	0	76.07
76.09	03953	BONE MARROW PROCUREMENT	19	14,800	0	1,317	0	76.09
76.10	03954	BARIATRICS	1,622	100	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	4,335	117	0	5	0	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	110,873	5,609	475	234	0	90.02
90.03	09003	PSYCH SOCIAL REHAB	3,828	19	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	239,492	58,898	129	3,300	0	90.07
90.08	09007	OB OUTPATIENT CENTER	56,729	1,848	1,044	19	0	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	12,365	565	2	4	0	90.09
90.10	09009	LAGRANGE FAMILY PCC	15,291	777	0	2	0	90.10
90.12	09010	NORTH RIVERSIDE PCC	12,091	586	0	4	0	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	3,541	7	0	0	0	90.14
90.15	09013	OB II PCC	10,812	331	0	5	0	90.15
90.16	09014	HICKORY HILLS PCC	13,140	648	0	3	0	90.16
90.18	09015	DARIEN PCC	11,126	391	0	2	0	90.18
90.20	09016	ORLAND PARK - FP	4,385	65	0	0	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	10,713	194	0	7	0	90.21
90.22	09018	HOMER GLEN PCC	39,778	2,365	0	7	0	90.22
90.23	09019	OAK PARK PCC	5,310	301	2	3	0	90.23
90.24	09020	PARK RIDGE PCC	6,438	287	0	5	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	9,632	225	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	10,806	1,462	0	17	0	90.28
90.29	09025	BURR RIDGE PCC	79,574	10,698	11	188	0	90.29
90.30	09026	RIVER FOREST	14,871	938	0	15	0	90.30
90.31	09027	NORRIDGE	3,243	37	0	0	0	90.31
90.32	09028	ELMWOOD PARK	8,371	847	0	1	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	188,724	5,394	0	53,485	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	105,017	861	0	10,705	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	11,571	9	0	340	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	274	29,041	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	3,070	0	106.00
107.00	10700	LIVER ACQUISITION	1,284	0	0	16,770	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	10,274	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	1,209	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)	4,531,921	3,111,757	14,671,819	1,800,969	5,296,525	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	3,375	16,749	0	0	0	190.02
190.03	19003	OP HOSPITAL PHARMACY	0	475,840	2,608,899	0	0	190.03
190.04	19004	HOSPITALIST	0	0	0	0	0	190.04
190.05	19005	STUDENT HEALTH	0	285	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	437,787	24,331	39,584	300,083	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,973,083	3,628,962	17,320,302	2,101,052	5,296,525	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021Worksheet B
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11/30/2021 11:23 am

Cost Center Description			HOSPITAL MEDICAL ADMIN	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	
						APPRV	APPRV	
			17.01	19.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAPITAL-BLDG INTEREST						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
12.01	01201	PATIENT TRANSPORTATION						12.01
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
17.01	01701	HOSPITAL MEDICAL ADMIN	0					17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00	02000	NURSING SCHOOL	0		0			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0			70,750,527		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0				55	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	16,522,424	14	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	4,169,188	3	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	1,523,484	1	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	434,336	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	720,954	1	35.01
35.03	02400	HEART TRANSPLANT ICU	0	0	0	703,316	1	35.03
35.04	02401	BONE INTENSIVE CARE	0	0	0	703,316	1	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	8,860,903	7	50.00
50.01	05001	AMBULATORY SURGERY CENTER	0	0	0	1,746,164	1	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	725,364	1	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	7,086,076	6	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	1,918,135	1	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0	0	0	639,378	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	1,373,561	1	56.00
57.00	05700	CT SCAN	0	0	0	639,378	0	57.00
58.00	05800	MRI	0	0	0	1,034,029	1	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	3,055,788	2	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	515,912	0	74.00
76.00	03560	PULMONARY LABS	0	0	0	0	0	76.00
76.01	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.01
76.03	03951	HYPERALIMENTATION	0	0	0	0	0	76.03

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			HOSPITAL MEDICAL ADMIN		NONPHYSICIAN ANESTHETISTS		NURSING SCHOOL		INTERNS & RESIDENTS		
									SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
			17.01		19.00		20.00		21.00	22.00	
76.04	03650	PERIPHERAL VASCULAR	0	0	0	0	0	0	0	0	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0	0	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	0	0	0	0	0	0	0	0	76.07
76.09	03953	BONE MARROW PROCUREMENT	0	0	0	0	0	0	0	0	76.09
76.10	03954	BARIATRICS	0	0	0	0	0	0	0	0	76.10
76.11	03955	HEPATOLOGY	0	0	0	0	0	0	0	0	76.11
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS											
90.00	09000	CLINIC	0	0	0	0	0	0	0	0	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	0	0	0	0	0	0	1,025,210	1	90.02
90.03	09003	PSYCH SOCIAL REHAB	0	0	0	0	0	0	0	0	90.03
90.04	09004	WELLNESS ASSESSMENT	0	0	0	0	0	0	0	0	90.04
90.06	09005	HEART FAILURE CLINIC	0	0	0	0	0	0	0	0	90.06
90.07	09006	LOC OUTPATIENT CENTER	0	0	0	0	0	0	11,786,610	9	90.07
90.08	09007	OBT OUTPATIENT CENTER	0	0	0	0	0	0	1,371,356	1	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	0	0	0	0	0	0	0	0	90.09
90.10	09009	LAGRANGE FAMILY PCC	0	0	0	0	0	0	0	0	90.10
90.12	09010	NORTH RIVERSIDE PCC	0	0	0	0	0	0	0	0	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	0	0	0	0	0	0	0	0	90.14
90.15	09013	OBT II PCC	0	0	0	0	0	0	251,342	0	90.15
90.16	09014	HICKORY HILLS PCC	0	0	0	0	0	0	0	0	90.16
90.18	09015	DARIEN PCC	0	0	0	0	0	0	0	0	90.18
90.20	09016	ORLAND PARK - FP	0	0	0	0	0	0	0	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0	0	0	0	0	0	0	0	90.21
90.22	09018	HOMER GLEN PCC	0	0	0	0	0	0	0	0	90.22
90.23	09019	OAK PARK PCC	0	0	0	0	0	0	0	0	90.23
90.24	09020	PARK RIDGE PCC	0	0	0	0	0	0	0	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	0	0	0	0	0	0	0	0	90.25
90.26	09022	WOODRIDGE PCC	0	0	0	0	0	0	0	0	90.26
90.27	09023	NEUROLOGY - NILES	0	0	0	0	0	0	0	0	90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	0	0	0	0	0	0	0	0	90.28
90.29	09025	BURR RIDGE PCC	0	0	0	0	0	0	0	0	90.29
90.30	09026	RIVER FOREST	0	0	0	0	0	0	0	0	90.30
90.31	09027	NORRIDGE	0	0	0	0	0	0	0	0	90.31
90.32	09028	ELMWOOD PARK	0	0	0	0	0	0	0	0	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	0	0	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	0	0	0	0	0	0	0	0	90.34
91.00	09100	EMERGENCY	0	0	0	0	0	0	3,944,303	3	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS											
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	0	0	0	99.20
99.30	09931	OOT	0	0	0	0	0	0	0	0	99.30
99.40	09941	OSP	0	0	0	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS											
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	0	70,750,527	55	118.00
NONREIMBURSABLE COST CENTERS											
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	0	0	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	0	0	0	0	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	0	0	0	0	0	0	0	0	190.02
190.03	19003	OP HOSPITAL PHARMACY	0	0	0	0	0	0	0	0	190.03
190.04	19004	HOSPITALIST	0	0	0	0	0	0	0	0	190.04
190.05	19005	STUDENT HEALTH	0	0	0	0	0	0	0	0	190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	0	0	0	0	0	0	0	0	190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	0	0	0	0	0	0	0	0	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

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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	70,750,527	55	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
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Cost Center Description			PARAMED ED PRGM	PARAMEDICAL ED-MICU	PARAMEDICAL ED-SOCIAL WORK	CLINICAL PASTORAL EDUCATION	PHARMACY RESIDENCY PROGRAM	
			23.00	23.01	23.02	23.03	23.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAPITAL-BLDG INTEREST						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
12.01	01201	PATIENT TRANSPORTATION						12.01
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
17.01	01701	HOSPITAL MEDICAL ADMIN						17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0					23.00
23.01	02301	PARAMEDICAL ED-MICU		1,499,852				23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK			0			23.02
23.03	02303	CLINICAL PASTORAL EDUCATION				178,452		23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM					1,228,467	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	145,159	86,071	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	133,019	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	17,605	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	58,685	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	3,995	78,246	35.01
35.03	02400	HEART TRANSPLANT ICU	0	0	0	0	23,474	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	0	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	334,503	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03560	PULMONARY LABS	0	0	0	0	0	76.00
76.01	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.01
76.03	03951	HYPERALIMENTATION	0	0	0	0	0	76.03
76.04	03650	PERIPHERAL VASCULAR	0	0	0	0	0	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0	0	76.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
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Cost Center Description			PARAMED ED PRGM	PARAMEDICAL ED-MICU	PARAMEDICAL ED-SOCIAL WORK	CLINICAL PASTORAL EDUCATION	PHARMACY RESIDENCY PROGRAM	
			23.00	23.01	23.02	23.03	23.04	
76.07	03340	GASTROINTESTINAL SERVICE	0	0	0	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	25,430	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	123,238	90.07
90.08	09007	OBST OUTPATIENT CENTER	0	0	0	0	64,553	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	1,499,852	0	0	127,150	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	95,852	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	29,298	60,641	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	1,499,852	0	178,452	1,228,467	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	1,499,852	0	178,452	1,228,467	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021Worksheet 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	98,069,772	-16,522,438	81,547,334	30.00
31.00	03100	INTENSIVE CARE UNIT	35,352,649	-4,169,191	31,183,458	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	8,685,607	-1,523,485	7,162,122	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	9,173,359	-434,336	8,739,023	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	4,371,563	-720,955	3,650,608	35.01
35.03	02400	HEART TRANSPLANT ICU	5,668,713	-703,317	4,965,396	35.03
35.04	02401	BONE INTENSIVE CARE	7,063,553	-703,317	6,360,236	35.04
41.00	04100	SUBPROVIDER - IRF	0	0	0	41.00
43.00	04300	NURSERY	1,490,273	0	1,490,273	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	47,882,547	-8,860,910	39,021,637	50.00
50.01	05001	AMBULATORY SURGERY CENTER	10,745,582	-1,746,165	8,999,417	50.01
51.00	05100	RECOVERY ROOM	5,922,282	0	5,922,282	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,457,844	-725,365	4,732,479	52.00
53.00	05300	ANESTHESIOLOGY	8,797,751	-7,086,082	1,711,669	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,545,562	-1,918,136	11,627,426	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	2,911,617	-639,378	2,272,239	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600	RADIOISOTOPE	4,098,130	-1,373,562	2,724,568	56.00
57.00	05700	CT SCAN	6,272,485	-639,378	5,633,107	57.00
58.00	05800	MRI	4,270,549	-1,034,030	3,236,519	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,285,046	0	12,285,046	59.00
60.00	06000	LABORATORY	42,036,672	-3,055,790	38,980,882	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.	11,318,592	0	11,318,592	63.00
65.00	06500	RESPIRATORY THERAPY	10,887,935	0	10,887,935	65.00
66.00	06600	PHYSICAL THERAPY	3,087,770	0	3,087,770	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,812,383	0	1,812,383	67.00
68.00	06800	SPEECH PATHOLOGY	690,712	0	690,712	68.00
69.00	06900	ELECTROCARDIOLOGY	4,759,036	0	4,759,036	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,591,328	0	2,591,328	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	66,653,921	0	66,653,921	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	51,133,294	0	51,133,294	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	154,767,347	0	154,767,347	73.00
74.00	07400	RENAL DIALYSIS	7,452,178	-824,682	6,627,496	74.00
76.00	03560	PULMONARY LABS	961,283	0	961,283	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 07/01/2020
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Part I
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11/30/2021 11:23 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
76.04	03650	PERIPHERAL VASCULAR	1,328,289	0	1,328,289	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	7,092,384	0	7,092,384	76.07
76.09	03953	BONE MARROW PROCUREMENT	1,763,132	0	1,763,132	76.09
76.10	03954	BARIATRICS	739,618	0	739,618	76.10
76.11	03955	HEPATOLOGY	1,077,895	0	1,077,895	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	432,684	0	432,684	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	90.01
90.02	09002	CANCER CENTER	13,439,292	-1,025,211	12,414,081	90.02
90.03	09003	PSYCH SOCIAL REHAB	923,198	0	923,198	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	60,816,905	-11,786,619	49,030,286	90.07
90.08	09007	OBT OUTPATIENT CENTER	15,349,716	-1,371,357	13,978,359	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	2,315,143	0	2,315,143	90.09
90.10	09009	LAGRANGE FAMILY PCC	2,806,541	0	2,806,541	90.10
90.12	09010	NORTH RIVERSIDE PCC	4,737,052	0	4,737,052	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	90.13
90.14	09012	WHEATON PCC	370,272	0	370,272	90.14
90.15	09013	OBT II PCC	2,995,239	-251,342	2,743,897	90.15
90.16	09014	HICKORY HILLS PCC	5,525,240	0	5,525,240	90.16
90.18	09015	DARIEN PCC	2,635,027	0	2,635,027	90.18
90.20	09016	ORLAND PARK - FP	1,331,170	0	1,331,170	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	6,026,381	0	6,026,381	90.21
90.22	09018	HOMER GLEN PCC	8,818,058	0	8,818,058	90.22
90.23	09019	OAK PARK PCC	1,385,917	0	1,385,917	90.23
90.24	09020	PARK RIDGE PCC	1,507,939	0	1,507,939	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	2,345,643	0	2,345,643	90.25
90.26	09022	WOODRIDGE PCC	0	0	0	90.26
90.27	09023	NEUROLOGY - NILES	0	0	0	90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	2,484,235	0	2,484,235	90.28
90.29	09025	BURR RIDGE PCC	26,834,461	0	26,834,461	90.29
90.30	09026	RIVER FOREST	3,173,322	0	3,173,322	90.30
90.31	09027	NORRIDGE	580,190	0	580,190	90.31
90.32	09028	ELMWOOD PARK	1,491,725	0	1,491,725	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	0	0	0	90.34
91.00	09100	EMERGENCY	18,998,247	-3,944,306	15,053,941	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	5,267,539	0	5,267,539	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	524,458	0	524,458	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	740,351	0	740,351	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	11,180,085	0	11,180,085	105.00
106.00	10600	HEART ACQUISITION	3,049,214	0	3,049,214	106.00
107.00	10700	LIVER ACQUISITION	8,419,662	0	8,419,662	107.00
108.00	10800	LUNG ACQUISITION	5,744,733	0	5,744,733	108.00
109.00	10900	PANCREAS ACQUISITION	670,101	0	670,101	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)	885,138,393	-71,059,352	814,079,041	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	184,664	0	184,664	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	3,313,888	0	3,313,888	190.02
190.03	19003	OP HOSPITAL PHARMACY	53,855,299	0	53,855,299	190.03
190.04	19004	HOSPITALIST	0	0	0	190.04
190.05	19005	STUDENT HEALTH	33,132	0	33,132	190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	20,727	0	20,727	190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	377,670,791	0	377,670,791	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/30/2021 11:23 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
193.00	19300	NONPAID WORKERS	204,620	0	204,620		193.00
200.00		Cross Foot Adjustments	0	0	0		200.00
201.00		Negative Cost Centers	-6,804	0	-6,804		201.00
202.00		TOTAL (sum lines 118 through 201)	1,320,414,710	-71,059,352	1,249,355,358		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/30/2021 11:23 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	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAPITAL-BLDG INTEREST					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	9,575	12,353	0	21,928
5.00	00500	ADMINISTRATIVE & GENERAL	0	1,762,645	2,274,076	19,233,485	23,270,206
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	00700	OPERATION OF PLANT	0	7,482,719	9,653,823	45,416	17,181,958
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,248	1,611	0	2,859
9.00	00900	HOUSEKEEPING	0	298,155	384,665	0	682,820
10.00	01000	DIETARY	0	263,881	340,446	4,681	609,008
11.00	01100	CAFETERIA	0	12,677	16,355	0	29,032
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
12.01	01201	PATIENT TRANSPORTATION	0	11,914	15,370	0	27,284
13.00	01300	NURSING ADMINISTRATION	0	41,934	54,101	263,067	359,102
14.00	01400	CENTRAL SERVICES & SUPPLY	0	181,286	233,886	2,341	417,513
15.00	01500	PHARMACY	0	180,304	232,619	24,991	437,914
16.00	01600	MEDICAL RECORDS & LIBRARY	0	254,185	327,937	0	582,122
17.00	01700	SOCIAL SERVICE	0	27,899	35,994	0	63,893
17.01	01701	HOSPITAL MEDICAL ADMIN	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	60,295	77,790	1,221	139,306
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	PARAMEDICAL ED-MICU	0	78,293	101,010	0	179,303
23.02	02302	PARAMEDICAL ED-SOCIAL WORK	0	0	0	0	0
23.03	02303	CLINICAL PASTORAL EDUCATION	0	3,321	4,284	0	7,605
23.04	02304	PHARMACY RESIDENCY PROGRAM	0	2,278	2,940	0	5,218
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	1,637,473	2,112,585	44,383	3,794,441
31.00	03100	INTENSIVE CARE UNIT	0	332,999	429,619	28,481	791,099
33.00	03300	BURN INTENSIVE CARE UNIT	0	131,789	170,028	6,141	307,958
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	131,535	169,699	9,267	310,501
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	39,765	51,302	2,425	93,492
35.03	02400	HEART TRANSPLANT ICU	0	94,873	122,400	1,819	219,092
35.04	02401	BONE INTENSIVE CARE	0	118,542	152,937	0	271,479
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	748,425	965,580	534,340	2,248,345
50.01	05001	AMBULATORY SURGERY CENTER	0	283,188	365,354	58,277	706,819
51.00	05100	RECOVERY ROOM	0	147,229	189,948	9,741	346,918
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	78,438	101,197	12,034	191,669
53.00	05300	ANESTHESIOLOGY	0	8,932	11,524	60,534	80,990
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	493,318	636,454	322,932	1,452,704
54.01	03630	RADIOLOGY-ULTRASOUND	0	21,997	28,380	0	50,377
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	79,202	102,182	0	181,384
57.00	05700	CT SCAN	0	61,447	79,275	0	140,722
58.00	05800	MRI	0	109,731	141,570	66,579	317,880
59.00	05900	CARDIAC CATHETERIZATION	0	343,895	443,676	582,719	1,370,290
60.00	06000	LABORATORY	0	428,514	552,848	231,740	1,213,102
60.01	03420	LABORATORY - PATHOLOGICAL	0	0	0	0	0
60.02	03956	LABORATORY-NEUROSURGICAL	0	0	0	0	0
60.03	03957	LABORATORY-HLA	0	0	0	0	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	17,767	22,923	3,760	44,450
65.00	06500	RESPIRATORY THERAPY	0	60,829	78,478	108,196	247,503
66.00	06600	PHYSICAL THERAPY	0	848	1,095	0	1,943
67.00	06700	OCCUPATIONAL THERAPY	0	37,086	47,847	0	84,933
68.00	06800	SPEECH PATHOLOGY	0	8,969	11,571	2,398	22,938
69.00	06900	ELECTROCARDIOLOGY	0	88,183	113,769	133,939	335,891
70.00	07000	ELECTROENCEPHALOGRAPHY	0	55,932	72,161	71,258	199,351
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	135,437	174,734	46,575	356,746
76.00	03560	PULMONARY LABS	0	27,912	36,010	25,752	89,674
76.01	03950	OCCUPATIONAL HEALTH	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/30/2021 11:23 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	
76.03	03951	HYPERALIMENTATION	0	0	0	0	0	76.03
76.04	03650	PERIPHERAL VASCULAR	0	15,513	20,014	49,718	85,245	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	0	151,059	194,889	24,525	370,473	76.07
76.09	03953	BONE MARROW PROCUREMENT	0	0	0	1,235	1,235	76.09
76.10	03954	BARIATRICS	0	0	0	0	0	76.10
76.11	03955	HEPATOLOGY	0	127,390	164,352	0	291,742	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	24,724	31,898	0	56,622	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	0	341,435	440,502	417	782,354	90.02
90.03	09003	PSYCH SOCIAL REHAB	0	68,234	88,032	0	156,266	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	1,606,096	2,072,103	144,226	3,822,425	90.07
90.08	09007	OBT OUTPATIENT CENTER	0	448,839	579,069	106,688	1,134,596	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	0	92,558	119,413	0	211,971	90.09
90.10	09009	LAGRANGE FAMILY PCC	0	142,891	184,350	48,165	375,406	90.10
90.12	09010	NORTH RIVERSIDE PCC	0	349,179	450,493	2,293	801,965	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	0	12,289	15,855	0	28,144	90.14
90.15	09013	OBT II PCC	0	79,675	102,792	0	182,467	90.15
90.16	09014	HICKORY HILLS PCC	0	212,482	274,133	9,561	496,176	90.16
90.18	09015	DARIEN PCC	0	68,803	88,766	890	158,459	90.18
90.20	09016	ORLAND PARK - FP	0	118,179	152,468	929	271,576	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0	205,864	265,596	8,376	479,836	90.21
90.22	09018	HOMER GLEN PCC	0	137,994	178,033	18,400	334,427	90.22
90.23	09019	OAK PARK PCC	0	64,683	83,450	1,114	149,247	90.23
90.24	09020	PARK RIDGE PCC	0	53,557	69,096	0	122,653	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	0	0	0	114,191	114,191	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	952,216	1,228,502	22,530	2,203,248	90.29
90.30	09026	RIVER FOREST	0	102,690	132,485	0	235,175	90.30
90.31	09027	NORRIDGE	0	34,759	44,844	0	79,603	90.31
90.32	09028	ELMWOOD PARK	0	64,937	83,779	0	148,716	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	191,878	247,552	15,370	454,800	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	109,028	140,663	0	249,691	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	11,768	15,183	0	26,951	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	45,727	58,995	2,100	106,822	105.00
106.00	10600	HEART ACQUISITION	0	3,939	5,082	0	9,021	106.00
107.00	10700	LIVER ACQUISITION	0	13,938	17,982	0	31,920	107.00
108.00	10800	LUNG ACQUISITION	0	7,005	9,038	0	16,043	108.00
109.00	10900	PANCREAS ACQUISITION	0	5,745	7,412	0	13,157	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	22,261,938	28,721,227	22,509,220	73,492,385	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	14,168	18,279	0	32,447	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	12,750	16,449	7,554	36,753	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	2,509	3,237	0	5,746	190.06

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
				BLDG & FIXT	NEW CAPITAL-BLDG INTEREST	MVBLE EQUIP		
			0	1.00	1.01	2.00	2A	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	0	1,446,310	1,865,956	128,972	3,441,238	192.01
193.00	19300	NONPAID WORKERS	0	9,853	12,712	0	22,565	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	23,747,528	30,637,860	22,645,746	77,031,134	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021Worksheet B
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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	21,928					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,339	23,271,545				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0			6.00
7.00	00700	OPERATION OF PLANT	383	1,019,500	0	18,201,841		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	61	0	1,568	4,488	8.00
9.00	00900	HOUSEKEEPING	216	348,089	0	374,466	1	9.00
10.00	01000	DIETARY	71	30,469	0	331,419	0	10.00
11.00	01100	CAFETERIA	87	100,078	0	15,922	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01	01201	PATIENT TRANSPORTATION	45	32,025	0	14,963	0	12.01
13.00	01300	NURSING ADMINISTRATION	111	82,929	0	52,667	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	47	45,509	0	227,684	0	14.00
15.00	01500	PHARMACY	386	283,453	0	226,451	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	12,521	0	319,242	0	16.00
17.00	01700	SOCIAL SERVICE	131	89,322	0	35,040	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	1,722	1,221,866	0	75,727	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	29	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL ED-MICU	24	18,575	0	98,331	0	23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK	0	0	0	0	0	23.02
23.03	02303	CLINICAL PASTORAL EDUCATION	5	2,789	0	4,171	0	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	32	20,913	0	2,862	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,855	1,150,648	0	2,056,569	2,001	30.00
31.00	03100	INTENSIVE CARE UNIT	658	471,402	0	418,228	531	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	142	107,688	0	165,519	120	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	176	127,398	0	165,200	34	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	80	55,631	0	49,942	38	35.01
35.03	02400	HEART TRANSPLANT ICU	98	72,653	0	119,154	85	35.03
35.04	02401	BONE INTENSIVE CARE	125	93,344	0	148,882	231	35.04
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	31	22,024	0	0	6	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	515	601,276	0	939,977	170	50.00
50.01	05001	AMBULATORY SURGERY CENTER	119	128,157	0	355,667	0	50.01
51.00	05100	RECOVERY ROOM	114	86,682	0	184,912	122	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	99	73,425	0	98,514	213	52.00
53.00	05300	ANESTHESIOLOGY	21	27,179	0	11,218	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	161	148,256	0	619,579	91	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	53	36,910	0	27,627	27	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	51	39,675	0	99,473	49	56.00
57.00	05700	CT SCAN	116	87,673	0	77,173	13	57.00
58.00	05800	MRI	53	44,577	0	137,816	53	58.00
59.00	05900	CARDIAC CATHETERIZATION	226	178,615	0	431,912	123	59.00
60.00	06000	LABORATORY	330	634,331	0	538,189	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.	62	194,868	0	22,315	46	63.00
65.00	06500	RESPIRATORY THERAPY	249	181,794	0	76,397	19	65.00
66.00	06600	PHYSICAL THERAPY	100	52,654	0	1,066	81	66.00
67.00	06700	OCCUPATIONAL THERAPY	39	27,176	0	46,578	0	67.00
68.00	06800	SPEECH PATHOLOGY	15	11,103	0	11,264	0	68.00
69.00	06900	ELECTROCARDIOLOGY	90	72,486	0	110,752	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	39	39,581	0	70,248	10	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,162,660	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	891,348	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,436,951	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	128	105,119	0	170,101	0	74.00
76.00	03560	PULMONARY LABS	16	13,954	0	35,055	0	76.00
76.01	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.01
76.03	03951	HYPERALIMENTATION	0	0	0	0	0	76.03
76.04	03650	PERIPHERAL VASCULAR	27	20,464	0	19,484	23	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0	0	76.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
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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	128	106,087	0	189,722	49	76.07
76.09	03953	BONE MARROW PROCUREMENT	7	30,733	0	0	0	76.09
76.10	03954	BARIATRICS	13	12,837	0	0	0	76.10
76.11	03955	HEPATOLOGY	0	6,275	0	159,994	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	5	5,082	0	31,052	0	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	231	180,823	0	428,822	0	90.02
90.03	09003	PSYCH SOCIAL REHAB	9	9,496	0	85,697	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	769	692,514	0	2,017,162	0	90.07
90.08	09007	OBST OUTPATIENT CENTER	201	198,696	0	563,715	0	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	25	31,311	0	116,247	0	90.09
90.10	09009	LAGRANGE FAMILY PCC	25	35,006	0	179,462	0	90.10
90.12	09010	NORTH RIVERSIDE PCC	36	49,084	0	438,549	0	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	10	5,127	0	15,435	0	90.14
90.15	09013	OBST II PCC	43	39,849	0	100,067	0	90.15
90.16	09014	HICKORY HILLS PCC	78	75,671	0	266,864	0	90.16
90.18	09015	DARIEN PCC	27	39,234	0	86,413	0	90.18
90.20	09016	ORLAND PARK - FP	8	11,815	0	148,425	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	110	85,044	0	258,554	0	90.21
90.22	09018	HOMER GLEN PCC	112	140,015	0	173,313	0	90.22
90.23	09019	OAK PARK PCC	15	17,880	0	81,237	0	90.23
90.24	09020	PARK RIDGE PCC	16	21,119	0	67,264	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	36	40,425	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	50	42,989	0	0	0	90.28
90.29	09025	BURR RIDGE PCC	332	375,492	0	1,195,928	0	90.29
90.30	09026	RIVER FOREST	38	45,178	0	128,972	0	90.30
90.31	09027	NORRIDGE	9	6,684	0	43,655	0	90.31
90.32	09028	ELMWOOD PARK	18	19,595	0	81,557	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	588	207,682	0	240,988	323	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	108	79,069	0	136,933	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	9,243	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	17	11,550	0	14,780	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	89	191,369	0	57,431	0	105.00
106.00	10600	HEART ACQUISITION	78	50,954	0	4,947	0	106.00
107.00	10700	LIVER ACQUISITION	67	146,272	0	17,505	0	107.00
108.00	10800	LUNG ACQUISITION	84	98,090	0	8,798	0	108.00
109.00	10900	PANCREAS ACQUISITION	4	11,230	0	7,215	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)	13,773	15,835,321	0	16,336,027	4,488	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	698	0	17,794	0	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	0	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	33	57,751	0	0	0	190.02
190.03	19003	OP HOSPITAL PHARMACY	61	892,951	0	16,013	0	190.03
190.04	19004	HOSPITALIST	0	0	0	0	0	190.04
190.05	19005	STUDENT HEALTH	0	579	0	0	0	190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	0	124	0	3,151	0	190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	8,058	6,481,497	0	1,816,481	0	192.01
193.00	19300	NONPAID WORKERS	3	2,624	0	12,375	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	21,928	23,271,545	0	18,201,841	4,488	202.00

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Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	PATIENT TRANSPORTATION	
			9.00	10.00	11.00	12.00	12.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAPITAL-BLDG INTEREST						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	1,405,592					9.00
10.00	01000	DIETARY	26,133	997,100				10.00
11.00	01100	CAFETERIA	1,255	789,256	935,630			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
12.01	01201	PATIENT TRANSPORTATION	1,180	0	6,729	0	82,226	12.01
13.00	01300	NURSING ADMINISTRATION	4,153	0	4,367	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	17,953	0	6,319	0	0	14.00
15.00	01500	PHARMACY	17,856	0	23,874	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	25,173	0	117	0	0	16.00
17.00	01700	SOCIAL SERVICE	2,763	0	8,600	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	5,971	0	123,104	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	7,754	0	1,677	0	0	23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK	0	0	0	0	0	23.02
23.03	02303	CLINICAL PASTORAL EDUCATION	329	0	183	0	0	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	226	0	3,330	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	162,162	127,270	121,816	0	26,212	30.00
31.00	03100	INTENSIVE CARE UNIT	32,978	42,463	41,159	0	4,967	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	13,051	2,534	9,556	0	168	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	13,026	0	10,301	0	95	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	3,938	2,337	4,326	0	301	35.01
35.03	02400	HEART TRANSPLANT ICU	9,396	4,047	5,897	0	0	35.03
35.04	02401	BONE INTENSIVE CARE	11,740	5,587	8,893	0	310	35.04
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	2,091	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	74,119	0	35,603	0	0	50.00
50.01	05001	AMBULATORY SURGERY CENTER	28,045	0	8,716	0	0	50.01
51.00	05100	RECOVERY ROOM	14,581	0	7,190	0	12	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,768	0	5,770	0	65	52.00
53.00	05300	ANESTHESIOLOGY	885	0	2,555	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	48,855	0	9,461	0	14,324	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	2,178	0	3,127	0	905	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	7,844	0	2,993	0	404	56.00
57.00	05700	CT SCAN	6,085	0	7,541	0	8,172	57.00
58.00	05800	MRI	10,867	0	2,976	0	2,709	58.00
59.00	05900	CARDIAC CATHETERIZATION	34,057	0	11,137	0	602	59.00
60.00	06000	LABORATORY	42,437	0	26,737	0	1,410	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.	1,760	0	4,160	0	84	63.00
65.00	06500	RESPIRATORY THERAPY	6,024	0	16,506	0	1,130	65.00
66.00	06600	PHYSICAL THERAPY	84	0	5,136	0	1,439	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,673	0	2,595	0	1,495	67.00
68.00	06800	SPEECH PATHOLOGY	888	0	882	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	8,733	0	7,212	0	2,387	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,539	0	2,985	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	13,413	0	10,231	0	3,383	74.00
76.00	03560	PULMONARY LABS	2,764	0	997	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	1,536	0	1,488	0	2,574	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	14,960	0	9,556	0	2,572	76.07

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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	364	0	0	76.09
76.10	03954	BARIATRICS	0	0	1,081	0	0	76.10
76.11	03955	HEPATOLOGY	12,616	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	2,448	0	508	0	11	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	33,813	187	16,639	0	982	90.02
90.03	09003	PSYCH SOCIAL REHAB	6,757	0	857	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	159,056	1,182	59,885	0	10	90.07
90.08	09007	OBT OUTPATIENT CENTER	44,450	0	14,349	0	0	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	9,166	0	2,226	0	0	90.09
90.10	09009	LAGRANGE FAMILY PCC	14,151	0	2,618	0	0	90.10
90.12	09010	NORTH RIVERSIDE PCC	34,580	0	3,459	0	0	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	1,217	0	978	0	0	90.14
90.15	09013	OBT II PCC	7,890	0	4,100	0	0	90.15
90.16	09014	HICKORY HILLS PCC	21,043	0	6,388	0	0	90.16
90.18	09015	DARIEN PCC	6,814	0	2,411	0	0	90.18
90.20	09016	ORLAND PARK - FP	11,704	0	1,168	0	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	20,387	0	7,337	0	0	90.21
90.22	09018	HOMER GLEN PCC	13,666	0	8,750	0	0	90.22
90.23	09019	OAK PARK PCC	6,406	0	1,384	0	0	90.23
90.24	09020	PARK RIDGE PCC	5,304	0	1,153	0	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	0	0	4,773	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	3,715	0	0	90.28
90.29	09025	BURR RIDGE PCC	94,301	0	26,444	0	0	90.29
90.30	09026	RIVER FOREST	10,170	0	3,715	0	0	90.30
90.31	09027	NORRIDGE	3,442	0	870	0	0	90.31
90.32	09028	ELMWOOD PARK	6,431	0	1,780	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	19,002	979	24,916	0	5,213	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	10,797	0	7,779	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	1,165	0	995	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09931	OOT	0	0	0	0	0	99.30
99.40	09941	OSP	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	4,529	0	4,837	0	0	105.00
106.00	10600	HEART ACQUISITION	390	0	4,269	0	0	106.00
107.00	10700	LIVER ACQUISITION	1,380	0	2,955	0	0	107.00
108.00	10800	LUNG ACQUISITION	694	0	4,612	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	569	0	35	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)	1,258,470	975,842	795,243	0	81,936	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,403	21,258	0	0	0	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	0	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	0	0	1,927	0	0	190.02
190.03	19003	OP HOSPITAL PHARMACY	1,263	0	4,046	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	248	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	143,232	0	134,203	0	290	192.01
193.00	19300	NONPAID WORKERS	976	0	211	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)	1,405,592	997,100	935,630	0	82,226	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/30/2021 11:23 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	503,329					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	715,025				14.00
15.00	01500	PHARMACY	2,726	2,786	995,446			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	939,175		16.00
17.00	01700	SOCIAL SERVICE	0	16	0	0	199,765	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	589	89	38	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	301	32	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	45	0	0	0	0	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	1	2	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	154,692	3,794	0	154,318	116,239	30.00
31.00	03100	INTENSIVE CARE UNIT	56,837	2,600	0	68,472	42,943	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	13,357	431	0	16,724	1,726	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	13,314	218	0	8,953	18,365	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	5,990	181	0	6,204	2,556	35.01
35.03	02400	HEART TRANSPLANT ICU	7,989	389	0	8,741	5,109	35.03
35.04	02401	BONE INTENSIVE CARE	11,952	569	0	18,390	5,650	35.04
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	2,659	151	0	2,170	7,177	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	29,503	21,797	0	43,699	0	50.00
50.01	05001	AMBULATORY SURGERY CENTER	8,820	3,070	0	73	0	50.01
51.00	05100	RECOVERY ROOM	9,818	477	0	15,995	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,196	348	0	5,315	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,119	0	41,364	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,864	919	40	19,383	0	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0	74	11	3,639	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	9	119	23	1,497	0	56.00
57.00	05700	CT SCAN	0	658	54	26,343	0	57.00
58.00	05800	MRI	0	210	0	7,150	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,849	2,468	0	17,080	0	59.00
60.00	06000	LABORATORY	0	33,047	0	93,897	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.	866	17,037	0	13,883	0	63.00
65.00	06500	RESPIRATORY THERAPY	28	880	0	28,370	0	65.00
66.00	06600	PHYSICAL THERAPY	2	4	0	7,183	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,258	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	2	0	1,742	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,864	106	0	11,287	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	14	523	0	4,752	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	128,320	0	15,465	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	98,376	0	26,759	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	268,855	842,958	58,492	0	73.00
74.00	07400	RENAL DIALYSIS	4,919	393	0	4,791	0	74.00
76.00	03560	PULMONARY LABS	612	113	0	693	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	16	0	3,712	0	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0	0	76.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/30/2021 11:23 am

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
76.07	03340	GASTROINTESTINAL SERVICE	8,159	1,557	0	6,090	0	76.07
76.09	03953	BONE MARROW PROCUREMENT	2	2,917	0	589	0	76.09
76.10	03954	BARIATRICS	164	20	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	439	23	0	2	0	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	11,222	1,105	27	105	0	90.02
90.03	09003	PSYCH SOCIAL REHAB	387	4	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	24,239	11,607	7	1,475	0	90.07
90.08	09007	OBST OUTPATIENT CENTER	5,742	364	60	8	0	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	1,251	111	0	2	0	90.09
90.10	09009	LAGRANGE FAMILY PCC	1,548	153	0	1	0	90.10
90.12	09010	NORTH RIVERSIDE PCC	1,224	115	0	2	0	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	358	1	0	0	0	90.14
90.15	09013	OBST II PCC	1,094	65	0	2	0	90.15
90.16	09014	HICKORY HILLS PCC	1,330	128	0	1	0	90.16
90.18	09015	DARIEN PCC	1,126	77	0	1	0	90.18
90.20	09016	ORLAND PARK - FP	444	13	0	0	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	1,084	38	0	3	0	90.21
90.22	09018	HOMER GLEN PCC	4,026	466	0	3	0	90.22
90.23	09019	OAK PARK PCC	537	59	0	1	0	90.23
90.24	09020	PARK RIDGE PCC	652	57	0	2	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	975	44	0	0	0	90.25
90.26	09022	WOODRIDGE PCC	0	0	0	0	0	90.26
90.27	09023	NEUROLOGY - NILES	0	0	0	0	0	90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	1,094	288	0	7	0	90.28
90.29	09025	BURR RIDGE PCC	8,054	2,108	1	84	0	90.29
90.30	09026	RIVER FOREST	1,505	185	0	7	0	90.30
90.31	09027	NORRIDGE	328	7	0	0	0	90.31
90.32	09028	ELMWOOD PARK	847	167	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	19,101	1,063	0	23,912	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	10,629	170	0	4,786	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	1,171	2	0	152	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	16	12,984	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	1,373	0	106.00
107.00	10700	LIVER ACQUISITION	130	0	0	7,497	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	4,593	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	541	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)	458,678	613,103	843,235	805,017	199,765	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	342	3,301	0	0	0	190.02
190.03	19003	OP HOSPITAL PHARMACY	0	93,770	149,936	0	0	190.03
190.04	19004	HOSPITALIST	0	0	0	0	0	190.04
190.05	19005	STUDENT HEALTH	0	56	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	44,309	4,795	2,275	134,158	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	503,329	715,025	995,446	939,175	199,765	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			HOSPITAL MEDICAL ADMIN	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES	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			1,568,412		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0				29	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

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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	19.00	20.00			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

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Cost Center Description			HOSPITAL MEDICAL ADMIN	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
						17.00	19.00	
193.00	19300	NONPAID WORKERS	0					193.00
200.00		Cross Foot Adjustments		0	0	1,568,412	29	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	1,568,412	29	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		305,997				23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK			0			23.02
23.03	02303	CLINICAL PASTORAL EDUCATION				15,127		23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM					32,584	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

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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	305,997	0	15,127	32,584	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	305,997	0	15,127	32,584	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0276

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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	7,872,017	0	7,872,017	30.00
31.00	03100	INTENSIVE CARE UNIT	1,974,337	0	1,974,337	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	638,974	0	638,974	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	667,581	0	667,581	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	225,016	0	225,016	35.01
35.03	02400	HEART TRANSPLANT ICU	452,650	0	452,650	35.03
35.04	02401	BONE INTENSIVE CARE	577,152	0	577,152	35.04
41.00	04100	SUBPROVIDER - IRF	0	0	0	41.00
43.00	04300	NURSERY	36,309	0	36,309	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,995,004	0	3,995,004	50.00
50.01	05001	AMBULATORY SURGERY CENTER	1,239,486	0	1,239,486	50.01
51.00	05100	RECOVERY ROOM	666,821	0	666,821	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	390,382	0	390,382	52.00
53.00	05300	ANESTHESIOLOGY	165,331	0	165,331	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,318,637	0	2,318,637	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	124,928	0	124,928	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600	RADIOISOTOPE	333,521	0	333,521	56.00
57.00	05700	CT SCAN	354,550	0	354,550	57.00
58.00	05800	MRI	524,291	0	524,291	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,057,359	0	2,057,359	59.00
60.00	06000	LABORATORY	2,583,480	0	2,583,480	60.00
60.01	03420	LABORATORY - PATHOLOGICAL	0	0	0	60.01
60.02	03956	LABORATORY-NEUROSURGICAL	0	0	0	60.02
60.03	03957	LABORATORY-HLA	0	0	0	60.03
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	299,531	0	299,531	63.00
65.00	06500	RESPIRATORY THERAPY	558,900	0	558,900	65.00
66.00	06600	PHYSICAL THERAPY	69,692	0	69,692	66.00
67.00	06700	OCCUPATIONAL THERAPY	170,747	0	170,747	67.00
68.00	06800	SPEECH PATHOLOGY	48,834	0	48,834	68.00
69.00	06900	ELECTROCARDIOLOGY	550,808	0	550,808	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	323,042	0	323,042	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,306,445	0	1,306,445	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,016,483	0	1,016,483	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,607,256	0	3,607,256	73.00
74.00	07400	RENAL DIALYSIS	669,224	0	669,224	74.00
76.00	03560	PULMONARY LABS	143,878	0	143,878	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

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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	134,569	0	134,569	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	709,353	0	709,353	76.07
76.09	03953	BONE MARROW PROCUREMENT	35,847	0	35,847	76.09
76.10	03954	BARIATRICS	14,115	0	14,115	76.10
76.11	03955	HEPATOLOGY	470,627	0	470,627	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	96,192	0	96,192	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	90.01
90.02	09002	CANCER CENTER	1,456,310	0	1,456,310	90.02
90.03	09003	PSYCH SOCIAL REHAB	259,473	0	259,473	90.03
90.04	09004	WELLNESS ASSESSMENT	0	0	0	90.04
90.06	09005	HEART FAILURE CLINIC	0	0	0	90.06
90.07	09006	LOC OUTPATIENT CENTER	6,790,331	0	6,790,331	90.07
90.08	09007	OBT OUTPATIENT CENTER	1,962,181	0	1,962,181	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	372,310	0	372,310	90.09
90.10	09009	LAGRANGE FAMILY PCC	608,370	0	608,370	90.10
90.12	09010	NORTH RIVERSIDE PCC	1,329,014	0	1,329,014	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	90.13
90.14	09012	WHEATON PCC	51,270	0	51,270	90.14
90.15	09013	OBT II PCC	335,577	0	335,577	90.15
90.16	09014	HICKORY HILLS PCC	867,679	0	867,679	90.16
90.18	09015	DARIEN PCC	294,562	0	294,562	90.18
90.20	09016	ORLAND PARK - FP	445,153	0	445,153	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	852,393	0	852,393	90.21
90.22	09018	HOMER GLEN PCC	674,778	0	674,778	90.22
90.23	09019	OAK PARK PCC	256,766	0	256,766	90.23
90.24	09020	PARK RIDGE PCC	218,220	0	218,220	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	160,444	0	160,444	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	48,143	0	48,143	90.28
90.29	09025	BURR RIDGE PCC	3,905,992	0	3,905,992	90.29
90.30	09026	RIVER FOREST	424,945	0	424,945	90.30
90.31	09027	NORRIDGE	134,598	0	134,598	90.31
90.32	09028	ELMWOOD PARK	259,111	0	259,111	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	0	0	0	90.34
91.00	09100	EMERGENCY	998,567	0	998,567	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	499,962	0	499,962	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	9,243	0	9,243	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	56,783	0	56,783	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	378,077	0	378,077	105.00
106.00	10600	HEART ACQUISITION	71,032	0	71,032	106.00
107.00	10700	LIVER ACQUISITION	207,726	0	207,726	107.00
108.00	10800	LUNG ACQUISITION	132,914	0	132,914	108.00
109.00	10900	PANCREAS ACQUISITION	32,751	0	32,751	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)	61,518,044	0	61,518,044	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	73,600	0	73,600	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	63,354	0	63,354	190.02
190.03	19003	OP HOSPITAL PHARMACY	1,194,793	0	1,194,793	190.03
190.04	19004	HOSPITALIST	0	0	0	190.04
190.05	19005	STUDENT HEALTH	635	0	635	190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	9,269	0	9,269	190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	12,210,536	0	12,210,536	192.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/30/2021 11:23 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
193.00	19300	NONPAID WORKERS	38,754	0	38,754		193.00
200.00		Cross Foot Adjustments	1,922,149	0	1,922,149		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	77,031,134	0	77,031,134		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/30/2021 11:23 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	4.00	5A	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,959,424					1.00
1.01	00101	NEW CAPITAL-BLDG INTEREST	0	1,959,424				1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP			15,573,809			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	790	790	0	559,663,177		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	145,437	145,437	13,227,149	34,338,215	-238,513,148	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6,804	6.00
7.00	00700	OPERATION OF PLANT	617,404	617,404	31,233	9,833,107	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	103	103	0	0	0	8.00
9.00	00900	HOUSEKEEPING	24,601	24,601	0	5,540,808	0	9.00
10.00	01000	DIETARY	21,773	21,773	3,219	1,825,653	0	10.00
11.00	01100	CAFETERIA	1,046	1,046	0	2,224,973	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01	01201	PATIENT TRANSPORTATION	983	983	0	1,166,188	0	12.01
13.00	01300	NURSING ADMINISTRATION	3,460	3,460	180,915	2,844,386	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14,958	14,958	1,610	1,217,107	0	14.00
15.00	01500	PHARMACY	14,877	14,877	17,187	9,908,965	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	20,973	20,973	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	2,302	2,302	0	3,362,825	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	840	44,151,091	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	0	604,904	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	0	116,678	0	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	188	188	0	828,733	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	135,109	135,109	30,523	47,564,589	0	30.00
31.00	03100	INTENSIVE CARE UNIT	27,476	27,476	19,587	16,870,691	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	10,874	10,874	4,223	3,648,245	0	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	10,853	10,853	6,373	4,521,998	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	3,281	3,281	1,668	2,053,558	0	35.01
35.03	02400	HEART TRANSPLANT ICU	7,828	7,828	1,251	2,524,923	0	35.03
35.04	02401	BONE INTENSIVE CARE	9,781	9,781	0	3,208,940	0	35.04
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	793,318	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	61,753	61,753	367,473	13,205,513	0	50.00
50.01	05001	AMBULATORY SURGERY CENTER	23,366	23,366	40,078	3,053,481	0	50.01
51.00	05100	RECOVERY ROOM	12,148	12,148	6,699	2,934,655	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,472	6,472	8,276	2,535,521	0	52.00
53.00	05300	ANESTHESIOLOGY	737	737	41,630	548,632	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	40,704	40,704	222,085	4,138,331	0	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	1,815	1,815	0	1,357,538	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	6,535	6,535	0	1,317,447	0	56.00
57.00	05700	CT SCAN	5,070	5,070	0	2,968,478	0	57.00
58.00	05800	MRI	9,054	9,054	45,787	1,357,851	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	28,375	28,375	400,744	5,807,480	0	59.00
60.00	06000	LABORATORY	35,357	35,357	159,371	8,449,712	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	2,586	1,585,697	0	63.00
65.00	06500	RESPIRATORY THERAPY	5,019	5,019	74,408	6,396,289	0	65.00
66.00	06600	PHYSICAL THERAPY	70	70	0	2,557,270	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,060	3,060	0	999,836	0	67.00
68.00	06800	SPEECH PATHOLOGY	740	740	1,649	393,023	0	68.00
69.00	06900	ELECTROCARDIOLOGY	7,276	7,276	92,112	2,304,001	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,615	4,615	49,005	1,006,102	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	32,030	3,281,242	0	74.00
76.00	03560	PULMONARY LABS	2,303	2,303	17,710	408,366	0	76.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/30/2021 11:23 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	34,192	697,288	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	16,866	3,293,136	0	76.07
76.09	03953	BONE MARROW PROCUREMENT	0	0	849	167,439	0	76.09
76.10	03954	BARIATRICS	0	0	0	334,930	0	76.10
76.11	03955	HEPATOLOGY	10,511	10,511	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	2,040	2,040	0	140,588	0	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	28,172	28,172	287	5,929,138	0	90.02
90.03	09003	PSYCH SOCIAL REHAB	5,630	5,630	0	235,490	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	99,186	19,727,278	0	90.07
90.08	09007	OBT OUTPATIENT CENTER	37,034	37,034	73,371	5,161,642	0	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	7,637	7,637	0	646,865	0	90.09
90.10	09009	LAGRANGE FAMILY PCC	11,790	11,790	33,124	644,997	0	90.10
90.12	09010	NORTH RIVERSIDE PCC	28,811	28,811	1,577	930,630	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	0	244,525	0	90.14
90.15	09013	OBT II PCC	6,574	6,574	0	1,092,863	0	90.15
90.16	09014	HICKORY HILLS PCC	17,532	17,532	6,575	2,011,625	0	90.16
90.18	09015	DARIEN PCC	5,677	5,677	612	684,911	0	90.18
90.20	09016	ORLAND PARK - FP	9,751	9,751	639	216,719	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	16,986	16,986	5,760	2,814,354	0	90.21
90.22	09018	HOMER GLEN PCC	11,386	11,386	12,654	2,873,148	0	90.22
90.23	09019	OAK PARK PCC	5,337	5,337	766	394,682	0	90.23
90.24	09020	PARK RIDGE PCC	4,419	4,419	0	398,184	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	0	0	78,531	914,282	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	1,280,440	0	90.28
90.29	09025	BURR RIDGE PCC	78,568	78,568	15,494	8,515,354	0	90.29
90.30	09026	RIVER FOREST	8,473	8,473	0	985,564	0	90.30
90.31	09027	NORRIDGE	2,868	2,868	0	238,561	0	90.31
90.32	09028	ELMWOOD PARK	5,358	5,358	0	454,127	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	15,832	15,832	10,570	15,068,032	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	8,996	8,996	0	2,763,800	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	433,126	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	3,773	3,773	1,444	2,274,294	0	105.00
106.00	10600	HEART ACQUISITION	325	325	0	2,006,003	0	106.00
107.00	10700	LIVER ACQUISITION	1,150	1,150	0	1,710,075	0	107.00
108.00	10800	LUNG ACQUISITION	578	578	0	2,142,830	0	108.00
109.00	10900	PANCREAS ACQUISITION	474	474	0	97,281	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)	1,836,847	1,836,847	15,479,918	353,280,561	-238,506,344	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,169	1,169	0	0	0	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	0	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	0	0	0	840,342	0	190.02
190.03	19003	OP HOSPITAL PHARMACY	1,052	1,052	5,195	1,553,454	0	190.03
190.04	19004	HOSPITALIST	0	0	0	0	0	190.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/30/2021 11:23 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	0	0	0	190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	119,336	119,336	88,696	203,903,948	0	192.01
193.00	19300	NONPAID WORKERS	813	813	0	84,872	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)	23,747,528	30,637,860	22,645,746	10,910,161		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	12.119647	15.636156	1.454092	0.019494		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)				21,928		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)				0.000039		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 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/30/2021 11:23 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	1,081,908,366					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	1,813,197				6.00
7.00	00700	OPERATION OF PLANT	47,396,565	617,404	1,195,793			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,859	103	103	3,062,977		8.00
9.00	00900	HOUSEKEEPING	16,182,639	24,601	24,601	538	1,171,089	9.00
10.00	01000	DIETARY	1,416,492	21,773	21,773	0	21,773	10.00
11.00	01100	CAFETERIA	4,652,606	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	1,488,832	983	983	0	983	12.01
13.00	01300	NURSING ADMINISTRATION	3,855,357	3,460	3,460	0	3,460	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,115,726	14,958	14,958	0	14,958	14.00
15.00	01500	PHARMACY	13,177,729	14,877	14,877	0	14,877	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	582,122	20,973	20,973	0	20,973	16.00
17.00	01700	SOCIAL SERVICE	4,152,567	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	56,804,554	4,975	4,975	0	4,975	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	20,061	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL ED-MICU	863,541	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	129,655	274	274	0	274	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	972,261	188	188	0	188	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	53,493,614	135,109	135,109	1,364,895	135,109	30.00
31.00	03100	INTENSIVE CARE UNIT	21,915,488	27,476	27,476	362,303	27,476	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	5,006,429	10,874	10,874	82,160	10,874	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	5,922,734	10,853	10,853	23,120	10,853	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	2,586,278	3,281	3,281	25,790	3,281	35.01
35.03	02400	HEART TRANSPLANT ICU	3,377,661	7,828	7,828	57,895	7,828	35.03
35.04	02401	BONE INTENSIVE CARE	4,339,579	9,781	9,781	157,503	9,781	35.04
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	1,023,903	0	0	4,358	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	27,953,311	61,753	61,753	116,350	61,753	50.00
50.01	05001	AMBULATORY SURGERY CENTER	5,958,010	23,366	23,366	0	23,366	50.01
51.00	05100	RECOVERY ROOM	4,029,833	12,148	12,148	83,595	12,148	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,413,526	6,472	6,472	145,097	6,472	52.00
53.00	05300	ANESTHESIOLOGY	1,263,531	737	737	0	737	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,892,417	40,704	40,704	62,007	40,704	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	1,715,964	1,815	1,815	18,560	1,815	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	1,844,489	6,535	6,535	33,533	6,535	56.00
57.00	05700	CT SCAN	4,075,902	5,070	5,070	8,904	5,070	57.00
58.00	05800	MRI	2,072,391	9,054	9,054	36,209	9,054	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,303,789	28,375	28,375	83,743	28,375	59.00
60.00	06000	LABORATORY	29,490,044	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.	9,059,406	1,466	1,466	31,189	1,466	63.00
65.00	06500	RESPIRATORY THERAPY	8,451,591	5,019	5,019	12,786	5,019	65.00
66.00	06600	PHYSICAL THERAPY	2,447,901	70	70	55,494	70	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,263,399	3,060	3,060	0	3,060	67.00
68.00	06800	SPEECH PATHOLOGY	516,193	740	740	0	740	68.00
69.00	06900	ELECTROCARDIOLOGY	3,369,855	7,276	7,276	0	7,276	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,840,113	4,615	4,615	6,569	4,615	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	54,052,062	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	41,438,795	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	113,293,859	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,887,002	11,175	11,175	0	11,175	74.00
76.00	03560	PULMONARY LABS	648,720	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	951,388	1,280	1,280	16,012	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 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/30/2021 11:23 am

Cost Center Description			ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (LAUNDRY COST)	HOUSEKEEPING (SQUARE FEET)	
			5.00	6.00	7.00	8.00	9.00	
76.07	03340	GASTROINTESTINAL SERVICE	4,931,996	12,464	12,464	33,768	12,464	76.07
76.09	03953	BONE MARROW PROCUREMENT	1,428,794	0	0	0	0	76.09
76.10	03954	BARIATRICS	596,788	0	0	0	0	76.10
76.11	03955	HEPATOLOGY	291,742	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	236,247	2,040	2,040	0	2,040	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	8,406,452	28,172	28,172	0	28,172	90.02
90.03	09003	PSYCH SOCIAL REHAB	441,452	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	32,194,992	132,520	132,520	0	132,520	90.07
90.08	09007	OBST OUTPATIENT CENTER	9,237,394	37,034	37,034	0	37,034	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	1,455,660	7,637	7,637	0	7,637	90.09
90.10	09009	LAGRANGE FAMILY PCC	1,627,441	11,790	11,790	0	11,790	90.10
90.12	09010	NORTH RIVERSIDE PCC	2,281,906	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	238,361	1,014	1,014	0	1,014	90.14
90.15	09013	OBST II PCC	1,852,589	6,574	6,574	0	6,574	90.15
90.16	09014	HICKORY HILLS PCC	3,517,937	17,532	17,532	0	17,532	90.16
90.18	09015	DARIEN PCC	1,823,992	5,677	5,677	0	5,677	90.18
90.20	09016	ORLAND PARK - FP	549,269	9,751	9,751	0	9,751	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	3,953,684	16,986	16,986	0	16,986	90.21
90.22	09018	HOMER GLEN PCC	6,509,289	11,386	11,386	0	11,386	90.22
90.23	09019	OAK PARK PCC	831,231	5,337	5,337	0	5,337	90.23
90.24	09020	PARK RIDGE PCC	981,809	4,419	4,419	0	4,419	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	1,879,347	0	0	0	0	90.25
90.26	09022	WOODRIDGE PCC	0	0	0	0	0	90.26
90.27	09023	NEUROLOGY - NILES	0	0	0	0	0	90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	1,998,568	0	0	0	0	90.28
90.29	09025	BURR RIDGE PCC	17,456,644	78,568	78,568	0	78,568	90.29
90.30	09026	RIVER FOREST	2,100,305	8,473	8,473	0	8,473	90.30
90.31	09027	NORRIDGE	310,716	2,868	2,868	0	2,868	90.31
90.32	09028	ELMWOOD PARK	910,971	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	0	0	0	0	0	90.34
91.00	09100	EMERGENCY	9,655,136	15,832	15,832	220,538	15,832	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	3,675,896	8,996	8,996	0	8,996	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	429,723	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	536,940	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	8,896,756	3,773	3,773	0	3,773	105.00
106.00	10600	HEART ACQUISITION	2,368,855	325	325	0	325	106.00
107.00	10700	LIVER ACQUISITION	6,800,194	1,150	1,150	0	1,150	107.00
108.00	10800	LUNG ACQUISITION	4,560,195	578	578	0	578	108.00
109.00	10900	PANCREAS ACQUISITION	522,082	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)	736,184,035	1,690,620	1,073,216	3,062,977	1,048,512	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	32,447	1,169	1,169	0	1,169	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	0	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	2,684,863	0	0	0	0	190.02
190.03	19003	OP HOSPITAL PHARMACY	41,513,296	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	26,914	0	0	0	0	190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	5,746	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	301,339,068	119,336	119,336	0	119,336	192.01
193.00	19300	NONPAID WORKERS	121,997	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

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To 06/30/2021

Worksheet B-1

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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)	238,513,148	-6,804	57,845,422	8,472	20,940,251	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.220456	0.000000	48.374110	0.002766	17.881007	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	23,271,545	0	18,201,841	4,488	1,405,592	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.021510	0.000000	15.221565	0.001465	1.200244	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

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Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

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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	2,776,180					10.00
11.00	01100	CAFETERIA	2,197,484	8,402,486				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	3,138,600			12.00
12.01	01201	PATIENT TRANSPORTATION	0	60,434	0	197,381		12.01
13.00	01300	NURSING ADMINISTRATION	0	39,222	19,610	0	3,118,990	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	56,745	0	0	0	14.00
15.00	01500	PHARMACY	0	214,404	16,893	0	16,893	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,048	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	77,231	0	0	0	17.00
17.01	01701	HOSPITAL MEDICAL ADMIN	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	1,105,539	3,649	0	3,649	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL ED-MICU	0	15,056	1,864	0	1,864	23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK	0	0	0	0	0	23.02
23.03	02303	CLINICAL PASTORAL EDUCATION	0	1,642	280	0	280	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	0	29,901	7	0	7	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	354,353	1,093,969	958,601	62,925	958,601	30.00
31.00	03100	INTENSIVE CARE UNIT	118,229	369,631	352,202	11,924	352,202	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	7,056	85,819	82,767	404	82,767	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	92,512	82,506	229	82,506	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	6,507	38,852	37,120	723	37,120	35.01
35.03	02400	HEART TRANSPLANT ICU	11,268	52,957	49,507	0	49,507	35.03
35.04	02401	BONE INTENSIVE CARE	15,557	79,864	74,063	743	74,063	35.04
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	18,781	16,477	0	16,477	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	319,731	182,819	0	182,819	50.00
50.01	05001	AMBULATORY SURGERY CENTER	0	78,273	54,653	0	54,653	50.01
51.00	05100	RECOVERY ROOM	0	64,570	60,841	29	60,841	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	51,822	44,590	156	44,590	52.00
53.00	05300	ANESTHESIOLOGY	0	22,948	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	84,969	30,140	34,384	30,140	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0	28,083	0	2,172	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	26,878	53	969	53	56.00
57.00	05700	CT SCAN	0	67,721	0	19,616	0	57.00
58.00	05800	MRI	0	26,725	0	6,502	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	100,016	67,226	1,444	67,226	59.00
60.00	06000	LABORATORY	0	240,111	0	3,385	0	60.00
60.01	03420	LABORATORY - PATHOLOGICAL	0	0	0	0	0	60.01
60.02	03956	LABORATORY-NEUROSURGICAL	0	0	0	0	0	60.02
60.03	03957	LABORATORY-HLA	0	0	0	0	0	60.03
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	37,363	5,366	202	5,366	63.00
65.00	06500	RESPIRATORY THERAPY	0	148,235	175	2,713	175	65.00
66.00	06600	PHYSICAL THERAPY	0	46,127	12	3,455	12	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	23,300	0	3,588	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	7,924	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	64,764	11,551	5,729	11,551	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	26,805	87	0	87	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	91,883	30,479	8,121	30,479	74.00
76.00	03560	PULMONARY LABS	0	8,950	3,791	0	3,791	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

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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	13,366	0	6,180	0	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	0	85,822	50,558	6,173	50,558	76.07
76.09	03953	BONE MARROW PROCUREMENT	0	3,272	12	0	12	76.09
76.10	03954	BARIATRICS	0	9,710	1,017	0	1,017	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	4,560	2,719	26	2,719	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	522	149,427	69,537	2,358	69,537	90.02
90.03	09003	PSYCH SOCIAL REHAB	0	7,694	2,401	0	2,401	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	3,292	537,799	150,203	23	150,203	90.07
90.08	09007	OBST OUTPATIENT CENTER	0	128,859	35,579	0	35,579	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	0	19,992	7,755	0	7,755	90.09
90.10	09009	LAGRANGE FAMILY PCC	0	23,508	9,590	0	9,590	90.10
90.12	09010	NORTH RIVERSIDE PCC	0	31,064	7,583	0	7,583	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	0	8,784	2,221	0	2,221	90.14
90.15	09013	OBST II PCC	0	36,819	6,781	0	6,781	90.15
90.16	09014	HICKORY HILLS PCC	0	57,364	8,241	0	8,241	90.16
90.18	09015	DARIEN PCC	0	21,649	6,978	0	6,978	90.18
90.20	09016	ORLAND PARK - FP	0	10,487	2,750	0	2,750	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0	65,894	6,719	0	6,719	90.21
90.22	09018	HOMER GLEN PCC	0	78,578	24,948	0	24,948	90.22
90.23	09019	OAK PARK PCC	0	12,432	3,330	0	3,330	90.23
90.24	09020	PARK RIDGE PCC	0	10,351	4,038	0	4,038	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	0	42,864	6,041	0	6,041	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	33,360	6,777	0	6,777	90.28
90.29	09025	BURR RIDGE PCC	0	237,479	49,907	0	49,907	90.29
90.30	09026	RIVER FOREST	0	33,362	9,327	0	9,327	90.30
90.31	09027	NORRIDGE	0	7,809	2,034	0	2,034	90.31
90.32	09028	ELMWOOD PARK	0	15,987	5,250	0	5,250	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	2,725	223,757	118,363	12,513	118,363	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	69,858	65,864	0	65,864	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	8,940	7,257	0	7,257	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	0	43,438	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	38,336	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	26,534	805	0	805	107.00
108.00	10800	LUNG ACQUISITION	0	41,421	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	314	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)	2,716,993	7,141,695	2,861,914	196,686	2,842,304	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	59,187	0	0	0	0	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	0	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	0	17,305	2,117	0	2,117	190.02
190.03	19003	OP HOSPITAL PHARMACY	0	36,333	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	1,205,257	274,569	695	274,569	192.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/30/2021 11:23 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	1,896	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)	3,171,338	8,257,875	0	1,941,577	4,973,083	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.142339	0.982789	0.000000	9.836697	1.594453	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	997,100	935,630	0	82,226	503,329	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.359163	0.111352	0.000000	0.416585	0.161376	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 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/30/2021 11:23 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	301,233,357					14.00
15.00	01500	PHARMACY	1,173,481	126,498,669				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	2,158,262,498			16.00
17.00	01700	SOCIAL SERVICE	6,560	0	0	129,043	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	37,573	4,862	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	13,350	0	0	0	0	23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK	0	0	0	0	0	23.02
23.03	02303	CLINICAL PASTORAL EDUCATION	0	0	0	0	0	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	958	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,598,326	0	353,990,930	75,088	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,095,351	0	157,407,432	27,740	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	181,676	0	38,446,352	1,115	0	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	91,849	0	20,581,684	11,863	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	76,281	0	14,261,344	1,651	0	35.01
35.03	02400	HEART TRANSPLANT ICU	164,009	0	20,093,615	3,300	0	35.03
35.04	02401	BONE INTENSIVE CARE	239,623	0	42,276,753	3,650	0	35.04
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	63,428	0	4,989,651	4,636	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,181,404	0	100,457,479	0	0	50.00
50.01	05001	AMBULATORY SURGERY CENTER	1,293,213	0	168,308	0	0	50.01
51.00	05100	RECOVERY ROOM	200,873	0	36,770,499	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	146,702	0	12,218,344	0	0	52.00
53.00	05300	ANESTHESIOLOGY	471,565	0	95,088,534	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	387,150	5,140	44,559,126	7	0	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	31,093	1,431	8,365,950	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	49,933	2,909	3,440,769	0	0	56.00
57.00	05700	CT SCAN	277,342	6,804	60,559,503	0	0	57.00
58.00	05800	MRI	88,634	0	16,436,234	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,039,662	0	39,263,263	0	0	59.00
60.00	06000	LABORATORY	13,920,264	0	215,854,859	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.	7,176,471	0	31,914,143	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	370,519	0	65,217,339	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,494	0	16,513,487	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	114	0	9,789,534	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	653	0	4,004,385	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	44,538	0	25,946,306	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	220,148	0	10,924,595	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	54,052,062	0	35,552,664	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	41,438,795	0	61,515,769	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	113,293,861	107,120,219	134,464,902	0	0	73.00
74.00	07400	RENAL DIALYSIS	165,508	0	11,014,238	0	0	74.00
76.00	03560	PULMONARY LABS	47,426	0	1,594,012	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 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/30/2021 11:23 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	6,814	0	8,532,361	0	0	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	655,943	0	14,000,020	0	0	76.07
76.09	03953	BONE MARROW PROCUREMENT	1,228,526	0	1,353,235	0	0	76.09
76.10	03954	BARIATRICS	8,339	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	9,682	0	5,251	0	0	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	465,616	3,472	240,465	0	0	90.02
90.03	09003	PSYCH SOCIAL REHAB	1,616	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	4,889,008	941	3,391,508	0	0	90.07
90.08	09007	OBT OUTPATIENT CENTER	153,439	7,626	19,093	0	0	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	46,886	18	4,179	0	0	90.09
90.10	09009	LAGRANGE FAMILY PCC	64,527	0	2,046	0	0	90.10
90.12	09010	NORTH RIVERSIDE PCC	48,602	0	3,861	0	0	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	621	0	509	0	0	90.14
90.15	09013	OBT II PCC	27,452	0	4,700	0	0	90.15
90.16	09014	HICKORY HILLS PCC	53,762	0	3,122	0	0	90.16
90.18	09015	DARIEN PCC	32,458	0	2,002	0	0	90.18
90.20	09016	ORLAND PARK - FP	5,427	0	0	0	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	16,067	0	7,181	0	0	90.21
90.22	09018	HOMER GLEN PCC	196,346	0	6,701	0	0	90.22
90.23	09019	OAK PARK PCC	24,991	18	1,453	0	0	90.23
90.24	09020	PARK RIDGE PCC	23,817	0	5,261	0	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	18,663	0	207	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	121,379	0	17,035	0	0	90.28
90.29	09025	BURR RIDGE PCC	888,001	81	193,355	0	0	90.29
90.30	09026	RIVER FOREST	77,870	0	15,358	0	0	90.30
90.31	09027	NORRIDGE	3,104	0	291	0	0	90.31
90.32	09028	ELMWOOD PARK	70,313	0	838	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	447,723	0	54,969,279	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	71,458	1	11,002,356	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	738	0	349,119	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	2,000	29,847,361	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	3,155,341	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	17,235,178	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	10,559,213	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	1,242,791	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)	258,301,077	107,155,522	1,849,852,673	129,043	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	0	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	1,390,345	0	0	0	0	190.02
190.03	19003	OP HOSPITAL PHARMACY	39,498,622	19,054,044	0	0	0	190.03
190.04	19004	HOSPITALIST	0	0	0	0	0	190.04
190.05	19005	STUDENT HEALTH	23,661	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	2,019,639	289,103	308,409,825	0	0	192.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
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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	13	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)	3,628,962	17,320,302	2,101,052	5,296,525	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.012047	0.136921	0.000973	41.044652	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	715,025	995,446	939,175	199,765	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.002374	0.007869	0.000435	1.548050	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 07/01/2020
To 06/30/2021

Worksheet B-1

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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 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/30/2021 11:23 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 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/30/2021 11:23 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	70,750,527	55	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	2,204.753101	0.001714	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	1,568,412	29	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	48.875413	0.000904	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

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Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
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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	494,910				23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK		0			23.02
23.03	02303	CLINICAL PASTORAL EDUCATION			5,360		23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM				25,120	23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	4,360	1,760	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	2,720	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	360	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	1,200	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	120	1,600	35.01
35.03	02400	HEART TRANSPLANT ICU	0	0	0	480	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	0	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	6,840	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 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/30/2021 11:23 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	0	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	520	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	2,520	90.07
90.08	09007	OBT OUTPATIENT CENTER	0	0	0	1,320	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	494,910	0	0	2,600	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09931	OOT	0	0	0	0	99.30
99.40	09941	OSP	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	1,960	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	880	1,240	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)	494,910	0	5,360	25,120	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 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
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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)	1,499,852	0	178,452	1,228,467		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	3.030555	0.000000	33.293284	48.903941		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	305,997	0	15,127	32,584		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.618288	0.000000	2.822201	1.297134		205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	0		206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	0.000000		207.00

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-2

Date/Time Prepared:
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		Description	Worksheet		Amount	
			CODE	Line No.		
			1.00	2.00	3.00	4.00
1.00		ADJ FOR EPO COSTS IN RENAL DIALYSIS		1	74.00	0 1.00
2.00		ADJ FOR EPO COSTS IN HOME PROGRAM		1	94.00	0 2.00
3.00		ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1	74.00	0 3.00
4.00		ADJ FOR ARANESP COSTS IN HOME PROGRAM		1	94.00	0 4.00
5.00		ADJ FOR ESA COSTS IN RENAL DIALYSIS		1	74.00	-308,770 5.00
6.00		ADJ FOR ESA COSTS IN HOME PROGRAM		1	94.00	0 6.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/30/2021 11:23 am

				Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	81,547,334		81,547,334	0	81,547,334	30.00	
31.00	03100	INTENSIVE CARE UNIT	31,183,458		31,183,458	0	31,183,458	31.00	
33.00	03300	BURN INTENSIVE CARE UNIT	7,162,122		7,162,122	0	7,162,122	33.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	8,739,023		8,739,023	0	8,739,023	35.00	
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	3,650,608		3,650,608	0	3,650,608	35.01	
35.03	02400	HEART TRANSPLANT ICU	4,965,396		4,965,396	0	4,965,396	35.03	
35.04	02401	BONE INTENSIVE CARE	6,360,236		6,360,236	0	6,360,236	35.04	
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00	
43.00	04300	NURSERY	1,490,273		1,490,273	0	1,490,273	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	39,021,637		39,021,637	0	39,021,637	50.00	
50.01	05001	AMBULATORY SURGERY CENTER	8,999,417		8,999,417	0	8,999,417	50.01	
51.00	05100	RECOVERY ROOM	5,922,282		5,922,282	0	5,922,282	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,732,479		4,732,479	0	4,732,479	52.00	
53.00	05300	ANESTHESIOLOGY	1,711,669		1,711,669	0	1,711,669	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,627,426		11,627,426	0	11,627,426	54.00	
54.01	03630	RADIOLOGY-ULTRASOUND	2,272,239		2,272,239	0	2,272,239	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00	
56.00	05600	RADIOISOTOPE	2,724,568		2,724,568	0	2,724,568	56.00	
57.00	05700	CT SCAN	5,633,107		5,633,107	0	5,633,107	57.00	
58.00	05800	MRI	3,236,519		3,236,519	0	3,236,519	58.00	
59.00	05900	CARDIAC CATHETERIZATION	12,285,046		12,285,046	0	12,285,046	59.00	
60.00	06000	LABORATORY	38,980,882		38,980,882	0	38,980,882	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.	11,318,592		11,318,592	0	11,318,592	63.00	
65.00	06500	RESPIRATORY THERAPY	10,887,935	0	10,887,935	0	10,887,935	65.00	
66.00	06600	PHYSICAL THERAPY	3,087,770	0	3,087,770	0	3,087,770	66.00	
67.00	06700	OCCUPATIONAL THERAPY	1,812,383	0	1,812,383	0	1,812,383	67.00	
68.00	06800	SPEECH PATHOLOGY	690,712	0	690,712	0	690,712	68.00	
69.00	06900	ELECTROCARDIOLOGY	4,759,036		4,759,036	0	4,759,036	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	2,591,328		2,591,328	0	2,591,328	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	66,653,921		66,653,921	0	66,653,921	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	51,133,294		51,133,294	0	51,133,294	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	154,767,347		154,767,347	0	154,767,347	73.00	
74.00	07400	RENAL DIALYSIS	6,627,496		6,627,496	0	6,627,496	74.00	
76.00	03560	PULMONARY LABS	961,283		961,283	0	961,283	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	1,328,289		1,328,289	0	1,328,289	76.04	
76.05	03952	PEDIATRIC ENDO NUTRITION	0		0	0	0	76.05	
76.07	03340	GASTROINTESTINAL SERVICE	7,092,384		7,092,384	0	7,092,384	76.07	
76.09	03953	BONE MARROW PROCUREMENT	1,763,132		1,763,132	0	1,763,132	76.09	
76.10	03954	BARIASTRICS	739,618		739,618	0	739,618	76.10	
76.11	03955	HEPATOLOGY	1,077,895		1,077,895	0	1,077,895	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	432,684		432,684	0	432,684	90.00	
90.01	09001	CARDIAC REHABILITATION	0		0	0	0	90.01	
90.02	09002	CANCER CENTER	12,414,081		12,414,081	0	12,414,081	90.02	
90.03	09003	PSYCH SOCIAL REHAB	923,198		923,198	0	923,198	90.03	
90.04	09004	WELLNESS ASSESSMENT	0		0	0	0	90.04	
90.06	09005	HEART FAILURE CLINIC	0		0	0	0	90.06	
90.07	09006	LOC OUTPATIENT CENTER	49,030,286		49,030,286	0	49,030,286	90.07	
90.08	09007	OBST OUTPATIENT CENTER	13,978,359		13,978,359	0	13,978,359	90.08	
90.09	09008	ELMHURST IMMEDIATE CARE	2,315,143		2,315,143	0	2,315,143	90.09	
90.10	09009	LAGRANGE FAMILY PCC	2,806,541		2,806,541	0	2,806,541	90.10	
90.12	09010	NORTH RIVERSIDE PCC	4,737,052		4,737,052	0	4,737,052	90.12	
90.13	09011	GLENDALE HEIGHTS PCC	0		0	0	0	90.13	
90.14	09012	WHEATON PCC	370,272		370,272	0	370,272	90.14	
90.15	09013	OBST II PCC	2,743,897		2,743,897	0	2,743,897	90.15	
90.16	09014	HICKORY HILLS PCC	5,525,240		5,525,240	0	5,525,240	90.16	
90.18	09015	DARIEN PCC	2,635,027		2,635,027	0	2,635,027	90.18	
90.20	09016	ORLAND PARK - FP	1,331,170		1,331,170	0	1,331,170	90.20	
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	6,026,381		6,026,381	0	6,026,381	90.21	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/30/2021 11:23 am

				Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
90.22	09018	HOMER GLEN PCC	8,818,058		8,818,058	0	8,818,058	90.22	
90.23	09019	OAK PARK PCC	1,385,917		1,385,917	0	1,385,917	90.23	
90.24	09020	PARK RIDGE PCC	1,507,939		1,507,939	0	1,507,939	90.24	
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	2,345,643		2,345,643	0	2,345,643	90.25	
90.26	09022	WOODRIDGE PCC	0		0	0	0	90.26	
90.27	09023	NEUROLOGY - NILES	0		0	0	0	90.27	
90.28	09024	MARJORIE WEINBERG CANCER CENTER	2,484,235		2,484,235	0	2,484,235	90.28	
90.29	09025	BURR RIDGE PCC	26,834,461		26,834,461	0	26,834,461	90.29	
90.30	09026	RIVER FOREST	3,173,322		3,173,322	0	3,173,322	90.30	
90.31	09027	NORRIDGE	580,190		580,190	0	580,190	90.31	
90.32	09028	ELMWOOD PARK	1,491,725		1,491,725	0	1,491,725	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	15,053,941		15,053,941	0	15,053,941	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	9,232,856		9,232,856		9,232,856	92.00	
92.01	09201	OBSERVATION BEDS-DISTINCT	5,267,539		5,267,539	0	5,267,539	92.01	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	524,458		524,458	0	524,458	95.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	740,351		740,351	0	740,351	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	11,180,085		11,180,085		11,180,085	105.00	
106.00	10600	HEART ACQUISITION	3,049,214		3,049,214		3,049,214	106.00	
107.00	10700	LIVER ACQUISITION	8,419,662		8,419,662		8,419,662	107.00	
108.00	10800	LUNG ACQUISITION	5,744,733		5,744,733		5,744,733	108.00	
109.00	10900	PANCREAS ACQUISITION	670,101		670,101		670,101	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)	823,311,897	0	823,311,897	0	823,311,897	200.00	
201.00		Less Observation Beds	9,232,856		9,232,856		9,232,856	201.00	
202.00		Total (see instructions)	814,079,041	0	814,079,041	0	814,079,041	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
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			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	347,357,931		347,357,931		30.00
31.00	03100	INTENSIVE CARE UNIT	157,407,432		157,407,432		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	38,446,352		38,446,352		33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	20,581,684		20,581,684		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	14,261,344		14,261,344		35.01
35.03	02400	HEART TRANSPLANT ICU	20,093,615		20,093,615		35.03
35.04	02401	BONE INTENSIVE CARE	42,276,753		42,276,753		35.04
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
43.00	04300	NURSERY	4,989,651		4,989,651		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	100,457,479	41,153,912	141,611,391	0.275554	0.000000
50.01	05001	AMBULATORY SURGERY CENTER	168,308	66,975,769	67,144,077	0.134031	0.000000
51.00	05100	RECOVERY ROOM	36,770,499	37,168,462	73,938,961	0.080097	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,218,344	822,720	13,041,064	0.362891	0.000000
53.00	05300	ANESTHESIOLOGY	95,088,534	38,309,520	133,398,054	0.012831	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	44,559,126	55,139,988	99,699,114	0.116625	0.000000
54.01	03630	RADIOLOGY-ULTRASOUND	8,365,950	21,086,956	29,452,906	0.077148	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000
56.00	05600	RADIOISOTOPE	3,440,769	53,191,636	56,632,405	0.048110	0.000000
57.00	05700	CT SCAN	60,559,503	78,610,824	139,170,327	0.040476	0.000000
58.00	05800	MRI	16,436,234	45,039,547	61,475,781	0.052647	0.000000
59.00	05900	CARDIAC CATHETERIZATION	39,263,263	77,036,271	116,299,534	0.105633	0.000000
60.00	06000	LABORATORY	215,854,859	288,022,033	503,876,892	0.077362	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.	31,914,143	11,600,606	43,514,749	0.260109	0.000000
65.00	06500	RESPIRATORY THERAPY	65,217,339	914,438	66,131,777	0.164640	0.000000
66.00	06600	PHYSICAL THERAPY	16,513,487	2,313,608	18,827,095	0.164007	0.000000
67.00	06700	OCCUPATIONAL THERAPY	9,789,534	911,115	10,700,649	0.169371	0.000000
68.00	06800	SPEECH PATHOLOGY	4,004,385	99,615	4,104,000	0.168302	0.000000
69.00	06900	ELECTROCARDIOLOGY	25,946,306	28,211,107	54,157,413	0.087874	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	10,924,595	6,099,988	17,024,583	0.152211	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	35,552,664	27,726,454	63,279,118	1.053332	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	61,515,769	32,801,385	94,317,154	0.542142	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	134,464,902	290,213,708	424,678,610	0.364434	0.000000
74.00	07400	RENAL DIALYSIS	11,014,238	33,906,555	44,920,793	0.147537	0.000000
76.00	03560	PULMONARY LABS	1,594,012	4,348,668	5,942,680	0.161759	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	8,532,361	9,706,369	18,238,730	0.072828	0.000000
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0.000000	0.000000
76.07	03340	GASTROINTESTINAL SERVICE	14,000,020	112,164,654	126,164,674	0.056215	0.000000
76.09	03953	BONE MARROW PROCUREMENT	1,353,235	833,216	2,186,451	0.806390	0.000000
76.10	03954	BARITRICS	0	156,216	156,216	4.734585	0.000000
76.11	03955	HEPATOLOGY	0	14,038	14,038	76.784086	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	5,251	1,261,383	1,266,634	0.341601	0.000000
90.01	09001	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000
90.02	09002	CANCER CENTER	240,465	26,427,451	26,667,916	0.465506	0.000000
90.03	09003	PSYCH SOCIAL REHAB	0	3,661	3,661	252.170992	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	3,391,508	164,802,369	168,193,877	0.291511	0.000000
90.08	09007	OBT OUTPATIENT CENTER	19,093	37,261,022	37,280,115	0.374955	0.000000
90.09	09008	ELMHURST IMMEDIATE CARE	4,179	2,190,172	2,194,351	1.055047	0.000000
90.10	09009	LAGRANGE FAMILY PCC	2,046	6,715,061	6,717,107	0.417820	0.000000
90.12	09010	NORTH RIVERSIDE PCC	3,861	3,406,771	3,410,632	1.388907	0.000000
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0.000000	0.000000
90.14	09012	WHEATON PCC	509	90,747	91,256	4.057509	0.000000
90.15	09013	OB II PCC	4,700	4,600,461	4,605,161	0.595831	0.000000
90.16	09014	HICKORY HILLS PCC	3,122	12,244,621	12,247,743	0.451123	0.000000
90.18	09015	DARIEN PCC	2,002	1,774,519	1,776,521	1.483251	0.000000
90.20	09016	ORLAND PARK - FP	0	344,425	344,425	3.864905	0.000000
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	7,181	25,522,838	25,530,019	0.236051	0.000000
90.22	09018	HOMER GLEN PCC	6,701	12,084,186	12,090,887	0.729314	0.000000

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
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			Title XVIII			Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
90.23	09019	OAK PARK PCC	1,453	1,315,704	1,317,157	1.052203	0.000000	90.23
90.24	09020	PARK RIDGE PCC	5,261	3,966,639	3,971,900	0.379652	0.000000	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	207	4,872,787	4,872,994	0.481356	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	17,035	3,313,774	3,330,809	0.745835	0.000000	90.28
90.29	09025	BURR RIDGE PCC	193,355	108,384,221	108,577,576	0.247146	0.000000	90.29
90.30	09026	RIVER FOREST	15,358	7,158,494	7,173,852	0.442346	0.000000	90.30
90.31	09027	NORRIDGE	291	773,164	773,455	0.750128	0.000000	90.31
90.32	09028	ELMWOOD PARK	838	1,597,030	1,597,868	0.933572	0.000000	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	0.000000	0.000000	90.33
90.34	09034	CHICAGO AND BELMONT	0	0	0	0.000000	0.000000	90.34
91.00	09100	EMERGENCY	54,969,279	84,261,235	139,230,514	0.108122	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,632,999	22,223,814	28,856,813	0.319954	0.000000	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	11,002,356	10,121,752	21,124,108	0.249361	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	349,119	4,382,226	4,731,345	0.156478	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	29,847,361	5,030,195	34,877,556			105.00
106.00	10600	HEART ACQUISITION	3,155,341	509,752	3,665,093			106.00
107.00	10700	LIVER ACQUISITION	17,235,178	1,125,302	18,360,480			107.00
108.00	10800	LUNG ACQUISITION	10,559,213	769,437	11,328,650			108.00
109.00	10900	PANCREAS ACQUISITION	1,242,791	211,595	1,454,386			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)	1,849,852,673	1,923,326,186	3,773,178,859			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,849,852,673	1,923,326,186	3,773,178,859			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021Worksheet C
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Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT				35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT				35.01
35.03	02400	HEART TRANSPLANT ICU				35.03
35.04	02401	BONE INTENSIVE CARE				35.04
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.275554			50.00
50.01	05001	AMBULATORY SURGERY CENTER	0.134031			50.01
51.00	05100	RECOVERY ROOM	0.080097			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.362891			52.00
53.00	05300	ANESTHESIOLOGY	0.012831			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.116625			54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0.077148			54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.048110			56.00
57.00	05700	CT SCAN	0.040476			57.00
58.00	05800	MRI	0.052647			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.105633			59.00
60.00	06000	LABORATORY	0.077362			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.	0.260109			63.00
65.00	06500	RESPIRATORY THERAPY	0.164640			65.00
66.00	06600	PHYSICAL THERAPY	0.164007			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.169371			67.00
68.00	06800	SPEECH PATHOLOGY	0.168302			68.00
69.00	06900	ELECTROCARDIOLOGY	0.087874			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.152211			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.053332			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.542142			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.364434			73.00
74.00	07400	RENAL DIALYSIS	0.147537			74.00
76.00	03560	PULMONARY LABS	0.161759			76.00
76.01	03950	OCCUPATIONAL HEALTH	0.000000			76.01
76.03	03951	HYPERALIMENTATION	0.000000			76.03
76.04	03650	PERIPHERAL VASCULAR	0.072828			76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0.000000			76.05
76.07	03340	GASTROINTESTINAL SERVICE	0.056215			76.07
76.09	03953	BONE MARROW PROCUREMENT	0.806390			76.09
76.10	03954	BARITRICS	4.734585			76.10
76.11	03955	HEPATOLOGY	76.784086			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	0.341601			90.00
90.01	09001	CARDIAC REHABILITATION	0.000000			90.01
90.02	09002	CANCER CENTER	0.465506			90.02
90.03	09003	PSYCH SOCIAL REHAB	252.170992			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	0.291511			90.07
90.08	09007	OBST OUTPATIENT CENTER	0.374955			90.08
90.09	09008	ELMHURST IMMEDIATE CARE	1.055047			90.09
90.10	09009	LAGRANGE FAMILY PCC	0.417820			90.10
90.12	09010	NORTH RIVERSIDE PCC	1.388907			90.12
90.13	09011	GLENDALE HEIGHTS PCC	0.000000			90.13
90.14	09012	WHEATON PCC	4.057509			90.14
90.15	09013	OBST II PCC	0.595831			90.15
90.16	09014	HICKORY HILLS PCC	0.451123			90.16
90.18	09015	DARIEN PCC	1.483251			90.18
90.20	09016	ORLAND PARK - FP	3.864905			90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0.236051			90.21
90.22	09018	HOMER GLEN PCC	0.729314			90.22
90.23	09019	OAK PARK PCC	1.052203			90.23
90.24	09020	PARK RIDGE PCC	0.379652			90.24

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0276

Period:
From 07/01/2020
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Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	0.481356			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	0.745835			90.28
90.29	09025	BURR RIDGE PCC	0.247146			90.29
90.30	09026	RIVER FOREST	0.442346			90.30
90.31	09027	NORRIDGE	0.750128			90.31
90.32	09028	ELMWOOD PARK	0.933572			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	0.108122			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.319954			92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.249361			92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.156478			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 07/01/2020
To 06/30/2021Worksheet C
Part I
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			Title XIX		Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
					Total Costs	RCE Disallowance	Total Costs
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	81,547,334		81,547,334	0	81,547,334
31.00	03100	INTENSIVE CARE UNIT	31,183,458		31,183,458	0	31,183,458
33.00	03300	BURN INTENSIVE CARE UNIT	7,162,122		7,162,122	0	7,162,122
35.00	02060	NEONATAL INTENSIVE CARE UNIT	8,739,023		8,739,023	0	8,739,023
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	3,650,608		3,650,608	0	3,650,608
35.03	02400	HEART TRANSPLANT ICU	4,965,396		4,965,396	0	4,965,396
35.04	02401	BONE INTENSIVE CARE	6,360,236		6,360,236	0	6,360,236
41.00	04100	SUBPROVIDER - IRF	0		0	0	0
43.00	04300	NURSERY	1,490,273		1,490,273	0	1,490,273
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	39,021,637		39,021,637	0	39,021,637
50.01	05001	AMBULATORY SURGERY CENTER	8,999,417		8,999,417	0	8,999,417
51.00	05100	RECOVERY ROOM	5,922,282		5,922,282	0	5,922,282
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,732,479		4,732,479	0	4,732,479
53.00	05300	ANESTHESIOLOGY	1,711,669		1,711,669	0	1,711,669
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,627,426		11,627,426	0	11,627,426
54.01	03630	RADIOLOGY-ULTRASOUND	2,272,239		2,272,239	0	2,272,239
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0
56.00	05600	RADIOISOTOPE	2,724,568		2,724,568	0	2,724,568
57.00	05700	CT SCAN	5,633,107		5,633,107	0	5,633,107
58.00	05800	MRI	3,236,519		3,236,519	0	3,236,519
59.00	05900	CARDIAC CATHETERIZATION	12,285,046		12,285,046	0	12,285,046
60.00	06000	LABORATORY	38,980,882		38,980,882	0	38,980,882
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.	11,318,592		11,318,592	0	11,318,592
65.00	06500	RESPIRATORY THERAPY	10,887,935	0	10,887,935	0	10,887,935
66.00	06600	PHYSICAL THERAPY	3,087,770	0	3,087,770	0	3,087,770
67.00	06700	OCCUPATIONAL THERAPY	1,812,383	0	1,812,383	0	1,812,383
68.00	06800	SPEECH PATHOLOGY	690,712	0	690,712	0	690,712
69.00	06900	ELECTROCARDIOLOGY	4,759,036		4,759,036	0	4,759,036
70.00	07000	ELECTROENCEPHALOGRAPHY	2,591,328		2,591,328	0	2,591,328
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	66,653,921		66,653,921	0	66,653,921
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	51,133,294		51,133,294	0	51,133,294
73.00	07300	DRUGS CHARGED TO PATIENTS	154,767,347		154,767,347	0	154,767,347
74.00	07400	RENAL DIALYSIS	6,627,496		6,627,496	0	6,627,496
76.00	03560	PULMONARY LABS	961,283		961,283	0	961,283
76.01	03950	OCCUPATIONAL HEALTH	0		0	0	0
76.03	03951	HYPERALIMENTATION	0		0	0	0
76.04	03650	PERIPHERAL VASCULAR	1,328,289		1,328,289	0	1,328,289
76.05	03952	PEDIATRIC ENDO NUTRITION	0		0	0	0
76.07	03340	GASTROINTESTINAL SERVICE	7,092,384		7,092,384	0	7,092,384
76.09	03953	BONE MARROW PROCUREMENT	1,763,132		1,763,132	0	1,763,132
76.10	03954	BARIASTRICS	739,618		739,618	0	739,618
76.11	03955	HEPATOLOGY	1,077,895		1,077,895	0	1,077,895
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	432,684		432,684	0	432,684
90.01	09001	CARDIAC REHABILITATION	0		0	0	0
90.02	09002	CANCER CENTER	12,414,081		12,414,081	0	12,414,081
90.03	09003	PSYCH SOCIAL REHAB	923,198		923,198	0	923,198
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	49,030,286		49,030,286	0	49,030,286
90.08	09007	OBT OUTPATIENT CENTER	13,978,359		13,978,359	0	13,978,359
90.09	09008	ELMHURST IMMEDIATE CARE	2,315,143		2,315,143	0	2,315,143
90.10	09009	LAGRANGE FAMILY PCC	2,806,541		2,806,541	0	2,806,541
90.12	09010	NORTH RIVERSIDE PCC	4,737,052		4,737,052	0	4,737,052
90.13	09011	GLENDALE HEIGHTS PCC	0		0	0	0
90.14	09012	WHEATON PCC	370,272		370,272	0	370,272
90.15	09013	OBT II PCC	2,743,897		2,743,897	0	2,743,897
90.16	09014	HICKORY HILLS PCC	5,525,240		5,525,240	0	5,525,240
90.18	09015	DARIEN PCC	2,635,027		2,635,027	0	2,635,027
90.20	09016	ORLAND PARK - FP	1,331,170		1,331,170	0	1,331,170
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	6,026,381		6,026,381	0	6,026,381

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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.	Costs			
					Total Costs	RCE Disallowance		Total Costs
			1.00	2.00	3.00	4.00	5.00	
90.22	09018	HOMER GLEN PCC	8,818,058		8,818,058	0	8,818,058	90.22
90.23	09019	OAK PARK PCC	1,385,917		1,385,917	0	1,385,917	90.23
90.24	09020	PARK RIDGE PCC	1,507,939		1,507,939	0	1,507,939	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	2,345,643		2,345,643	0	2,345,643	90.25
90.26	09022	WOODRIDGE PCC	0		0	0	0	90.26
90.27	09023	NEUROLOGY - NILES	0		0	0	0	90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	2,484,235		2,484,235	0	2,484,235	90.28
90.29	09025	BURR RIDGE PCC	26,834,461		26,834,461	0	26,834,461	90.29
90.30	09026	RIVER FOREST	3,173,322		3,173,322	0	3,173,322	90.30
90.31	09027	NORRIDGE	580,190		580,190	0	580,190	90.31
90.32	09028	ELMWOOD PARK	1,491,725		1,491,725	0	1,491,725	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	15,053,941		15,053,941	0	15,053,941	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	9,232,856		9,232,856	0	9,232,856	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	5,267,539		5,267,539	0	5,267,539	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	524,458		524,458	0	524,458	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	740,351		740,351	0	740,351	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	11,180,085		11,180,085	0	11,180,085	105.00
106.00	10600	HEART ACQUISITION	3,049,214		3,049,214	0	3,049,214	106.00
107.00	10700	LIVER ACQUISITION	8,419,662		8,419,662	0	8,419,662	107.00
108.00	10800	LUNG ACQUISITION	5,744,733		5,744,733	0	5,744,733	108.00
109.00	10900	PANCREAS ACQUISITION	670,101		670,101	0	670,101	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
200.00		Subtotal (see instructions)	823,311,897	0	823,311,897	0	823,311,897	200.00
201.00		Less Observation Beds	9,232,856		9,232,856	0	9,232,856	201.00
202.00		Total (see instructions)	814,079,041	0	814,079,041	0	814,079,041	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
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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	347,357,931		347,357,931		30.00
31.00	03100	INTENSIVE CARE UNIT	157,407,432		157,407,432		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	38,446,352		38,446,352		33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	20,581,684		20,581,684		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	14,261,344		14,261,344		35.01
35.03	02400	HEART TRANSPLANT ICU	20,093,615		20,093,615		35.03
35.04	02401	BONE INTENSIVE CARE	42,276,753		42,276,753		35.04
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
43.00	04300	NURSERY	4,989,651		4,989,651		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	100,457,479	41,153,912	141,611,391	0.275554	0.000000
50.01	05001	AMBULATORY SURGERY CENTER	168,308	66,975,769	67,144,077	0.134031	0.000000
51.00	05100	RECOVERY ROOM	36,770,499	37,168,462	73,938,961	0.080097	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,218,344	822,720	13,041,064	0.362891	0.000000
53.00	05300	ANESTHESIOLOGY	95,088,534	38,309,520	133,398,054	0.012831	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	44,559,126	55,139,988	99,699,114	0.116625	0.000000
54.01	03630	RADIOLOGY-ULTRASOUND	8,365,950	21,086,956	29,452,906	0.077148	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000
56.00	05600	RADIOISOTOPE	3,440,769	53,191,636	56,632,405	0.048110	0.000000
57.00	05700	CT SCAN	60,559,503	78,610,824	139,170,327	0.040476	0.000000
58.00	05800	MRI	16,436,234	45,039,547	61,475,781	0.052647	0.000000
59.00	05900	CARDIAC CATHETERIZATION	39,263,263	77,036,271	116,299,534	0.105633	0.000000
60.00	06000	LABORATORY	215,854,859	288,022,033	503,876,892	0.077362	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.	31,914,143	11,600,606	43,514,749	0.260109	0.000000
65.00	06500	RESPIRATORY THERAPY	65,217,339	914,438	66,131,777	0.164640	0.000000
66.00	06600	PHYSICAL THERAPY	16,513,487	2,313,608	18,827,095	0.164007	0.000000
67.00	06700	OCCUPATIONAL THERAPY	9,789,534	911,115	10,700,649	0.169371	0.000000
68.00	06800	SPEECH PATHOLOGY	4,004,385	99,615	4,104,000	0.168302	0.000000
69.00	06900	ELECTROCARDIOLOGY	25,946,306	28,211,107	54,157,413	0.087874	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	10,924,595	6,099,988	17,024,583	0.152211	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	35,552,664	27,726,454	63,279,118	1.053332	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	61,515,769	32,801,385	94,317,154	0.542142	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	134,464,902	290,213,708	424,678,610	0.364434	0.000000
74.00	07400	RENAL DIALYSIS	11,014,238	33,906,555	44,920,793	0.147537	0.000000
76.00	03560	PULMONARY LABS	1,594,012	4,348,668	5,942,680	0.161759	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	8,532,361	9,706,369	18,238,730	0.072828	0.000000
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0.000000	0.000000
76.07	03340	GASTROINTESTINAL SERVICE	14,000,020	112,164,654	126,164,674	0.056215	0.000000
76.09	03953	BONE MARROW PROCUREMENT	1,353,235	833,216	2,186,451	0.806390	0.000000
76.10	03954	BARITRICS	0	156,216	156,216	4.734585	0.000000
76.11	03955	HEPATOLOGY	0	14,038	14,038	76.784086	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	5,251	1,261,383	1,266,634	0.341601	0.000000
90.01	09001	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000
90.02	09002	CANCER CENTER	240,465	26,427,451	26,667,916	0.465506	0.000000
90.03	09003	PSYCH SOCIAL REHAB	0	3,661	3,661	252.170992	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	3,391,508	164,802,369	168,193,877	0.291511	0.000000
90.08	09007	OBT OUTPATIENT CENTER	19,093	37,261,022	37,280,115	0.374955	0.000000
90.09	09008	ELMHURST IMMEDIATE CARE	4,179	2,190,172	2,194,351	1.055047	0.000000
90.10	09009	LAGRANGE FAMILY PCC	2,046	6,715,061	6,717,107	0.417820	0.000000
90.12	09010	NORTH RIVERSIDE PCC	3,861	3,406,771	3,410,632	1.388907	0.000000
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0.000000	0.000000
90.14	09012	WHEATON PCC	509	90,747	91,256	4.057509	0.000000
90.15	09013	OBT II PCC	4,700	4,600,461	4,605,161	0.595831	0.000000
90.16	09014	HICKORY HILLS PCC	3,122	12,244,621	12,247,743	0.451123	0.000000
90.18	09015	DARIEN PCC	2,002	1,774,519	1,776,521	1.483251	0.000000
90.20	09016	ORLAND PARK - FP	0	344,425	344,425	3.864905	0.000000
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	7,181	25,522,838	25,530,019	0.236051	0.000000
90.22	09018	HOMER GLEN PCC	6,701	12,084,186	12,090,887	0.729314	0.000000

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/30/2021 11:23 am

			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		10.00	
90.23	09019	OAK PARK PCC	1,453	1,315,704	1,317,157	1.052203	0.000000	90.23
90.24	09020	PARK RIDGE PCC	5,261	3,966,639	3,971,900	0.379652	0.000000	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	207	4,872,787	4,872,994	0.481356	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	17,035	3,313,774	3,330,809	0.745835	0.000000	90.28
90.29	09025	BURR RIDGE PCC	193,355	108,384,221	108,577,576	0.247146	0.000000	90.29
90.30	09026	RIVER FOREST	15,358	7,158,494	7,173,852	0.442346	0.000000	90.30
90.31	09027	NORRIDGE	291	773,164	773,455	0.750128	0.000000	90.31
90.32	09028	ELMWOOD PARK	838	1,597,030	1,597,868	0.933572	0.000000	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	0.000000	0.000000	90.33
90.34	09034	CHICAGO AND BELMONT	0	0	0	0.000000	0.000000	90.34
91.00	09100	EMERGENCY	54,969,279	84,261,235	139,230,514	0.108122	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,632,999	22,223,814	28,856,813	0.319954	0.000000	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	11,002,356	10,121,752	21,124,108	0.249361	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	349,119	4,382,226	4,731,345	0.156478	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	29,847,361	5,030,195	34,877,556			105.00
106.00	10600	HEART ACQUISITION	3,155,341	509,752	3,665,093			106.00
107.00	10700	LIVER ACQUISITION	17,235,178	1,125,302	18,360,480			107.00
108.00	10800	LUNG ACQUISITION	10,559,213	769,437	11,328,650			108.00
109.00	10900	PANCREAS ACQUISITION	1,242,791	211,595	1,454,386			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)	1,849,852,673	1,923,326,186	3,773,178,859			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,849,852,673	1,923,326,186	3,773,178,859			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/30/2021 11:23 am

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT				35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT				35.01
35.03	02400	HEART TRANSPLANT ICU				35.03
35.04	02401	BONE INTENSIVE CARE				35.04
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	05001	AMBULATORY SURGERY CENTER	0.000000			50.01
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0.000000			54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	03420	LABORATORY - PATHOLOGICAL	0.000000			60.01
60.02	03956	LABORATORY-NEUROSURGICAL	0.000000			60.02
60.03	03957	LABORATORY-HLA	0.000000			60.03
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.00	03560	PULMONARY LABS	0.000000			76.00
76.01	03950	OCCUPATIONAL HEALTH	0.000000			76.01
76.03	03951	HYPERALIMENTATION	0.000000			76.03
76.04	03650	PERIPHERAL VASCULAR	0.000000			76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0.000000			76.05
76.07	03340	GASTROINTESTINAL SERVICE	0.000000			76.07
76.09	03953	BONE MARROW PROCUREMENT	0.000000			76.09
76.10	03954	BARITRICS	0.000000			76.10
76.11	03955	HEPATOLOGY	0.000000			76.11
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	CARDIAC REHABILITATION	0.000000			90.01
90.02	09002	CANCER CENTER	0.000000			90.02
90.03	09003	PSYCH SOCIAL REHAB	0.000000			90.03
90.04	09004	WELLNESS ASSESSMENT	0.000000			90.04
90.06	09005	HEART FAILURE CLINIC	0.000000			90.06
90.07	09006	LOC OUTPATIENT CENTER	0.000000			90.07
90.08	09007	OBT OUTPATIENT CENTER	0.000000			90.08
90.09	09008	ELMHURST IMMEDIATE CARE	0.000000			90.09
90.10	09009	LAGRANGE FAMILY PCC	0.000000			90.10
90.12	09010	NORTH RIVERSIDE PCC	0.000000			90.12
90.13	09011	GLENDALE HEIGHTS PCC	0.000000			90.13
90.14	09012	WHEATON PCC	0.000000			90.14
90.15	09013	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 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/30/2021 11:23 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 07/01/2020
To 06/30/2021Worksheet D
Part I
Date/Time Prepared:
11/30/2021 11:23 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	7,872,017	0	7,872,017	84,675	92.97	30.00	
31.00	INTENSIVE CARE UNIT	1,974,337		1,974,337	27,740	71.17	31.00	
33.00	BURN INTENSIVE CARE UNIT	638,974		638,974	1,115	573.07	33.00	
35.00	NEONATAL INTENSIVE CARE UNIT	667,581		667,581	11,863	56.27	35.00	
35.01	PEDIATRIC INTENSIVE CARE UNIT	225,016		225,016	1,651	136.29	35.01	
35.03	HEART TRANSPLANT ICU	452,650		452,650	3,300	137.17	35.03	
35.04	BONE INTENSIVE CARE	577,152		577,152	3,650	158.12	35.04	
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00	
43.00	NURSERY	36,309		36,309	4,636	7.83	43.00	
200.00	Total (lines 30 through 199)	12,444,036		12,444,036	138,630		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	27,310	2,539,011					30.00
31.00	INTENSIVE CARE UNIT	7,225	514,203					31.00
33.00	BURN INTENSIVE CARE UNIT	1,099	629,804					33.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0					35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	13	1,772					35.01
35.03	HEART TRANSPLANT ICU	1,164	159,666					35.03
35.04	BONE INTENSIVE CARE	1,952	308,650					35.04
41.00	SUBPROVIDER - IRF	0	0					41.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	38,763	4,153,106					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part II
Date/Time Prepared:
11/30/2021 11:23 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	3,995,004	141,611,391	0.028211	29,108,199	821,171	50.00
50.01	05001 AMBULATORY SURGERY CENTER	1,239,486	67,144,077	0.018460	87,306	1,612	50.01
51.00	05100 RECOVERY ROOM	666,821	73,938,961	0.009019	10,789,386	97,309	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	390,382	13,041,064	0.029935	71,468	2,139	52.00
53.00	05300 ANESTHESIOLOGY	165,331	133,398,054	0.001239	27,201,492	33,703	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,318,637	99,699,114	0.023256	14,000,992	325,607	54.00
54.01	03630 RADIOLOGY-ULTRASOUND	124,928	29,452,906	0.004242	2,548,909	10,812	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	333,521	56,632,405	0.005889	916,329	5,396	56.00
57.00	05700 CT SCAN	354,550	139,170,327	0.002548	18,076,468	46,059	57.00
58.00	05800 MRI	524,291	61,475,781	0.008528	5,224,862	44,558	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,057,359	116,299,534	0.017690	14,248,099	252,049	59.00
60.00	06000 LABORATORY	2,583,480	503,876,892	0.005127	69,263,361	355,113	60.00
60.01	03420 LABORATORY - PATHOLOGICAL	0	0	0.000000	0	0	60.01
60.02	03956 LABORATORY-NEUROSURGICAL	0	0	0.000000	0	0	60.02
60.03	03957 LABORATORY-HLA	0	0	0.000000	0	0	60.03
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	299,531	43,514,749	0.006883	9,551,177	65,741	63.00
65.00	06500 RESPIRATORY THERAPY	558,900	66,131,777	0.008451	20,799,786	175,779	65.00
66.00	06600 PHYSICAL THERAPY	69,692	18,827,095	0.003702	5,611,863	20,775	66.00
67.00	06700 OCCUPATIONAL THERAPY	170,747	10,700,649	0.015957	3,219,365	51,371	67.00
68.00	06800 SPEECH PATHOLOGY	48,834	4,104,000	0.011899	1,328,009	15,802	68.00
69.00	06900 ELECTROCARDIOLOGY	550,808	54,157,413	0.010171	9,442,955	96,044	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	323,042	17,024,583	0.018975	2,945,629	55,893	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,306,445	63,279,118	0.020646	11,078,561	228,728	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,016,483	94,317,154	0.010777	21,658,905	233,418	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	3,607,256	424,678,610	0.008494	39,379,692	334,491	73.00
74.00	07400 RENAL DIALYSIS	669,224	44,920,793	0.014898	4,450,605	66,305	74.00
76.00	03560 PULMONARY LABS	143,878	5,942,680	0.024211	663,330	16,060	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	134,569	18,238,730	0.007378	3,094,515	22,831	76.04
76.05	03952 PEDIATRIC ENDO NUTRITION	0	0	0.000000	0	0	76.05
76.07	03340 GASTROINTESTINAL SERVICE	709,353	126,164,674	0.005622	5,212,479	29,305	76.07
76.09	03953 BONE MARROW PROCUREMENT	35,847	2,186,451	0.016395	575,134	9,429	76.09
76.10	03954 BARIATRICS	14,115	156,216	0.090356	0	0	76.10
76.11	03955 HEPATOLOGY	470,627	14,038	33.525217	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	96,192	1,266,634	0.075943	1,913	145	90.00
90.01	09001 CARDIAC REHABILITATION	0	0	0.000000	0	0	90.01
90.02	09002 CANCER CENTER	1,456,310	26,667,916	0.054609	172,197	9,404	90.02
90.03	09003 PSYCH SOCIAL REHAB	259,473	3,661	70.874898	0	0	90.03
90.04	09004 WELLNESS ASSESSMENT	0	0	0.000000	0	0	90.04
90.06	09005 HEART FAILURE CLINIC	0	0	0.000000	0	0	90.06
90.07	09006 LOC OUTPATIENT CENTER	6,790,331	168,193,877	0.040372	992,138	40,055	90.07
90.08	09007 OUTPATIENT CENTER	1,962,181	37,280,115	0.052633	12,769	672	90.08
90.09	09008 ELMHURST IMMEDIATE CARE	372,310	2,194,351	0.169667	3,332	565	90.09
90.10	09009 LAGRANGE FAMILY PCC	608,370	6,717,107	0.090570	1,179	107	90.10
90.12	09010 NORTH RIVERSIDE PCC	1,329,014	3,410,632	0.389668	2,951	1,150	90.12
90.13	09011 GLENDALE HEIGHTS PCC	0	0	0.000000	0	0	90.13
90.14	09012 WHEATON PCC	51,270	91,256	0.561826	468	263	90.14
90.15	09013 OUT II PCC	335,577	4,605,161	0.072870	2,454	179	90.15
90.16	09014 HICKORY HILLS PCC	867,679	12,247,743	0.070844	2,518	178	90.16
90.18	09015 DARIEN PCC	294,562	1,776,521	0.165808	1,616	268	90.18
90.20	09016 ORLAND PARK - FP	445,153	344,425	1.292453	0	0	90.20
90.21	09017 FAMILY PRACTICE MAYWOOD PCC	852,393	25,530,019	0.033388	1,903	64	90.21
90.22	09018 HOMER GLEN PCC	674,778	12,090,887	0.055809	5,263	294	90.22
90.23	09019 OAK PARK PCC	256,766	1,317,157	0.194940	1,377	268	90.23
90.24	09020 PARK RIDGE PCC	218,220	3,971,900	0.054941	4,724	260	90.24
90.25	09021 LOYOLA CLINIC AT GOTTLIEB	160,444	4,872,994	0.032925	0	0	90.25
90.26	09022 WOODRIDGE PCC	0	0	0.000000	0	0	90.26
90.27	09023 NEUROLOGY - NILES	0	0	0.000000	0	0	90.27
90.28	09024 MARJORIE WEINBERG CANCER CENTER	48,143	3,330,809	0.014454	13,872	201	90.28
90.29	09025 BURR RIDGE PCC	3,905,992	108,577,576	0.035974	164,803	5,929	90.29
90.30	09026 RIVER FOREST	424,945	7,173,852	0.059235	13,303	788	90.30
90.31	09027 NORRIDGE	134,598	773,455	0.174022	291	51	90.31

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part II
Date/Time Prepared:
11/30/2021 11:23 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	259,111	1,597,868	0.162160	70	11
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0.000000	0	0
90.34	09034	CHICAGO AND BELMONT	0	0	0.000000	0	0
91.00	09100	EMERGENCY	998,567	139,230,514	0.007172	16,343,094	117,213
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	891,275	28,856,813	0.030886	2,301,667	71,089
92.01	09201	OBSERVATION BEDS-DISTINCT	499,962	21,124,108	0.023668	4,818,012	114,033
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	56,783	4,731,345	0.012001	165,047	1,981
200.00		Total (lines 50 through 199)	49,133,540	3,058,077,932		355,575,837	3,782,668

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0276		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part III Date/Time Prepared: 11/30/2021 11:23 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	231,230	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	133,019	0	31.00		
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	17,605	0	33.00		
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	58,685	0	35.00		
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	82,241	0	35.01		
35.03	02400	HEART TRANSPLANT ICU	0	0	0	23,474	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	546,254	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	231,230	84,675	2.73	27,310	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	133,019	27,740	4.80	7,225	31.00		
33.00	03300	BURN INTENSIVE CARE UNIT	0	17,605	1,115	15.79	1,099	33.00		
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	58,685	11,863	4.95	0	35.00		
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	82,241	1,651	49.81	13	35.01		
35.03	02400	HEART TRANSPLANT ICU	0	23,474	3,300	7.11	1,164	35.03		
35.04	02401	BONE INTENSIVE CARE	0	0	3,650	0.00	1,952	35.04		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00		
43.00	04300	NURSERY	0	0	4,636	0.00	0	43.00		
200.00		Total (lines 30 through 199)	0	546,254	138,630		38,763	200.00		
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
					9.00					
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	74,556					30.00		
31.00	03100	INTENSIVE CARE UNIT	34,680					31.00		
33.00	03300	BURN INTENSIVE CARE UNIT	17,353					33.00		
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0					35.00		
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	648					35.01		
35.03	02400	HEART TRANSPLANT ICU	8,276					35.03		
35.04	02401	BONE INTENSIVE CARE	0					35.04		
41.00	04100	SUBPROVIDER - IRF	0					41.00		
43.00	04300	NURSERY	0					43.00		
200.00		Total (lines 30 through 199)	135,513					200.00		

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0276	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/30/2021 11:23 am	
				Title XVIII	Hospital	PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Allied Health Post-Stepdown Adjustments	Allied Health
				1.00	2A	3A	3.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		0	0	0	0
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	334,503
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	0
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	25,430
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	123,238
90.08	09007	OBT OUTPATIENT CENTER		0	0	0	64,553
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 07/01/2020
To 06/30/2021

Worksheet D
Part IV
Date/Time Prepared:
11/30/2021 11:23 am

Cost Center Description			Title XVIII		Hospital		PPS	
			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
90.34	09034	CHICAGO AND BELMONT	0	0	0	0	0	90.34
91.00	09100	EMERGENCY	0	0	0	0	1,627,002	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	26,184	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	2,200,910	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0276		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/30/2021 11:23 am		
				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) (see instructions)			
			4.00	5.00	6.00	7.00	8.00			
	ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	141,611,391	0.000000	50.00		
50.01	05001	AMBULATORY SURGERY CENTER	0	0	0	67,144,077	0.000000	50.01		
51.00	05100	RECOVERY ROOM	0	0	0	73,938,961	0.000000	51.00		
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	13,041,064	0.000000	52.00		
53.00	05300	ANESTHESIOLOGY	0	0	0	133,398,054	0.000000	53.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	99,699,114	0.000000	54.00		
54.01	03630	RADIOLOGY-ULTRASOUND	0	0	0	29,452,906	0.000000	54.01		
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00		
56.00	05600	RADIOISOTOPE	0	0	0	56,632,405	0.000000	56.00		
57.00	05700	CT SCAN	0	0	0	139,170,327	0.000000	57.00		
58.00	05800	MRI	0	0	0	61,475,781	0.000000	58.00		
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	116,299,534	0.000000	59.00		
60.00	06000	LABORATORY	0	0	0	503,876,892	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	43,514,749	0.000000	63.00		
65.00	06500	RESPIRATORY THERAPY	0	0	0	66,131,777	0.000000	65.00		
66.00	06600	PHYSICAL THERAPY	0	0	0	18,827,095	0.000000	66.00		
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	10,700,649	0.000000	67.00		
68.00	06800	SPEECH PATHOLOGY	0	0	0	4,104,000	0.000000	68.00		
69.00	06900	ELECTROCARDIOLOGY	0	0	0	54,157,413	0.000000	69.00		
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	17,024,583	0.000000	70.00		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	63,279,118	0.000000	71.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	94,317,154	0.000000	72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	0	334,503	334,503	424,678,610	0.000788	73.00		
74.00	07400	RENAL DIALYSIS	0	0	0	44,920,793	0.000000	74.00		
76.00	03560	PULMONARY LABS	0	0	0	5,942,680	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	18,238,730	0.000000	76.04		
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0	0.000000	76.05		
76.07	03340	GASTROINTESTINAL SERVICE	0	0	0	126,164,674	0.000000	76.07		
76.09	03953	BONE MARROW PROCUREMENT	0	0	0	2,186,451	0.000000	76.09		
76.10	03954	BARIATRICS	0	0	0	156,216	0.000000	76.10		
76.11	03955	HEPATOLOGY	0	25,430	25,430	14,038	1.811512	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	1,266,634	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	26,667,916	0.000000	90.02		
90.03	09003	PSYCH SOCIAL REHAB	0	0	0	3,661	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	123,238	123,238	168,193,877	0.000733	90.07		
90.08	09007	OBT OUTPATIENT CENTER	0	64,553	64,553	37,280,115	0.001732	90.08		
90.09	09008	ELMHURST IMMEDIATE CARE	0	0	0	2,194,351	0.000000	90.09		
90.10	09009	LAGRANGE FAMILY PCC	0	0	0	6,717,107	0.000000	90.10		
90.12	09010	NORTH RIVERSIDE PCC	0	0	0	3,410,632	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	91,256	0.000000	90.14		
90.15	09013	OBT II PCC	0	0	0	4,605,161	0.000000	90.15		
90.16	09014	HICKORY HILLS PCC	0	0	0	12,247,743	0.000000	90.16		
90.18	09015	DARIEN PCC	0	0	0	1,776,521	0.000000	90.18		
90.20	09016	ORLAND PARK - FP	0	0	0	344,425	0.000000	90.20		
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0	0	0	25,530,019	0.000000	90.21		
90.22	09018	HOMER GLEN PCC	0	0	0	12,090,887	0.000000	90.22		
90.23	09019	OAK PARK PCC	0	0	0	1,317,157	0.000000	90.23		
90.24	09020	PARK RIDGE PCC	0	0	0	3,971,900	0.000000	90.24		
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	0	0	0	4,872,994	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	3,330,809	0.000000	90.28		
90.29	09025	BURR RIDGE PCC	0	0	0	108,577,576	0.000000	90.29		
90.30	09026	RIVER FOREST	0	0	0	7,173,852	0.000000	90.30		

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021

Worksheet D
Part IV
Date/Time Prepared:
11/30/2021 11:23 am

			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) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
90.31	09027	NORRIDGE	0	0	0	773,455	0.000000	90.31
90.32	09028	ELMWOOD PARK	0	0	0	1,597,868	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	0	0.000000	90.34
91.00	09100	EMERGENCY	0	1,627,002	1,627,002	139,230,514	0.011686	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	26,184	26,184	28,856,813	0.000907	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	21,124,108	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	4,731,345	0.000000	97.00
200.00		Total (lines 50 through 199)	0	2,200,910	2,200,910	3,058,077,932		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part IV
Date/Time Prepared:
11/30/2021 11:23 am

			Title XVIII		Hospital	PPS		
	Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
	ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	29,108,199	0	7,885,141	0	50.00	
50.01	05001 AMBULATORY SURGERY CENTER	0.000000	87,306	0	10,870,938	0	50.01	
51.00	05100 RECOVERY ROOM	0.000000	10,789,386	0	7,375,478	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	71,468	0	3,095	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.000000	27,201,492	0	7,672,605	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	14,000,992	0	11,676,428	0	54.00	
54.01	03630 RADIOLOGY-ULTRASOUND	0.000000	2,548,909	0	3,322,221	0	54.01	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00	
56.00	05600 RADIOISOTOPE	0.000000	916,329	0	12,896,481	0	56.00	
57.00	05700 CT SCAN	0.000000	18,076,468	0	20,176,146	0	57.00	
58.00	05800 MRI	0.000000	5,224,862	0	16,181,714	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	14,248,099	0	31,077,528	0	59.00	
60.00	06000 LABORATORY	0.000000	69,263,361	0	39,647,430	0	60.00	
60.01	03420 LABORATORY - PATHOLOGICAL	0.000000	0	0	0	0	60.01	
60.02	03956 LABORATORY-NEUROSURGICAL	0.000000	0	0	0	0	60.02	
60.03	03957 LABORATORY-HLA	0.000000	0	0	0	0	60.03	
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	9,551,177	0	2,287,088	0	63.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	20,799,786	0	175,977	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	5,611,863	0	111,241	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	3,219,365	0	5,972	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	1,328,009	0	534	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	9,442,955	0	8,578,661	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	2,945,629	0	789,892	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	11,078,561	0	7,639,016	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	21,658,905	0	9,998,269	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000788	39,379,692	31,031	93,905,934	73,998	73.00	
74.00	07400 RENAL DIALYSIS	0.000000	4,450,605	0	290,262	0	74.00	
76.00	03560 PULMONARY LABS	0.000000	663,330	0	1,612,926	0	76.00	
76.01	03950 OCCUPATIONAL HEALTH	0.000000	0	0	0	0	76.01	
76.03	03951 HYPERALIMENTATION	0.000000	0	0	0	0	76.03	
76.04	03650 PERIPHERAL VASCULAR	0.000000	3,094,515	0	3,563,522	0	76.04	
76.05	03952 PEDIATRIC ENDO NUTRITION	0.000000	0	0	0	0	76.05	
76.07	03340 GASTROINTESTINAL SERVICE	0.000000	5,212,479	0	28,537,318	0	76.07	
76.09	03953 BONE MARROW PROCUREMENT	0.000000	575,134	0	51,741	0	76.09	
76.10	03954 BARIATRICS	0.000000	0	0	14,196	0	76.10	
76.11	03955 HEPATOLOGY	1.811512	0	0	5,712	10,347	76.11	
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97	
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98	
76.99	07699 LITHOTRIPSY	0.000000	0	0	0	0	76.99	
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	1,913	0	159,158	0	90.00	
90.01	09001 CARDIAC REHABILITATION	0.000000	0	0	0	0	90.01	
90.02	09002 CANCER CENTER	0.000000	172,197	0	7,451,596	0	90.02	
90.03	09003 PSYCH SOCIAL REHAB	0.000000	0	0	1,442	0	90.03	
90.04	09004 WELLNESS ASSESSMENT	0.000000	0	0	0	0	90.04	
90.06	09005 HEART FAILURE CLINIC	0.000000	0	0	0	0	90.06	
90.07	09006 LOC OUTPATIENT CENTER	0.000733	992,138	727	48,324,572	35,422	90.07	
90.08	09007 OBT OUTPATIENT CENTER	0.001732	12,769	22	6,342,516	10,985	90.08	
90.09	09008 ELMHURST IMMEDIATE CARE	0.000000	3,332	0	451,761	0	90.09	
90.10	09009 LAGRANGE FAMILY PCC	0.000000	1,179	0	1,434,579	0	90.10	
90.12	09010 NORTH RIVERSIDE PCC	0.000000	2,951	0	261,303	0	90.12	
90.13	09011 GLENDALE HEIGHTS PCC	0.000000	0	0	0	0	90.13	
90.14	09012 WHEATON PCC	0.000000	468	0	27,649	0	90.14	
90.15	09013 OBT II PCC	0.000000	2,454	0	471,197	0	90.15	
90.16	09014 HICKORY HILLS PCC	0.000000	2,518	0	796,725	0	90.16	
90.18	09015 DARIEN PCC	0.000000	1,616	0	287,021	0	90.18	
90.20	09016 ORLAND PARK - FP	0.000000	0	0	28,810	0	90.20	
90.21	09017 FAMILY PRACTICE MAYWOOD PCC	0.000000	1,903	0	365,478	0	90.21	
90.22	09018 HOMER GLEN PCC	0.000000	5,263	0	1,501,889	0	90.22	
90.23	09019 OAK PARK PCC	0.000000	1,377	0	285,222	0	90.23	
90.24	09020 PARK RIDGE PCC	0.000000	4,724	0	1,559,481	0	90.24	
90.25	09021 LOYOLA CLINIC AT GOTTLIEB	0.000000	0	0	662,358	0	90.25	
90.26	09022 WOODRIDGE PCC	0.000000	0	0	0	0	90.26	
90.27	09023 NEUROLOGY - NILES	0.000000	0	0	0	0	90.27	
90.28	09024 MARJORIE WEINBERG CANCER CENTER	0.000000	13,872	0	1,134,953	0	90.28	
90.29	09025 BURR RIDGE PCC	0.000000	164,803	0	27,434,641	0	90.29	
90.30	09026 RIVER FOREST	0.000000	13,303	0	993,364	0	90.30	
90.31	09027 NORRIDGE	0.000000	291	0	160,583	0	90.31	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021

Worksheet D
Part IV
Date/Time Prepared:
11/30/2021 11:23 am

				Title XVIII		Hospital	PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
				9.00	10.00	11.00	12.00	13.00
90.32	09028	ELMWOOD PARK	0.000000	70	0	202,117	0	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0.000000	0	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	0.000000	0	0	0	0	90.34
91.00	09100	EMERGENCY	0.011686	16,343,094	190,985	9,931,636	116,061	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000907	2,301,667	2,088	2,877,875	2,610	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.000000	4,818,012	0	1,725,313	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	165,047	0	2,327,299	0	97.00
200.00		Total (lines 50 through 199)		355,575,837	224,853	443,554,004	249,423	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part V
Date/Time Prepared:
11/30/2021 11:23 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	0.275554	7,885,141	0	0	2,172,782	50.00
50.01	05001	AMBULATORY SURGERY CENTER	0.134031	10,870,938	53,193	0	1,457,043	50.01
51.00	05100	RECOVERY ROOM	0.080097	7,375,478	0	1	590,754	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.362891	3,095	0	0	1,123	52.00
53.00	05300	ANESTHESIOLOGY	0.012831	7,672,605	0	0	98,447	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.116625	11,676,428	4	0	1,361,763	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0.077148	3,322,221	0	0	256,303	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.048110	12,896,481	0	0	620,450	56.00
57.00	05700	CT SCAN	0.040476	20,176,146	1	0	816,650	57.00
58.00	05800	MRI	0.052647	16,181,714	0	0	851,919	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.105633	31,077,528	1	0	3,282,813	59.00
60.00	06000	LABORATORY	0.077362	39,647,430	109,382	0	3,067,204	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.	0.260109	2,287,088	13,520	0	594,892	63.00
65.00	06500	RESPIRATORY THERAPY	0.164640	175,977	25	0	28,973	65.00
66.00	06600	PHYSICAL THERAPY	0.164007	111,241	18	0	18,244	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.169371	5,972	0	0	1,011	67.00
68.00	06800	SPEECH PATHOLOGY	0.168302	534	0	0	90	68.00
69.00	06900	ELECTROCARDIOLOGY	0.087874	8,578,661	10	1	753,841	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.152211	789,892	0	0	120,230	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.053332	7,639,016	21,904	0	8,046,420	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.542142	9,998,269	0	0	5,420,482	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.364434	93,905,934	59,654	1,040,691	34,222,515	73.00
74.00	07400	RENAL DIALYSIS	0.147537	290,262	107	418	42,824	74.00
76.00	03560	PULMONARY LABS	0.161759	1,612,926	4	0	260,905	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	0.072828	3,563,522	0	0	259,524	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0.000000	0	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	0.056215	28,537,318	974	0	1,604,225	76.07
76.09	03953	BONE MARROW PROCUREMENT	0.806390	51,741	21,565	0	41,723	76.09
76.10	03954	BARIATRICS	4.734585	14,196	0	0	67,212	76.10
76.11	03955	HEPATOLOGY	76.784086	5,712	0	0	438,591	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	0.341601	159,158	0	0	54,369	90.00
90.01	09001	CARDIAC REHABILITATION	0.000000	0	0	0	0	90.01
90.02	09002	CANCER CENTER	0.465506	7,451,596	87	309	3,468,763	90.02
90.03	09003	PSYCH SOCIAL REHAB	252.170992	1,442	0	0	363,631	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	0.291511	48,324,572	9,212	1,612	14,087,144	90.07
90.08	09007	OBT OUTPATIENT CENTER	0.374955	6,342,516	126	48	2,378,158	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	1.055047	451,761	155	602	476,629	90.09
90.10	09009	LAGRANGE FAMILY PCC	0.417820	1,434,579	91	350	599,396	90.10
90.12	09010	NORTH RIVERSIDE PCC	1.388907	261,303	72	281	362,926	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0.000000	0	0	0	0	90.13
90.14	09012	WHEATON PCC	4.057509	27,649	21	82	112,186	90.14
90.15	09013	OBT II PCC	0.595831	471,197	190	740	280,754	90.15
90.16	09014	HICKORY HILLS PCC	0.451123	796,725	95	367	359,421	90.16
90.18	09015	DARIEN PCC	1.483251	287,021	161	628	425,724	90.18
90.20	09016	ORLAND PARK - FP	3.864905	28,810	0	0	111,348	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0.236051	365,478	138	519	86,271	90.21
90.22	09018	HOMER GLEN PCC	0.729314	1,501,889	62	237	1,095,349	90.22
90.23	09019	OAK PARK PCC	1.052203	285,222	110	429	300,111	90.23
90.24	09020	PARK RIDGE PCC	0.379652	1,559,481	6	24	592,060	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	0.481356	662,358	57	224	318,830	90.25
90.26	09022	WOODRIDGE PCC	0.000000	0	0	0	0	90.26
90.27	09023	NEUROLOGY - NILES	0.000000	0	0	0	0	90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	0.745835	1,134,953	12	38	846,488	90.28
90.29	09025	BURR RIDGE PCC	0.247146	27,434,641	521	1,020	6,780,362	90.29

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part V
Date/Time Prepared:
11/30/2021 11:23 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	0.442346	993,364	74	39	439,411	90.30
90.31	09027	NORRIDGE	0.750128	160,583	62	240	120,458	90.31
90.32	09028	ELMWOOD PARK	0.933572	202,117	78	301	188,691	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0.000000	0	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	0.000000	0	0	0	0	90.34
91.00	09100	EMERGENCY	0.108122	9,931,636	43	168	1,073,828	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.319954	2,877,875	0	0	920,788	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.249361	1,725,313	5	18	430,226	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.000000		0			95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.156478	2,327,299	0	0	364,171	97.00
200.00		Subtotal (see instructions)		443,554,004	291,740	1,049,387	103,136,446	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		443,554,004	291,740	1,049,387	103,136,446	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0276		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part V Date/Time Prepared: 11/30/2021 11:23 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	7,130	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	8,462	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.	3,517	0				63.00	
65.00	06500	RESPIRATORY THERAPY	4	0				65.00	
66.00	06600	PHYSICAL THERAPY	3	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	1	0				69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0				70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	23,072	0				71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0				72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	21,740	379,263				73.00	
74.00	07400	RENAL DIALYSIS	16	62				74.00	
76.00	03560	PULMONARY LABS	1	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	55	0				76.07	
76.09	03953	BONE MARROW PROCUREMENT	17,390	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	40	144				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	2,685	470				90.07	
90.08	09007	OBT OUTPATIENT CENTER	47	18				90.08	
90.09	09008	ELMHURST IMMEDIATE CARE	164	635				90.09	
90.10	09009	LAGRANGE FAMILY PCC	38	146				90.10	
90.12	09010	NORTH RIVERSIDE PCC	100	390				90.12	
90.13	09011	GLENDALE HEIGHTS PCC	0	0				90.13	
90.14	09012	WHEATON PCC	85	333				90.14	
90.15	09013	OBT II PCC	113	441				90.15	
90.16	09014	HICKORY HILLS PCC	43	166				90.16	
90.18	09015	DARIEN PCC	239	931				90.18	
90.20	09016	ORLAND PARK - FP	0	0				90.20	
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	33	123				90.21	
90.22	09018	HOMER GLEN PCC	45	173				90.22	
90.23	09019	OAK PARK PCC	116	451				90.23	
90.24	09020	PARK RIDGE PCC	2	9				90.24	
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	27	108				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	9	28				90.28	
90.29	09025	BURR RIDGE PCC	129	252				90.29	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part V
Date/Time Prepared:
11/30/2021 11:23 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	33	17		90.30
90.31	09027	NORRIDGE	47	180		90.31
90.32	09028	ELMWOOD PARK	73	281		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	5	18		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	1	4		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)	85,465	384,643		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	85,465	384,643		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part V
Date/Time Prepared:
11/30/2021 11:23 am

			Title XIX		Hospital		Cost	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.275554	0	832,808	0	0	50.00
50.01	05001	AMBULATORY SURGERY CENTER	0.134031	0	1,092,173	0	0	50.01
51.00	05100	RECOVERY ROOM	0.080097	0	715,710	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.362891	0	22,320	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.012831	0	707,788	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.116625	0	903,256	0	0	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0.077148	0	375,345	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.048110	0	651,492	0	0	56.00
57.00	05700	CT SCAN	0.040476	0	1,568,567	0	0	57.00
58.00	05800	MRI	0.052647	0	553,766	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.105633	0	458,881	0	0	59.00
60.00	06000	LABORATORY	0.077362	0	3,561,471	0	0	60.00
60.01	03420	LABORATORY - PATHOLOGICAL	0.000000	0	0	0	0	60.01
60.02	03956	LABORATORY-NEUROSURGICAL	0.000000	0	0	0	0	60.02
60.03	03957	LABORATORY-HLA	0.000000	0	0	0	0	60.03
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.260109	0	183,053	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.164640	0	23,097	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.164007	0	44,491	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.169371	0	27,481	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.168302	0	2,641	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.087874	0	314,176	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.152211	0	84,913	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.053332	0	248,199	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.542142	0	525,948	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.364434	0	62,831	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.147537	0	205,447	0	0	74.00
76.00	03560	PULMONARY LABS	0.161759	0	25,733	0	0	76.00
76.01	03950	OCCUPATIONAL HEALTH	0.000000	0	0	0	0	76.01
76.03	03951	HYPERALIMENTATION	0.000000	0	0	0	0	76.03
76.04	03650	PERIPHERAL VASCULAR	0.072828	0	81,565	0	0	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0.000000	0	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	0.056215	0	737,711	0	0	76.07
76.09	03953	BONE MARROW PROCUREMENT	0.806390	0	6,676	0	0	76.09
76.10	03954	BARIATRICS	4.734585	0	696	0	0	76.10
76.11	03955	HEPATOLOGY	76.784086	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	0.341601	0	18,998	0	0	90.00
90.01	09001	CARDIAC REHABILITATION	0.000000	0	0	0	0	90.01
90.02	09002	CANCER CENTER	0.465506	0	802,708	0	0	90.02
90.03	09003	PSYCH SOCIAL REHAB	252.170992	0	0	0	0	90.03
90.04	09004	WELLNESS ASSESSMENT	0.000000	0	0	0	0	90.04
90.06	09005	HEART FAILURE CLINIC	0.000000	0	0	0	0	90.06
90.07	09006	LOC OUTPATIENT CENTER	0.291511	0	1,912,820	0	0	90.07
90.08	09007	OBT OUTPATIENT CENTER	0.374955	0	534,980	0	0	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	1.055047	0	18,698	0	0	90.09
90.10	09009	LAGRANGE FAMILY PCC	0.417820	0	28,675	0	0	90.10
90.12	09010	NORTH RIVERSIDE PCC	1.388907	0	44,190	0	0	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0.000000	0	0	0	0	90.13
90.14	09012	WHEATON PCC	4.057509	0	228	0	0	90.14
90.15	09013	OBT II PCC	0.595831	0	7,974	0	0	90.15
90.16	09014	HICKORY HILLS PCC	0.451123	0	174,663	0	0	90.16
90.18	09015	DARIEN PCC	1.483251	0	12,079	0	0	90.18
90.20	09016	ORLAND PARK - FP	3.864905	0	5,804	0	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0.236051	0	360,540	0	0	90.21
90.22	09018	HOMER GLEN PCC	0.729314	0	127,424	0	0	90.22
90.23	09019	OAK PARK PCC	1.052203	0	7,697	0	0	90.23
90.24	09020	PARK RIDGE PCC	0.379652	0	14,498	0	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	0.481356	0	4,699	0	0	90.25
90.26	09022	WOODRIDGE PCC	0.000000	0	0	0	0	90.26
90.27	09023	NEUROLOGY - NILES	0.000000	0	0	0	0	90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	0.745835	0	170,383	0	0	90.28
90.29	09025	BURR RIDGE PCC	0.247146	0	661,409	0	0	90.29

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part V
Date/Time Prepared:
11/30/2021 11:23 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	0.442346	0	59,838	0	0	0	90.30
90.31	09027	NORRIDGE	0.750128	0	3,727	0	0	0	90.31
90.32	09028	ELMWOOD PARK	0.933572	0	12,809	0	0	0	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0.000000	0	0	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	0.000000	0	0	0	0	0	90.34
91.00	09100	EMERGENCY	0.108122	0	3,384,041	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.319954	0	222,217	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.249361	0	736,905	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0.000000	0	0				95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.156478	0	20,957	0	0	0	97.00
200.00		Subtotal (see instructions)		0	23,367,196	0	0	0	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)		0	23,367,196	0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part V
Date/Time Prepared:
11/30/2021 11:23 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	229,484	0		50.00
50.01	05001	AMBULATORY SURGERY CENTER	146,385	0		50.01
51.00	05100	RECOVERY ROOM	57,326	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,100	0		52.00
53.00	05300	ANESTHESIOLOGY	9,082	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	105,342	0		54.00
54.01	03630	RADIOLOGY-ULTRASOUND	28,957	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	31,343	0		56.00
57.00	05700	CT SCAN	63,489	0		57.00
58.00	05800	MRI	29,154	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	48,473	0		59.00
60.00	06000	LABORATORY	275,523	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.	47,614	0		63.00
65.00	06500	RESPIRATORY THERAPY	3,803	0		65.00
66.00	06600	PHYSICAL THERAPY	7,297	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	4,654	0		67.00
68.00	06800	SPEECH PATHOLOGY	444	0		68.00
69.00	06900	ELECTROCARDIOLOGY	27,608	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,925	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	261,436	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	285,139	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,898	0		73.00
74.00	07400	RENAL DIALYSIS	30,311	0		74.00
76.00	03560	PULMONARY LABS	4,163	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	5,940	0		76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0		76.05
76.07	03340	GASTROINTESTINAL SERVICE	41,470	0		76.07
76.09	03953	BONE MARROW PROCUREMENT	5,383	0		76.09
76.10	03954	BARIASTRICS	3,295	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	6,490	0		90.00
90.01	09001	CARDIAC REHABILITATION	0	0		90.01
90.02	09002	CANCER CENTER	373,665	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	557,608	0		90.07
90.08	09007	OBT OUTPATIENT CENTER	200,593	0		90.08
90.09	09008	ELMHURST IMMEDIATE CARE	19,727	0		90.09
90.10	09009	LAGRANGE FAMILY PCC	11,981	0		90.10
90.12	09010	NORTH RIVERSIDE PCC	61,376	0		90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0		90.13
90.14	09012	WHEATON PCC	925	0		90.14
90.15	09013	OBT II PCC	4,751	0		90.15
90.16	09014	HICKORY HILLS PCC	78,794	0		90.16
90.18	09015	DARIEN PCC	17,916	0		90.18
90.20	09016	ORLAND PARK - FP	22,432	0		90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	85,106	0		90.21
90.22	09018	HOMER GLEN PCC	92,932	0		90.22
90.23	09019	OAK PARK PCC	8,099	0		90.23
90.24	09020	PARK RIDGE PCC	5,504	0		90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	2,262	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	127,078	0		90.28
90.29	09025	BURR RIDGE PCC	163,465	0		90.29

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part V
Date/Time Prepared:
11/30/2021 11:23 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	26,469	0		90.30
90.31	09027	NORRIDGE	2,796	0		90.31
90.32	09028	ELMWOOD PARK	11,958	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	365,889	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	71,099	0		92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	183,755	0		92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0			95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	3,279	0		97.00
200.00		Subtotal (see instructions)	4,302,987	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	4,302,987	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0276	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/30/2021 11:23 am
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		84,675	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		84,675	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)		75,088	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		27,310	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		81,547,334	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		81,547,334	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		81,547,334	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)		963.06	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		26,301,169	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)		26,301,169	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021

Worksheet D-1

Date/Time Prepared:
11/30/2021 11:23 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	31,183,458	27,740	1,124.13	7,225	8,121,839	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	7,162,122	1,115	6,423.43	1,099	7,059,350	45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	8,739,023	11,863	736.66	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	3,650,608	1,651	2,211.15	13	28,745	47.01
47.03	HEART TRANSPLANT ICU	4,965,396	3,300	1,504.67	1,164	1,751,436	47.03
47.04	BONE INTENSIVE CARE	6,360,236	3,650	1,742.53	1,952	3,401,419	47.04
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					71,585,939	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					118,249,897	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)					4,288,619	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					4,007,521	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					8,296,140	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					109,953,757	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					9,587	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					963.06	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					9,232,856	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021

Worksheet D-1

Date/Time Prepared:
11/30/2021 11:23 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	7,872,017	81,547,334	0.096533	9,232,856	891,275
91.00	Nursing School cost	0	81,547,334	0.000000	9,232,856	0
92.00	Allied health cost	231,230	81,547,334	0.002836	9,232,856	26,184
93.00	All other Medical Education	0	81,547,334	0.000000	9,232,856	0

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0276	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/30/2021 11:23 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		115,359,864	30.00
31.00	03100	INTENSIVE CARE UNIT		48,388,951	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		7,960,575	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT		79,583	35.01
35.03	02400	HEART TRANSPLANT ICU		7,261,185	35.03
35.04	02401	BONE INTENSIVE CARE		14,467,307	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	0.275554	29,108,199	8,020,881 50.00
50.01	05001	AMBULATORY SURGERY CENTER	0.134031	87,306	11,702 50.01
51.00	05100	RECOVERY ROOM	0.080097	10,789,386	864,197 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.362891	71,468	25,935 52.00
53.00	05300	ANESTHESIOLOGY	0.012831	27,201,492	349,022 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.116625	14,000,992	1,632,866 54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0.077148	2,548,909	196,643 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.048110	916,329	44,085 56.00
57.00	05700	CT SCAN	0.040476	18,076,468	731,663 57.00
58.00	05800	MRI	0.052647	5,224,862	275,073 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.105633	14,248,099	1,505,069 59.00
60.00	06000	LABORATORY	0.077362	69,263,361	5,358,352 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.	0.260109	9,551,177	2,484,347 63.00
65.00	06500	RESPIRATORY THERAPY	0.164640	20,799,786	3,424,477 65.00
66.00	06600	PHYSICAL THERAPY	0.164007	5,611,863	920,385 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.169371	3,219,365	545,267 67.00
68.00	06800	SPEECH PATHOLOGY	0.168302	1,328,009	223,507 68.00
69.00	06900	ELECTROCARDIOLOGY	0.087874	9,442,955	829,790 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.152211	2,945,629	448,357 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.053332	11,078,561	11,669,403 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.542142	21,658,905	11,742,202 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.364434	39,379,692	14,351,299 73.00
74.00	07400	RENAL DIALYSIS	0.147537	4,450,605	656,629 74.00
76.00	03560	PULMONARY LABS	0.161759	663,330	107,300 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	0.072828	3,094,515	225,367 76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0.000000	0	0 76.05
76.07	03340	GASTROINTESTINAL SERVICE	0.056215	5,212,479	293,020 76.07
76.09	03953	BONE MARROW PROCUREMENT	0.806390	575,134	463,782 76.09
76.10	03954	BARIATRICS	4.734585	0	0 76.10
76.11	03955	HEPATOLOGY	76.784086	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	0.341601	1,913	653 90.00
90.01	09001	CARDIAC REHABILITATION	0.000000	0	0 90.01
90.02	09002	CANCER CENTER	0.465506	172,197	80,159 90.02
90.03	09003	PSYCH SOCIAL REHAB	252.170992	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	0.291511	992,138	289,219 90.07
90.08	09007	OBT OUTPATIENT CENTER	0.374955	12,769	4,788 90.08
90.09	09008	ELMHURST IMMEDIATE CARE	1.055047	3,332	3,515 90.09
90.10	09009	LAGRANGE FAMILY PCC	0.417820	1,179	493 90.10
90.12	09010	NORTH RIVERSIDE PCC	1.388907	2,951	4,099 90.12
90.13	09011	GLENDALE HEIGHTS PCC	0.000000	0	0 90.13
90.14	09012	WHEATON PCC	4.057509	468	1,899 90.14
90.15	09013	OBT II PCC	0.595831	2,454	1,462 90.15
90.16	09014	HICKORY HILLS PCC	0.451123	2,518	1,136 90.16
90.18	09015	DARIEN PCC	1.483251	1,616	2,397 90.18
90.20	09016	ORLAND PARK - FP	3.864905	0	0 90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0.236051	1,903	449 90.21
90.22	09018	HOMER GLEN PCC	0.729314	5,263	3,838 90.22

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0276	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/30/2021 11:23 am	
			Title XVIII	Hospital	PPS	
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
90.23	09019	OAK PARK PCC	1.052203	1,377	1,449	90.23
90.24	09020	PARK RIDGE PCC	0.379652	4,724	1,793	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	0.481356	0	0	90.25
90.26	09022	WOODRIDGE PCC	0.000000	0	0	90.26
90.27	09023	NEUROLOGY - NILES	0.000000	0	0	90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	0.745835	13,872	10,346	90.28
90.29	09025	BURR RIDGE PCC	0.247146	164,803	40,730	90.29
90.30	09026	RIVER FOREST	0.442346	13,303	5,885	90.30
90.31	09027	NORRIDGE	0.750128	291	218	90.31
90.32	09028	ELMWOOD PARK	0.933572	70	65	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0.000000	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	0.000000	0	0	90.34
91.00	09100	EMERGENCY	0.108122	16,343,094	1,767,048	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.319954	2,301,667	736,428	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.249361	4,818,012	1,201,424	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES				95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.156478	165,047	25,826	97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		355,575,837	71,585,939	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)		355,575,837		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0276	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/30/2021 11:23 am
			Title XIX	Hospital	Cost
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		13,819,281	30.00
31.00	03100	INTENSIVE CARE UNIT		10,847,296	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		4,542,788	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		2,567,235	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT		1,620,264	35.01
35.03	02400	HEART TRANSPLANT ICU		754,860	35.03
35.04	02401	BONE INTENSIVE CARE		444,532	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	0.275554	3,962,980	1,092,015 50.00
50.01	05001	AMBULATORY SURGERY CENTER	0.134031	0	0 50.01
51.00	05100	RECOVERY ROOM	0.080097	1,191,956	95,472 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.362891	303,118	109,999 52.00
53.00	05300	ANESTHESIOLOGY	0.012831	3,666,266	47,042 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.116625	2,356,595	274,838 54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0.077148	396,044	30,554 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.048110	54,974	2,645 56.00
57.00	05700	CT SCAN	0.040476	3,189,099	129,082 57.00
58.00	05800	MRI	0.052647	834,796	43,950 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.105633	787,178	83,152 59.00
60.00	06000	LABORATORY	0.077362	10,006,688	774,137 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.	0.260109	1,442,714	375,263 63.00
65.00	06500	RESPIRATORY THERAPY	0.164640	3,712,872	611,287 65.00
66.00	06600	PHYSICAL THERAPY	0.164007	813,864	133,479 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.169371	539,322	91,346 67.00
68.00	06800	SPEECH PATHOLOGY	0.168302	244,376	41,129 68.00
69.00	06900	ELECTROCARDIOLOGY	0.087874	975,415	85,714 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.152211	378,814	57,660 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.053332	1,313,125	1,383,157 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.542142	1,886,524	1,022,764 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.364434	6,371,837	2,322,114 73.00
74.00	07400	RENAL DIALYSIS	0.147537	420,985	62,111 74.00
76.00	03560	PULMONARY LABS	0.161759	22,806	3,689 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	0.072828	310,493	22,613 76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0.000000	0	0 76.05
76.07	03340	GASTROINTESTINAL SERVICE	0.056215	252,323	14,184 76.07
76.09	03953	BONE MARROW PROCUREMENT	0.806390	1,875	1,512 76.09
76.10	03954	BARIATRICS	4.734585	0	0 76.10
76.11	03955	HEPATOLOGY	76.784086	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	0.341601	640	219 90.00
90.01	09001	CARDIAC REHABILITATION	0.000000	0	0 90.01
90.02	09002	CANCER CENTER	0.465506	3,618	1,684 90.02
90.03	09003	PSYCH SOCIAL REHAB	252.170992	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	0.291511	112,683	32,848 90.07
90.08	09007	OBT OUTPATIENT CENTER	0.374955	-121	-45 90.08
90.09	09008	ELMHURST IMMEDIATE CARE	1.055047	0	0 90.09
90.10	09009	LAGRANGE FAMILY PCC	0.417820	0	0 90.10
90.12	09010	NORTH RIVERSIDE PCC	1.388907	0	0 90.12
90.13	09011	GLENDALE HEIGHTS PCC	0.000000	0	0 90.13
90.14	09012	WHEATON PCC	4.057509	0	0 90.14
90.15	09013	OBT II PCC	0.595831	0	0 90.15
90.16	09014	HICKORY HILLS PCC	0.451123	0	0 90.16
90.18	09015	DARIEN PCC	1.483251	0	0 90.18
90.20	09016	ORLAND PARK - FP	3.864905	0	0 90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0.236051	0	0 90.21
90.22	09018	HOMER GLEN PCC	0.729314	0	0 90.22

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0276	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/30/2021 11:23 am	
			Title XIX	Hospital	Cost	
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
90.23	09019	OAK PARK PCC	1.052203	0	0	90.23
90.24	09020	PARK RIDGE PCC	0.379652	0	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	0.481356	0	0	90.25
90.26	09022	WOODRIDGE PCC	0.000000	0	0	90.26
90.27	09023	NEUROLOGY - NILES	0.000000	0	0	90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	0.745835	0	0	90.28
90.29	09025	BURR RIDGE PCC	0.247146	109	27	90.29
90.30	09026	RIVER FOREST	0.442346	-121	-54	90.30
90.31	09027	NORRIDGE	0.750128	0	0	90.31
90.32	09028	ELMWOOD PARK	0.933572	0	0	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0.000000	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	0.000000	0	0	90.34
91.00	09100	EMERGENCY	0.108122	2,713,173	293,354	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.319954	212,632	68,032	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.249361	425,324	106,059	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES				95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.156478	6,260	980	97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		48,911,236	9,414,012	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)		48,911,236		202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 14-0276

Period:

From 07/01/2020

To 06/30/2021

Worksheet D-4

Component CCN:

Date/Time Prepared:

11/30/2021 11:23 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	321,490	963.06	65	62,599	1.00
2.00	INTENSIVE CARE UNIT	43.00	29,676	1,124.13	6	6,745	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	6,423.43	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	736.66	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	0	2,211.15	0	0	6.01
6.03	HEART TRANSPLANT ICU	47.03	0	1,504.67	0	0	6.03
6.04	BONE INTENSIVE CARE	47.04	0	1,742.53	0	0	6.04
7.00	TOTAL (sum of lines 1 through 6)		351,166		71	69,344	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	0.275554	299,549	82,542	8.00
8.01	AMBULATORY SURGERY CENTER		50.01	0.134031	6,334	849	8.01
9.00	RECOVERY ROOM		51.00	0.080097	195,420	15,653	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.362891	827	300	10.00
11.00	ANESTHESIOLOGY		53.00	0.012831	497,712	6,386	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.116625	278,913	32,528	12.00
12.01	RADIOLOGY-ULTRASOUND		54.01	0.077148	101,419	7,824	12.01
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.000000	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.048110	769,230	37,008	14.00
15.00	CT SCAN		57.00	0.040476	784,177	31,740	15.00
16.00	MRI		58.00	0.052647	60,814	3,202	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.105633	857,395	90,569	17.00
18.00	LABORATORY		60.00	0.077362	3,386,495	261,986	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	0.260109	192,206	49,995	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.164640	31,540	5,193	23.00
24.00	PHYSICAL THERAPY		66.00	0.164007	3,799	623	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.169371	3,320	562	25.00
26.00	SPEECH PATHOLOGY		68.00	0.168302	603	101	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.087874	932,950	81,982	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.152211	15,058	2,292	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	1.053332	159,643	168,157	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.542142	39,982	21,676	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.364434	281,357	102,536	31.00
32.00	RENAL DIALYSIS		74.00	0.147537	84,889	12,524	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	PULMONARY LABS		76.00	0.161759	7,218	1,168	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	0.072828	92,560	6,741	34.04
34.05	PEDIATRIC ENDO NUTRITION		76.05	0.000000	0	0	34.05
34.07	GASTROINTESTINAL SERVICE		76.07	0.056215	183,553	10,318	34.07
34.09	BONE MARROW PROCUREMENT		76.09	0.806390	6,850	5,524	34.09
34.10	BIATRICS		76.10	4.734585	0	0	34.10
34.11	HEPATOLOGY		76.11	76.784086	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	0.341601	917	313	37.00
37.01	CARDIAC REHABILITATION		90.01	0.000000	672	0	37.01
37.02	CANCER CENTER		90.02	0.465506	11,237	5,231	37.02
37.03	PSYCH SOCIAL REHAB		90.03	252.170992	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	0.291511	48,669	14,188	37.07
37.08	OBT OUTPATIENT CENTER		90.08	0.374955	1,866	700	37.08

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

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 14-0276

Period: From 07/01/2020

Worksheet D-4

Component CCN:

To 06/30/2021

Date/Time Prepared: 11/30/2021 11:23 am

		Kidney		Hospital	PPS	
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.09	ELMHURST IMMEDIATE CARE	90.09	1.055047	1,152	1,215	37.09
37.10	LAGRANGE FAMILY PCC	90.10	0.417820	272	114	37.10
37.12	NORTH RIVERSIDE PCC	90.12	1.388907	574	797	37.12
37.13	GLENDALE HEIGHTS PCC	90.13	0.000000	0	0	37.13
37.14	WHEATON PCC	90.14	4.057509	71	288	37.14
37.15	OBT II PCC	90.15	0.595831	486	290	37.15
37.16	HICKORY HILLS PCC	90.16	0.451123	766	346	37.16
37.18	DARIEN PCC	90.18	1.483251	223	331	37.18
37.20	ORLAND PARK - FP	90.20	3.864905	0	0	37.20
37.21	FAMILY PRACTICE MAYWOOD PCC	90.21	0.236051	548	129	37.21
37.22	HOMER GLEN PCC	90.22	0.729314	908	662	37.22
37.23	OAK PARK PCC	90.23	1.052203	414	436	37.23
37.24	PARK RIDGE PCC	90.24	0.379652	923	350	37.24
37.25	LOYOLA CLINIC AT GOTTLIEB	90.25	0.481356	0	0	37.25
37.26	WOODRIDGE PCC	90.26	0.000000	0	0	37.26
37.27	NEUROLOGY - NILES	90.27	0.000000	0	0	37.27
37.28	MARJORIE WEINBERG CANCER CENTER	90.28	0.745835	1,625	1,212	37.28
37.29	BURR RIDGE PCC	90.29	0.247146	13,400	3,312	37.29
37.30	RIVER FOREST	90.30	0.442346	2,413	1,067	37.30
37.31	NORRIDGE	90.31	0.750128	132	99	37.31
37.32	ELMWOOD PARK	90.32	0.933572	3	3	37.32
37.33	OCCUPATIONAL HEALTH CLINIC	90.33	0.000000	0	0	37.33
37.34	CHICAGO AND BELMONT	90.34	0.000000	0	0	37.34
38.00	EMERGENCY	91.00	0.108122	103,924	11,236	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.319954	19,122	6,118	39.00
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.249361	9,298	2,319	39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8 through 40)			9,493,428	1,090,735	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	65	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	6	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)			71	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	917	0.000000	0	51.00
51.01	CARDIAC REHABILITATION	23.01	672	0.000000	0	51.01
51.02	CANCER CENTER	23.02	11,237	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	48,669	0.000000	0	51.07
51.08	OBT OUTPATIENT CENTER	23.08	1,866	0.000000	0	51.08
51.09	ELMHURST IMMEDIATE CARE	23.09	1,152	0.000000	0	51.09
51.10	LAGRANGE FAMILY PCC	23.10	272	0.000000	0	51.10
51.12	NORTH RIVERSIDE PCC	23.12	574	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	486	0.000000	0	51.15
51.16	HICKORY HILLS PCC	23.16	766	0.000000	0	51.16
51.18	DARIEN PCC	23.18	223	0.000000	0	51.18

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021

Worksheet D-4

Component CCN:

Date/Time Prepared:
11/30/2021 11:23 am

		Kidney		Hospital		PPS	
	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
51.20	ORLAND PARK - FP	23.20	0	0.000000	0	51.20	
51.21	FAMILY PRACTICE MAYWOOD PCC	23.21	548	0.000000	0	51.21	
51.22	HOMER GLEN PCC	23.22	908	0.000000	0	51.22	
51.23	OAK PARK PCC	23.23	414	0.000000	0	51.23	
51.24	PARK RIDGE PCC	23.24	923	0.000000	0	51.24	
51.25	LOYOLA CLINIC AT GOTTLIEB	23.25	0	0.000000	0	51.25	
51.26	WOODRIDGE PCC	23.26	0	0.000000	0	51.26	
51.27	NEUROLOGY - NILES	23.27	0	0.000000	0	51.27	
51.28	MARJORIE WEINBERG CANCER CENTER	23.28	1,625	0.000000	0	51.28	
51.29	BURR RIDGE PCC	23.29	13,400	0.000000	0	51.29	
51.30	RIVER FOREST	23.30	2,413	0.000000	0	51.30	
51.31	NORRIDGE	23.31	132	0.000000	0	51.31	
51.32	ELMWOOD PARK	23.32	3	0.000000	0	51.32	
51.33	OCCUPATIONAL HEALTH CLINIC	23.33	0	0.000000	0	51.33	
51.34	CHICAGO AND BELMONT	23.34	0	0.000000	0	51.34	
52.00	EMERGENCY	24.00	103,924	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	19,122	0.000000	0	53.00	
53.01	OBSERVATION BEDS-DISTINCT	25.01	9,298	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)		219,615		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	1,160,079		9,844,594		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)	11,180,085		11,178,044		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)	12,340,164		21,022,638		61.00	
62.00	Total Usable Organs (see instructions)		176			62.00	
63.00	Medicare Usable Organs (see instructions)		105			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.596591			64.00	
65.00	Medicare Cost/Charges (see instructions)	7,362,031		12,541,917		65.00	
66.00	Revenue for Organs Sold	85,385		0		66.00	
67.00	Subtotal (line 65 minus line 66)	7,276,646		12,541,917		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	7,276,646	0	12,541,917	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	30		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		22	124		73.00	
74.00	Total (sum of lines 70 through 73)		22	154		74.00	
75.00	Organs Transplanted		22	124	0	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	30	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)		22	154		84.00	

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 14-0276	Period: From 07/01/2020 To 06/30/2021	Worksheet D-4			
				Component CCN:		Date/Time Prepared: 11/30/2021 11:23 am			
				Liver		Hospital			
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		212,678	963.06		43	41,412	1.00
2.00	INTENSIVE CARE UNIT	43.00		39,568	1,124.13		8	8,993	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	6,423.43		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	736.66		0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01		0	2,211.15		0	0	6.01
6.03	HEART TRANSPLANT ICU	47.03		0	1,504.67		0	0	6.03
6.04	BONE INTENSIVE CARE	47.04		0	1,742.53		0	0	6.04
7.00	TOTAL (sum of lines 1 through 6)			252,246			51	50,405	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	0.275554	113,740		31,342	8.00
8.01	AMBULATORY SURGERY CENTER			50.01	0.134031	193		26	8.01
9.00	RECOVERY ROOM			51.00	0.080097	53,746		4,305	9.00
10.00	DELIVERY ROOM & LABOR ROOM			52.00	0.362891	287		104	10.00
11.00	ANESTHESIOLOGY			53.00	0.012831	141,565		1,816	11.00
12.00	RADIOLOGY-DIAGNOSTIC			54.00	0.116625	247,611		28,878	12.00
12.01	RADIOLOGY-ULTRASOUND			54.01	0.077148	73,481		5,669	12.01
13.00	RADIOLOGY-THERAPEUTIC			55.00	0.000000	0		0	13.00
14.00	RADIOISOTOPE			56.00	0.048110	119,305		5,740	14.00
15.00	CT SCAN			57.00	0.040476	230,154		9,316	15.00
16.00	MRI			58.00	0.052647	211,496		11,135	16.00
17.00	CARDIAC CATHETERIZATION			59.00	0.105633	383,907		40,553	17.00
18.00	LABORATORY			60.00	0.077362	1,219,041		94,307	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	0.260109	119,297		31,030	21.00
22.00	INTRAVENOUS THERAPY			64.00	0.000000	0		0	22.00
23.00	RESPIRATORY THERAPY			65.00	0.164640	54,175		8,919	23.00
24.00	PHYSICAL THERAPY			66.00	0.164007	28,897		4,739	24.00
25.00	OCCUPATIONAL THERAPY			67.00	0.169371	14,425		2,443	25.00
26.00	SPEECH PATHOLOGY			68.00	0.168302	2,137		360	26.00
27.00	ELECTROCARDIOLOGY			69.00	0.087874	266,258		23,397	27.00
28.00	ELECTROENCEPHALOGRAPHY			70.00	0.152211	0		0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT			71.00	1.053332	135,357		142,576	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS			72.00	0.542142	53,817		29,176	30.00
31.00	DRUGS CHARGED TO PATIENTS			73.00	0.364434	188,031		68,525	31.00
32.00	RENAL DIALYSIS			74.00	0.147537	4,475		660	32.00
33.00	ASC (NON-DISTINCT PART)			75.00	0.000000	0		0	33.00
34.00	PULMONARY LABS			76.00	0.161759	1,834		297	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	0.072828	48,818		3,555	34.04
34.05	PEDIATRIC ENDO NUTRITION			76.05	0.000000	0		0	34.05
34.07	GASTROINTESTINAL SERVICE			76.07	0.056215	179,359		10,083	34.07
34.09	BONE MARROW PROCUREMENT			76.09	0.806390	5,130		4,137	34.09
34.10	BARIATRICS			76.10	4.734585	0		0	34.10
34.11	HEPATOLOGY			76.11	76.784086	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	0.341601	118		40	37.00
37.01	CARDIAC REHABILITATION			90.01	0.000000	4,368		0	37.01
37.02	CANCER CENTER			90.02	0.465506	9,642		4,488	37.02
37.03	PSYCH SOCIAL REHAB			90.03	252.170992	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	0.291511	21,146		6,164	37.07
37.08	OBT OUTPATIENT CENTER			90.08	0.374955	478		179	37.08

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 14-0276

Period:

From 07/01/2020

To 06/30/2021

Worksheet D-4

Component CCN:

Date/Time Prepared:

11/30/2021 11:23 am

Cost Center Description		Liver		Hospital		PPS	
		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
37.09	ELMHURST IMMEDIATE CARE	90.09	1.055047	156	165	37.09	
37.10	LAGRANGE FAMILY PCC	90.10	0.417820	38	16	37.10	
37.12	NORTH RIVERSIDE PCC	90.12	1.388907	87	121	37.12	
37.13	GLENDALE HEIGHTS PCC	90.13	0.000000	0	0	37.13	
37.14	WHEATON PCC	90.14	4.057509	11	45	37.14	
37.15	OBT II PCC	90.15	0.595831	68	41	37.15	
37.16	HICKORY HILLS PCC	90.16	0.451123	130	59	37.16	
37.18	DARIEN PCC	90.18	1.483251	36	53	37.18	
37.20	ORLAND PARK - FP	90.20	3.864905	0	0	37.20	
37.21	FAMILY PRACTICE MAYWOOD PCC	90.21	0.236051	74	17	37.21	
37.22	HOMER GLEN PCC	90.22	0.729314	259	189	37.22	
37.23	OAK PARK PCC	90.23	1.052203	58	61	37.23	
37.24	PARK RIDGE PCC	90.24	0.379652	133	50	37.24	
37.25	LOYOLA CLINIC AT GOTTLIEB	90.25	0.481356	0	0	37.25	
37.26	WOODRIDGE PCC	90.26	0.000000	0	0	37.26	
37.27	NEUROLOGY - NILES	90.27	0.000000	0	0	37.27	
37.28	MARJORIE WEINBERG CANCER CENTER	90.28	0.745835	814	607	37.28	
37.29	BURR RIDGE PCC	90.29	0.247146	4,679	1,156	37.29	
37.30	RIVER FOREST	90.30	0.442346	391	173	37.30	
37.31	NORRIDGE	90.31	0.750128	18	14	37.31	
37.32	ELMWOOD PARK	90.32	0.933572	0	0	37.32	
37.33	OCCUPATIONAL HEALTH CLINIC	90.33	0.000000	0	0	37.33	
37.34	CHICAGO AND BELMONT	90.34	0.000000	0	0	37.34	
38.00	EMERGENCY	91.00	0.108122	90,420	9,776	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.319954	16,347	5,230	39.00	
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.249361	10,270	2,561	39.01	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8 through 40)			4,056,277	594,293	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	43	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	8	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)			51	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	118	0.000000	0	51.00	
51.01	CARDIAC REHABILITATION	23.01	4,368	0.000000	0	51.01	
51.02	CANCER CENTER	23.02	9,642	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	21,146	0.000000	0	51.07	
51.08	OBT OUTPATIENT CENTER	23.08	478	0.000000	0	51.08	
51.09	ELMHURST IMMEDIATE CARE	23.09	156	0.000000	0	51.09	
51.10	LAGRANGE FAMILY PCC	23.10	38	0.000000	0	51.10	
51.12	NORTH RIVERSIDE PCC	23.12	87	0.000000	0	51.12	
51.13	GLENDALE HEIGHTS PCC	23.13	0	0.000000	0	51.13	
51.14	WHEATON PCC	23.14	11	0.000000	0	51.14	
51.15	OBT II PCC	23.15	68	0.000000	0	51.15	
51.16	HICKORY HILLS PCC	23.16	130	0.000000	0	51.16	
51.18	DARIEN PCC	23.18	36	0.000000	0	51.18	

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 14-0276

Period:

From 07/01/2020

To 06/30/2021

Worksheet D-4

Component CCN:

Date/Time Prepared:

11/30/2021 11:23 am

Cost Center Description		Liver		Hospital		PPS	
		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
51.20	ORLAND PARK - FP	23.20	0	0.000000	0	51.20	
51.21	FAMILY PRACTICE MAYWOOD PCC	23.21	74	0.000000	0	51.21	
51.22	HOMER GLEN PCC	23.22	259	0.000000	0	51.22	
51.23	OAK PARK PCC	23.23	58	0.000000	0	51.23	
51.24	PARK RIDGE PCC	23.24	133	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	814	0.000000	0	51.28	
51.29	BURR RIDGE PCC	23.29	4,679	0.000000	0	51.29	
51.30	RIVER FOREST	23.30	391	0.000000	0	51.30	
51.31	NORRIDGE	23.31	18	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	90,420	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	16,347	0.000000	0	53.00	
53.01	OBSERVATION BEDS-DISTINCT	25.01	10,270	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)		159,741		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	644,698		4,308,523		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	8,419,662		8,418,923		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)	9,064,360		12,727,446		61.00	
62.00	Total Usable Organs (see instructions)		91			62.00	
63.00	Medicare Usable Organs (see instructions)		36			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.395604			64.00	
65.00	Medicare Cost/Charges (see instructions)	3,585,897		5,035,029		65.00	
66.00	Revenue for Organs Sold	39,846		0		66.00	
67.00	Subtotal (line 65 minus line 66)	3,546,051		5,035,029		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	3,546,051	0	5,035,029	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	14		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	77		73.00	
74.00	Total (sum of lines 70 through 73)		0	91		74.00	
75.00	Organs Transplanted		0	77	0	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	14	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	91		84.00	

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

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 14-0276
Component CCN:

Period:
From 07/01/2020
To 06/30/2021

Worksheet D-4
Date/Time Prepared:
11/30/2021 11:23 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	89,028	963.06	18	17,335	1.00
2.00	INTENSIVE CARE UNIT	43.00	39,568	1,124.13	8	8,993	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	6,423.43	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	736.66	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	0	2,211.15	0	0	6.01
6.03	HEART TRANSPLANT ICU	47.03	0	1,504.67	0	0	6.03
6.04	BONE INTENSIVE CARE	47.04	0	1,742.53	0	0	6.04
7.00	TOTAL (sum of lines 1 through 6)		128,596		26	26,328	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	0.275554	77,136	21,255	8.00
8.01	AMBULATORY SURGERY CENTER		50.01	0.134031	105	14	8.01
9.00	RECOVERY ROOM		51.00	0.080097	17,071	1,367	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.362891	119	43	10.00
11.00	ANESTHESIOLOGY		53.00	0.012831	85,511	1,097	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.116625	53,411	6,229	12.00
12.01	RADIOLOGY-ULTRASOUND		54.01	0.077148	16,002	1,235	12.01
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.000000	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.048110	48,854	2,350	14.00
15.00	CT SCAN		57.00	0.040476	92,502	3,744	15.00
16.00	MRI		58.00	0.052647	6,586	347	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.105633	165,668	17,500	17.00
18.00	LABORATORY		60.00	0.077362	396,101	30,643	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	0.260109	30,681	7,980	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.164640	26,398	4,346	23.00
24.00	PHYSICAL THERAPY		66.00	0.164007	10,596	1,738	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.169371	4,718	799	25.00
26.00	SPEECH PATHOLOGY		68.00	0.168302	121	20	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.087874	60,368	5,305	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.152211	9,433	1,436	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	1.053332	80,257	84,537	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.542142	17,866	9,686	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.364434	52,641	19,184	31.00
32.00	RENAL DIALYSIS		74.00	0.147537	4	1	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	PULMONARY LABS		76.00	0.161759	1,730	280	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	0.072828	21,493	1,565	34.04
34.05	PEDIATRIC ENDO NUTRITION		76.05	0.000000	0	0	34.05
34.07	GASTROINTESTINAL SERVICE		76.07	0.056215	60,793	3,417	34.07
34.09	BONE MARROW PROCUREMENT		76.09	0.806390	818	660	34.09
34.10	BARITRICS		76.10	4.734585	0	0	34.10
34.11	HEPATOLOGY		76.11	76.784086	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	0.341601	105	36	37.00
37.01	CARDIAC REHABILITATION		90.01	0.000000	2,224	0	37.01
37.02	CANCER CENTER		90.02	0.465506	2,581	1,201	37.02
37.03	PSYCH SOCIAL REHAB		90.03	252.170992	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	0.291511	7,499	2,186	37.07
37.08	OBST OUTPATIENT CENTER		90.08	0.374955	221	83	37.08

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 14-0276

Period:

From 07/01/2020

To 06/30/2021

Worksheet D-4

Component CCN:

Date/Time Prepared:

11/30/2021 11:23 am

Cost Center Description		Heart		Hospital		PPS	
		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
37.09	ELMHURST IMMEDIATE CARE	90.09	1.055047	132	139	37.09	
37.10	LAGRANGE FAMILY PCC	90.10	0.417820	32	13	37.10	
37.12	NORTH RIVERSIDE PCC	90.12	1.388907	67	93	37.12	
37.13	GLENDALE HEIGHTS PCC	90.13	0.000000	0	0	37.13	
37.14	WHEATON PCC	90.14	4.057509	8	32	37.14	
37.15	OBT II PCC	90.15	0.595831	60	36	37.15	
37.16	HICKORY HILLS PCC	90.16	0.451123	321	145	37.16	
37.18	DARIEN PCC	90.18	1.483251	27	40	37.18	
37.20	ORLAND PARK - FP	90.20	3.864905	0	0	37.20	
37.21	FAMILY PRACTICE MAYWOOD PCC	90.21	0.236051	63	15	37.21	
37.22	HOMER GLEN PCC	90.22	0.729314	131	96	37.22	
37.23	OAK PARK PCC	90.23	1.052203	47	49	37.23	
37.24	PARK RIDGE PCC	90.24	0.379652	73	28	37.24	
37.25	LOYOLA CLINIC AT GOTTLIEB	90.25	0.481356	0	0	37.25	
37.26	WOODRIDGE PCC	90.26	0.000000	0	0	37.26	
37.27	NEUROLOGY - NILES	90.27	0.000000	0	0	37.27	
37.28	MARJORIE WEINBERG CANCER CENTER	90.28	0.745835	292	218	37.28	
37.29	BURR RIDGE PCC	90.29	0.247146	1,672	413	37.29	
37.30	RIVER FOREST	90.30	0.442346	285	126	37.30	
37.31	NORRIDGE	90.31	0.750128	15	11	37.31	
37.32	ELMWOOD PARK	90.32	0.933572	0	0	37.32	
37.33	OCCUPATIONAL HEALTH CLINIC	90.33	0.000000	0	0	37.33	
37.34	CHICAGO AND BELMONT	90.34	0.000000	0	0	37.34	
38.00	EMERGENCY	91.00	0.108122	34,349	3,714	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.319954	11,046	3,534	39.00	
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.249361	5,516	1,375	39.01	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8 through 40)			1,403,749	240,361	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	18	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	8	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)			26	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	105	0.000000	0	51.00	
51.01	CARDIAC REHABILITATION	23.01	2,224	0.000000	0	51.01	
51.02	CANCER CENTER	23.02	2,581	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	7,499	0.000000	0	51.07	
51.08	OBT OUTPATIENT CENTER	23.08	221	0.000000	0	51.08	
51.09	ELMHURST IMMEDIATE CARE	23.09	132	0.000000	0	51.09	
51.10	LAGRANGE FAMILY PCC	23.10	32	0.000000	0	51.10	
51.12	NORTH RIVERSIDE PCC	23.12	67	0.000000	0	51.12	
51.13	GLENDALE HEIGHTS PCC	23.13	0	0.000000	0	51.13	
51.14	WHEATON PCC	23.14	8	0.000000	0	51.14	
51.15	OBT II PCC	23.15	60	0.000000	0	51.15	
51.16	HICKORY HILLS PCC	23.16	321	0.000000	0	51.16	
51.18	DARIEN PCC	23.18	27	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 A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM
Provider CCN: 14-0276
Period: From 07/01/2020 To 06/30/2021
Worksheet D-4
Date/Time Prepared: 11/30/2021 11:23 am

		Component CCN:	To	06/30/2021	Date/Time Prepared: 11/30/2021 11:23 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	0	0.000000	0	51.20	
51.21	FAMILY PRACTICE MAYWOOD PCC	23.21	63	0.000000	0	51.21	
51.22	HOMER GLEN PCC	23.22	131	0.000000	0	51.22	
51.23	OAK PARK PCC	23.23	47	0.000000	0	51.23	
51.24	PARK RIDGE PCC	23.24	73	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	292	0.000000	0	51.28	
51.29	BURR RIDGE PCC	23.29	1,672	0.000000	0	51.29	
51.30	RIVER FOREST	23.30	285	0.000000	0	51.30	
51.31	NORRIDGE	23.31	15	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	34,349	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	11,046	0.000000	0	53.00	
53.01	OBSERVATION BEDS-DISTINCT	25.01	5,516	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)		66,766		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	266,689		1,532,345		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	3,049,214		3,035,408		59.00	
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	3,315,903		4,567,753		61.00	
62.00	Total Usable Organs (see instructions)		20			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)		0.650000			64.00	
65.00	Medicare Cost/Charges (see instructions)	2,155,337		2,969,039		65.00	
66.00	Revenue for Organs Sold	25,615		0		66.00	
67.00	Subtotal (line 65 minus line 66)	2,129,722		2,969,039		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,129,722	0	2,969,039	0	69.00	
Cost Center Description		Living Related		Cadaveric	Revenue		
		1.00	2.00	2.00	3.00		
	PART IV - STATISTICS						
70.00	Organs Excised in Provider (1)		0	11		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	9		73.00	
74.00	Total (sum of lines 70 through 73)		0	20		74.00	
75.00	Organs Transplanted		0	9	0	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	11	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	20		84.00	

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 14-0276	Period: From 07/01/2020 To 06/30/2021	Worksheet D-4	
				Component CCN:		Date/Time Prepared: 11/30/2021 11:23 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	133,542	963.06	27	26,003	1.00
2.00	INTENSIVE CARE UNIT	43.00	79,136	1,124.13	16	17,986	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	6,423.43	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	736.66	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	0	2,211.15	0	0	6.01
6.03	HEART TRANSPLANT ICU	47.03	0	1,504.67	0	0	6.03
6.04	BONE INTENSIVE CARE	47.04	0	1,742.53	0	0	6.04
7.00	TOTAL (sum of lines 1 through 6)		212,678		43	43,989	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	0.275554	245,066	67,529	8.00	
8.01	AMBULATORY SURGERY CENTER	50.01	0.134031	510	68	8.01	
9.00	RECOVERY ROOM	51.00	0.080097	140,331	11,240	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.362891	398	144	10.00	
11.00	ANESTHESIOLOGY	53.00	0.012831	335,193	4,301	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.116625	164,977	19,240	12.00	
12.01	RADIOLOGY-ULTRASOUND	54.01	0.077148	49,669	3,832	12.01	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.048110	176,719	8,502	14.00	
15.00	CT SCAN	57.00	0.040476	220,743	8,935	15.00	
16.00	MRI	58.00	0.052647	25,929	1,365	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.105633	653,838	69,067	17.00	
18.00	LABORATORY	60.00	0.077362	1,247,078	96,476	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	0.260109	123,356	32,086	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.164640	515,999	84,954	23.00	
24.00	PHYSICAL THERAPY	66.00	0.164007	37,330	6,122	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.169371	17,081	2,893	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.168302	976	164	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.087874	287,385	25,254	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.152211	5,032	766	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	1.053332	124,684	131,334	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.542142	31,218	16,925	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.364434	336,492	122,629	31.00	
32.00	RENAL DIALYSIS	74.00	0.147537	14	2	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	PULMONARY LABS	76.00	0.161759	7,120	1,152	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	0.072828	83,848	6,106	34.04	
34.05	PEDIATRIC ENDO NUTRITION	76.05	0.000000	0	0	34.05	
34.07	GASTROINTESTINAL SERVICE	76.07	0.056215	380,606	21,396	34.07	
34.09	BONE MARROW PROCUREMENT	76.09	0.806390	3,894	3,140	34.09	
34.10	BARITRICS	76.10	4.734585	0	0	34.10	
34.11	HEPATOLOGY	76.11	76.784086	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	0.341601	312	107	37.00	
37.01	CARDIAC REHABILITATION	90.01	0.000000	0	0	37.01	
37.02	CANCER CENTER	90.02	0.465506	7,787	3,625	37.02	
37.03	PSYCH SOCIAL REHAB	90.03	252.170992	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	0.291511	17,691	5,157	37.07	
37.08	OBT OUTPATIENT CENTER	90.08	0.374955	742	278	37.08	

(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 A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 14-0276

Period:

From 07/01/2020

To 06/30/2021

Worksheet D-4

Component CCN:

Date/Time Prepared:

11/30/2021 11:23 am

Cost Center Description		Lung		Hospital		PPS	
		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
37.09	ELMHURST IMMEDIATE CARE	90.09	1.055047	392	414		37.09
37.10	LAGRANGE FAMILY PCC	90.10	0.417820	102	43		37.10
37.12	NORTH RIVERSIDE PCC	90.12	1.388907	195	271		37.12
37.13	GLENDALE HEIGHTS PCC	90.13	0.000000	0	0		37.13
37.14	WHEATON PCC	90.14	4.057509	24	97		37.14
37.15	OBT II PCC	90.15	0.595831	163	97		37.15
37.16	HICKORY HILLS PCC	90.16	0.451123	437	197		37.16
37.18	DARIEN PCC	90.18	1.483251	75	111		37.18
37.20	ORLAND PARK - FP	90.20	3.864905	0	0		37.20
37.21	FAMILY PRACTICE MAYWOOD PCC	90.21	0.236051	189	45		37.21
37.22	HOMER GLEN PCC	90.22	0.729314	386	282		37.22
37.23	OAK PARK PCC	90.23	1.052203	141	148		37.23
37.24	PARK RIDGE PCC	90.24	0.379652	299	114		37.24
37.25	LOYOLA CLINIC AT GOTTLIEB	90.25	0.481356	0	0		37.25
37.26	WOODRIDGE PCC	90.26	0.000000	872	0		37.26
37.27	NEUROLOGY - NILES	90.27	0.000000	5,182	0		37.27
37.28	MARJORIE WEINBERG CANCER CENTER	90.28	0.745835	851	635		37.28
37.29	BURR RIDGE PCC	90.29	0.247146	45	11		37.29
37.30	RIVER FOREST	90.30	0.442346	0	0		37.30
37.31	NORRIDGE	90.31	0.750128	0	0		37.31
37.32	ELMWOOD PARK	90.32	0.933572	0	0		37.32
37.33	OCCUPATIONAL HEALTH CLINIC	90.33	0.000000	0	0		37.33
37.34	CHICAGO AND BELMONT	90.34	0.000000	0	0		37.34
38.00	EMERGENCY	91.00	0.108122	39,075	4,225		38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.319954	10,772	3,447		39.00
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.249361	6,830	1,703		39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)			5,308,048	766,629		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	27	0		42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	16	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)			43	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	312	0.000000	0		51.00
51.01	CARDIAC REHABILITATION	23.01	0	0.000000	0		51.01
51.02	CANCER CENTER	23.02	7,787	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	17,691	0.000000	0		51.07
51.08	OBT OUTPATIENT CENTER	23.08	742	0.000000	0		51.08
51.09	ELMHURST IMMEDIATE CARE	23.09	392	0.000000	0		51.09
51.10	LAGRANGE FAMILY PCC	23.10	102	0.000000	0		51.10
51.12	NORTH RIVERSIDE PCC	23.12	195	0.000000	0		51.12
51.13	GLENDALE HEIGHTS PCC	23.13	0	0.000000	0		51.13
51.14	WHEATON PCC	23.14	24	0.000000	0		51.14
51.15	OBT II PCC	23.15	163	0.000000	0		51.15
51.16	HICKORY HILLS PCC	23.16	437	0.000000	0		51.16
51.18	DARIEN PCC	23.18	75	0.000000	0		51.18

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 14-0276

Period:

From 07/01/2020

To 06/30/2021

Worksheet D-4

Component CCN:

Date/Time Prepared:

11/30/2021 11:23 am

		Lung		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
51.20	ORLAND PARK - FP	23.20	0	0.000000	0	51.20	
51.21	FAMILY PRACTICE MAYWOOD PCC	23.21	189	0.000000	0	51.21	
51.22	HOMER GLEN PCC	23.22	386	0.000000	0	51.22	
51.23	OAK PARK PCC	23.23	141	0.000000	0	51.23	
51.24	PARK RIDGE PCC	23.24	299	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	872	0.000000	0	51.26	
51.27	NEUROLOGY - NILES	23.27	5,182	0.000000	0	51.27	
51.28	MARJORIE WEINBERG CANCER CENTER	23.28	851	0.000000	0	51.28	
51.29	BURR RIDGE PCC	23.29	45	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	39,075	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	10,772	0.000000	0	53.00	
53.01	OBSERVATION BEDS-DISTINCT	25.01	6,830	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)		92,562		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	810,618		5,520,726		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)	5,744,733		5,744,279		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)	6,555,351		11,265,005		61.00	
62.00	Total Usable Organs (see instructions)		69			62.00	
63.00	Medicare Usable Organs (see instructions)		36			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.521739			64.00	
65.00	Medicare Cost/Charges (see instructions)	3,420,182		5,877,392		65.00	
66.00	Revenue for Organs Sold	25,615		0		66.00	
67.00	Subtotal (line 65 minus line 66)	3,394,567		5,877,392		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	3,394,567	0	5,877,392	0	69.00	
Cost Center Description		Living Related		Cadaveric	Revenue		
		1.00	2.00	3.00			
	PART IV - STATISTICS						
70.00	Organs Excised in Provider (1)		0	9		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		0	60		73.00	
74.00	Total (sum of lines 70 through 73)		0	69		74.00	
75.00	Organs Transplanted		0	60	0	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	9	0	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0		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	69		84.00	

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 14-0276		Period: From 07/01/2020 To 06/30/2021		Worksheet D-4	
				Component CCN:				Date/Time Prepared: 11/30/2021 11:23 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	14,838	963.06	3	2,889	1.00		
2.00	INTENSIVE CARE UNIT	43.00	0	1,124.13	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	6,423.43	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	736.66	0	0	6.00		
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	0	2,211.15	0	0	6.01		
6.03	HEART TRANSPLANT ICU	47.03	0	1,504.67	0	0	6.03		
6.04	BONE INTENSIVE CARE	47.04	0	1,742.53	0	0	6.04		
7.00	TOTAL (sum of lines 1 through 6)		14,838		3	2,889	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	0.275554	6,946	1,914	8.00			
8.01	AMBULATORY SURGERY CENTER	50.01	0.134031	14	2	8.01			
9.00	RECOVERY ROOM	51.00	0.080097	6,645	532	9.00			
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.362891	8	3	10.00			
11.00	ANESTHESIOLOGY	53.00	0.012831	6,201	80	11.00			
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.116625	2,376	277	12.00			
12.01	RADIOLOGY-ULTRASOUND	54.01	0.077148	0	0	12.01			
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	13.00			
14.00	RADIOISOTOPE	56.00	0.048110	17,239	829	14.00			
15.00	CT SCAN	57.00	0.040476	6,116	248	15.00			
16.00	MRI	58.00	0.052647	0	0	16.00			
17.00	CARDIAC CATHETERIZATION	59.00	0.105633	37,606	3,972	17.00			
18.00	LABORATORY	60.00	0.077362	29,815	2,307	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	0.260109	1,471	383	21.00			
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00			
23.00	RESPIRATORY THERAPY	65.00	0.164640	1,262	208	23.00			
24.00	PHYSICAL THERAPY	66.00	0.164007	0	0	24.00			
25.00	OCCUPATIONAL THERAPY	67.00	0.169371	0	0	25.00			
26.00	SPEECH PATHOLOGY	68.00	0.168302	0	0	26.00			
27.00	ELECTROCARDIOLOGY	69.00	0.087874	9,340	821	27.00			
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.152211	0	0	28.00			
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	1.053332	3,414	3,596	29.00			
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.542142	3,226	1,749	30.00			
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.364434	4,374	1,594	31.00			
32.00	RENAL DIALYSIS	74.00	0.147537	0	0	32.00			
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00			
34.00	PULMONARY LABS	76.00	0.161759	161	26	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	0.072828	0	0	34.04			
34.05	PEDIATRIC ENDO NUTRITION	76.05	0.000000	0	0	34.05			
34.07	GASTROINTESTINAL SERVICE	76.07	0.056215	593	33	34.07			
34.09	BONE MARROW PROCUREMENT	76.09	0.806390	24	19	34.09			
34.10	BARITRICS	76.10	4.734585	0	0	34.10			
34.11	HEPATOLOGY	76.11	76.784086	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	0.341601	0	0	37.00			
37.01	CARDIAC REHABILITATION	90.01	0.000000	0	0	37.01			
37.02	CANCER CENTER	90.02	0.465506	47	22	37.02			
37.03	PSYCH SOCIAL REHAB	90.03	252.170992	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	0.291511	260	76	37.07			
37.08	OBT OUTPATIENT CENTER	90.08	0.374955	10	4	37.08			

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021

Worksheet D-4

Component CCN:

Date/Time Prepared:

11/30/2021 11:23 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	1.055047	0	0	0	37.09
37.10	LAGRANGE FAMILY PCC	90.10	0.417820	0	0	0	37.10
37.12	NORTH RIVERSIDE PCC	90.12	1.388907	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	4.057509	0	0	0	37.14
37.15	OBT II PCC	90.15	0.595831	0	0	0	37.15
37.16	HICKORY HILLS PCC	90.16	0.451123	0	0	0	37.16
37.18	DARIEN PCC	90.18	1.483251	0	0	0	37.18
37.20	ORLAND PARK - FP	90.20	3.864905	0	0	0	37.20
37.21	FAMILY PRACTICE MAYWOOD PCC	90.21	0.236051	0	0	0	37.21
37.22	HOMER GLEN PCC	90.22	0.729314	0	0	0	37.22
37.23	OAK PARK PCC	90.23	1.052203	0	0	0	37.23
37.24	PARK RIDGE PCC	90.24	0.379652	0	0	0	37.24
37.25	LOYOLA CLINIC AT GOTTLIEB	90.25	0.481356	0	0	0	37.25
37.26	WOODRIDGE PCC	90.26	0.000000	0	0	0	37.26
37.27	NEUROLOGY - NILES	90.27	0.000000	0	0	0	37.27
37.28	MARJORIE WEINBERG CANCER CENTER	90.28	0.745835	0	0	0	37.28
37.29	BURR RIDGE PCC	90.29	0.247146	87	22	37.29	
37.30	RIVER FOREST	90.30	0.442346	14	6	37.30	
37.31	NORRIDGE	90.31	0.750128	0	0	37.31	
37.32	ELMWOOD PARK	90.32	0.933572	0	0	37.32	
37.33	OCCUPATIONAL HEALTH CLINIC	90.33	0.000000	0	0	37.33	
37.34	CHICAGO AND BELMONT	90.34	0.000000	0	0	37.34	
38.00	EMERGENCY	91.00	0.108122	145	16	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.319954	0	0	39.00	
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.249361	0	0	39.01	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8 through 40)			137,394	18,739	41.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	3	0	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)			3	0	48.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	0	0.000000	0	51.00	
51.01	CARDIAC REHABILITATION	23.01	0	0.000000	0	51.01	
51.02	CANCER CENTER	23.02	47	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	260	0.000000	0	51.07	
51.08	OBT OUTPATIENT CENTER	23.08	10	0.000000	0	51.08	
51.09	ELMHURST IMMEDIATE CARE	23.09	0	0.000000	0	51.09	
51.10	LAGRANGE FAMILY PCC	23.10	0	0.000000	0	51.10	
51.12	NORTH RIVERSIDE PCC	23.12	0	0.000000	0	51.12	
51.13	GLENDALE HEIGHTS PCC	23.13	0	0.000000	0	51.13	
51.14	WHEATON PCC	23.14	0	0.000000	0	51.14	
51.15	OBT II PCC	23.15	0	0.000000	0	51.15	
51.16	HICKORY HILLS PCC	23.16	0	0.000000	0	51.16	
51.18	DARIEN PCC	23.18	0	0.000000	0	51.18	

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 14-0276

Period:

From 07/01/2020

To 06/30/2021

Worksheet D-4

Component CCN:

Date/Time Prepared:

11/30/2021 11:23 am

Cost Center Description		Pancreas		Hospital		PPS		
		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)			
		0	1.00	2.00	3.00			
51.20	ORLAND PARK - FP	23.20	0	0.000000	0	51.20		
51.21	FAMILY PRACTICE MAYWOOD PCC	23.21	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	87	0.000000	0	51.29		
51.30	RIVER FOREST	23.30	14	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	145	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)		563		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	21,628		152,232		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)	670,101		669,869		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)	691,729		822,101		61.00		
62.00	Total Usable Organs (see instructions)		10			62.00		
63.00	Medicare Usable Organs (see instructions)		9			63.00		
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.900000			64.00		
65.00	Medicare Cost/Charges (see instructions)	622,556		739,891		65.00		
66.00	Revenue for Organs Sold	8,538		0		66.00		
67.00	Subtotal (line 65 minus line 66)	614,018		739,891		67.00		
68.00	Organs Furnished Part B	0	0	0	0	68.00		
69.00	Net Organ Acquisition Cost and Charges (see instructions)	614,018	0	739,891	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		7		73.00	
74.00	Total (sum of lines 70 through 73)		0		10		74.00	
75.00	Organs Transplanted		0		7	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		10		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 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/30/2021 11:23 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)			90,316,599	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			0	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)			0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)			0	1.04
2.00	Outlier payments for discharges. (see instructions)				2.00
2.01	Outlier reconciliation amount			0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)			0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)			5,822,774	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			0	2.04
3.00	Managed Care Simulated Payments			41,616,021	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			503.77	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			431.91	10.00
11.00	FTE count for residents in dental and podiatric programs.			15.29	11.00
12.00	Current year allowable FTE (see instructions)			412.24	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.			412.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.			412.05	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			412.05	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.817933	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.817184	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.817184	21.00
22.00	IME payment adjustment (see instructions)			33,367,738	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			15,375,164	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)			34.96	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)			33,367,738	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			15,375,164	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			3.50	30.00
31.00	Percentage of Medicaid patient days (see instructions)			26.94	31.00
32.00	Sum of lines 30 and 31			30.44	32.00
33.00	Allowable disproportionate share percentage (see instructions)			14.33	33.00
34.00	Disproportionate share adjustment (see instructions)			3,235,592	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0276	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/30/2021 11:23 am	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	6,282,876	3,908,527		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,579,301	2,923,363		35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	4,502,664			36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00			42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0			43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0			46.00
47.00	Subtotal (see instructions)	137,245,367			47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	0			48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)		152,620,531		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		10,251,272		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		9,099,746		52.00
53.00	Nursing and Allied Health Managed Care payment		171,326		53.00
54.00	Special add-on payments for new technologies		433,571		54.00
54.01	Islet isolation add-on payment		0		54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		16,961,004		55.00
56.00	Cost of physicians' services in a teaching hospital (see intructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		135,513		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		224,853		58.00
59.00	Total (sum of amounts on lines 49 through 58)		189,897,816		59.00
60.00	Primary payer payments		61,695		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		189,836,121		61.00
62.00	Deductibles billed to program beneficiaries		5,698,708		62.00
63.00	Coinsurance billed to program beneficiaries		615,322		63.00
64.00	Allowable bad debts (see instructions)		1,230,416		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		799,770		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		677,007		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		184,321,861		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0		70.50
70.87	Demonstration payment adjustment amount before sequestration		0		70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0		70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)				70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		-97,390		70.93
70.94	HRR adjustment amount (see instructions)		-524,318		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A
Date/Time Prepared:
11/30/2021 11:23 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)		183,700,153	0	71.00
71.01	Sequestration adjustment (see instructions)		0	0	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	0	71.03
72.00	Interim payments		180,602,537	0	72.00
72.01	Interim payments-PARHM		0	0	72.01
73.00	Tentative settlement (for contractor use only)		0	0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		3,097,616	0	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		8,272,907	0	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	0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	0	94.00
95.00	Time value of money for operating expenses (see instructions)		0	0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
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

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/30/2021 11:23 am

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	90,316,599	0	90,316,599		90,316,599
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	0	0		0	0
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	5,822,774	0	5,822,774		5,822,774
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	0	0		0	0
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	41,616,021	0	41,616,021	0	41,616,021
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.817184	0.817184	0.817184	0.817184	
6.00	IME payment adjustment (see instructions)	22.00	33,367,738	0	33,367,738	0	33,367,738
6.01	IME payment adjustment for managed care (see instructions)	22.01	15,375,164	0	15,375,164	0	15,375,164
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	33,367,738	0	33,367,738	0	33,367,738
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	15,375,164	0	15,375,164	0	15,375,164
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1433	0.1433	0.1433	0.1433	
11.00	Disproportionate share adjustment (see instructions)	34.00	3,235,592	0	3,235,592	0	3,235,592
11.01	Uncompensated care payments	36.00	4,502,664	0	1,579,301	2,923,362	4,502,663
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	137,245,367	0	134,322,005	2,923,362	137,245,367
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	152,620,531	0	149,697,169	2,923,362	152,620,531
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	10,251,272	0	2,583,884	7,667,388	10,251,272

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/30/2021 11:23 am

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	433,571	0	433,571	0	433,571	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	152,714,624	10,590,750	163,305,374	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	7,013,875	0	1,767,882	5,245,993	7,013,875	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	434,653	0	109,556	325,097	434,653	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.3996	0.3996	0.3996	0.3996		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	2,802,744	0	706,446	2,096,298	2,802,744	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	10,251,272	0	2,583,884	7,667,388	10,251,272	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/30/2021 11:23 am

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	90,316,599	90,316,599		90,316,599	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	0		0	0	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	5,822,774	5,822,774		5,822,774	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	0		0	0	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	41,616,021	41,616,021	0	41,616,021	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.817184	0.817184	0.817184		5.00
6.00	IME payment adjustment (see instructions)	22.00	33,367,738	33,367,738	0	33,367,738	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	15,375,164	15,375,164	0	15,375,164	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	33,367,738	33,367,738	0	33,367,738	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	15,375,164	15,375,164	0	15,375,164	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1433	0.1433	0.1433		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	3,235,592	3,235,592	0	3,235,592	11.00
11.01	Uncompensated care payments	36.00	4,502,664	1,579,301	2,923,362	4,502,663	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	137,245,367	134,322,005	2,923,362	137,245,367	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	152,620,531	149,697,169	2,923,362	152,620,531	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	10,251,272	2,583,884	7,667,388	10,251,272	16.00
17.00	Special add-on payments for new technologies	54.00	433,571	433,571	0	433,571	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			152,714,624	10,590,750	163,305,374	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/30/2021 11:23 am

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	7,013,875	1,767,882	5,245,993	7,013,875	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	434,653	109,556	325,097	434,653	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.3996	0.3996	0.3996		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	2,802,744	706,446	2,096,298	2,802,744	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	10,251,272	2,583,884	7,667,388	10,251,272	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-97,390	-97,390	0	-97,390	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-524,318	-524,318	0	-524,318	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0276	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part B Date/Time Prepared: 11/30/2021 11:23 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		470,108	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		102,887,023	2.00
3.00	OPPS payments		91,013,459	3.00
4.00	Outlier payment (see instructions)		528,274	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		249,423	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		470,108	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		1,341,127	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)		1,341,127	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		1,341,127	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		871,019	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)		470,108	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)		91,791,156	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		22,265	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		15,911,899	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)		76,327,100	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		6,973,228	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)		83,300,328	30.00
31.00	Primary payer payments		40,314	31.00
32.00	Subtotal (line 30 minus line 31)		83,260,014	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		209,295	33.00
34.00	Allowable bad debts (see instructions)		1,735,325	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,127,961	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		705,808	36.00
37.00	Subtotal (see instructions)		84,597,270	37.00
38.00	MSP-LCC reconciliation amount from PS&R		24	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		24	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			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)		84,597,270	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		83,587,711	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		1,009,559	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021Worksheet E-1
Part I
Date/Time Prepared:
11/30/2021 11:23 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		181,227,038		83,788,279	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	11/04/2020	0	11/04/2020	0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM	03/22/2021	624,501	03/22/2021	200,568	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)		-624,501		-200,568	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)		180,602,537		83,587,711	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		3,097,616		1,009,559	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		183,700,153		84,597,270	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 07/01/2020
To 06/30/2021Worksheet E-1
Part II
Date/Time Prepared:
11/30/2021 11:23 am

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021Worksheet E-3
Part VII
Date/Time Prepared:
11/30/2021 11:23 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			4,302,987	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	4,302,987	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	4,302,987	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES				
	Reasonable Charges				
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		48,911,236	23,367,196	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)		48,911,236	23,367,196	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)		48,911,236	23,367,196	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		48,911,236	19,064,209	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	4,302,987	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	4,302,987	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	4,302,987	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	4,302,987	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	4,302,987	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	4,302,987	40.00
41.00	Interim payments		0	4,302,987	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0276		Period: From 07/01/2020 To 06/30/2021	Worksheet E-4 Date/Time Prepared: 11/30/2021 11:23 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)				431.91	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.	139.83	247.96	387.79 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.	103.85	184.15	288.00 9.00		
10.00	Weighted dental and podiatric resident FTE count for the current year		15.29	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	103.85	199.44	11.00		
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	102.59	199.57	12.00		
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	103.23	197.71	13.00		
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	103.22	198.91	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	103.22	198.91	17.00		
18.00	Per resident amount	120,294.62	113,908.42	18.00		
19.00	Approved amount for resident costs	12,416,811	22,657,524	35,074,335 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)			111.14 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)			35,074,335 25.00		
		Inpatient Part A	Managed Care Prior to 1/1	Managed Care On or after 1/1	Total	
		1.00	2.00	2.01	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD						
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	39,038	9,496	9,496	26.00	
27.00	Total Inpatient Days (see instructions)	124,946	124,946	124,946	27.00	
28.00	Ratio of inpatient days to total inpatient days	0.312439	0.076001	0.076001	28.00	
29.00	Program direct GME amount	10,958,590	2,665,685	2,665,685	16,289,960	29.00
29.01	Percent reduction for MA DGME		4.07	4.07	29.01	
30.00	Reduction for direct GME payments for Medicare Advantage		108,493	108,493	216,986	30.00
31.00	Net Program direct GME amount				16,072,974	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0276	Period: From 07/01/2020 To 06/30/2021	Worksheet E-4 Date/Time Prepared: 11/30/2021 11:23 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)		44,920,793		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)		118,249,897		37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		16,961,004		38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0		39.00
40.00	Primary payer payments (see instructions)		61,695		40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		135,149,206		41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)		103,606,554		42.00
43.00	Primary payer payments (see instructions)		40,314		43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		103,566,240		44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		238,715,446		45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.566152		46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.433848		47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)		16,072,974		48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		9,099,746		49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		6,973,228		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 07/01/2020
To 06/30/2021

Worksheet G

Date/Time Prepared:
11/30/2021 11:23 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	8,858,627	0	0	0	1.00
2.00	Temporary investments	243,818,609	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	213,976,828	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	30,787,000	0	0	0	7.00
8.00	Prepaid expenses	4,308,449	0	0	0	8.00
9.00	Other current assets	1,178,633,860	0	0	0	9.00
10.00	Due from other funds	20,660,322	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	1,701,043,695	0	0	0	11.00
FIXED ASSETS						
12.00	Land	11,444,443	0	0	0	12.00
13.00	Land improvements	2,638,217	0	0	0	13.00
14.00	Accumulated depreciation	-837,019	0	0	0	14.00
15.00	Buildings	445,687,734	0	0	0	15.00
16.00	Accumulated depreciation	-170,023,336	0	0	0	16.00
17.00	Leasehold improvements	11,387,726	0	0	0	17.00
18.00	Accumulated depreciation	-9,190,520	0	0	0	18.00
19.00	Fixed equipment	57,488,147	0	0	0	19.00
20.00	Accumulated depreciation	-18,284,732	0	0	0	20.00
21.00	Automobiles and trucks	251,928	0	0	0	21.00
22.00	Accumulated depreciation	-90,035	0	0	0	22.00
23.00	Major movable equipment	267,635,651	0	0	0	23.00
24.00	Accumulated depreciation	-201,671,905	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)	396,436,299	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	124,461,234	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	172,243,679	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	296,704,913	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	2,394,184,907	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	1,354,343,105	0	0	0	37.00
38.00	Salaries, wages, and fees payable	43,885,530	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	57,709,358	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	1,455,937,993	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	578,401,441	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	578,401,441	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	2,034,339,434	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	359,845,471				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	359,845,471	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	2,394,184,905	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021

Worksheet G-1

Date/Time Prepared:
11/30/2021 11:23 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		252,365,278		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		105,153,437				2.00
3.00	Total (sum of line 1 and line 2)		357,518,715		0		3.00
4.00	OTHER CHANGES IN FUND BALANCE	2,326,757		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)		2,326,757		0		10.00
11.00	Subtotal (line 3 plus line 10)		359,845,472		0		11.00
12.00	OTHER CHANGES IN FUND BALANCE	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		359,845,472		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	OTHER CHANGES IN FUND BALANCE		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	OTHER CHANGES IN FUND BALANCE		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
11/30/2021 11:23 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	347,357,931		347,357,931	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)	347,357,931		347,357,931	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	157,407,432		157,407,432	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT	38,446,352		38,446,352	13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	20,581,684		20,581,684	15.00
15.01	PEDIATRIC INTENSIVE CARE UNIT	14,261,344		14,261,344	15.01
15.03	HEART TRANSPLANT ICU	20,093,615		20,093,615	15.03
15.04	BONE INTENSIVE CARE	42,276,753		42,276,753	15.04
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	293,067,180		293,067,180	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	640,425,111		640,425,111	17.00
18.00	Ancillary services	1,517,487,112	1,382,974,404	2,900,461,516	18.00
19.00	Outpatient services	0	546,718,301	546,718,301	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	13,230,024	13,230,024	27.00
27.01	PHYSICIAN REVENUE	0	609,867,584	609,867,584	27.01
27.02	Other (specify)	0	0	0	27.02
27.05	Other (specify)	0	0	0	27.05
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	2,157,912,223	2,552,790,313	4,710,702,536	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,379,320,357		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)		1,379,320,357		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0276

Period:
From 07/01/2020
To 06/30/2021

Worksheet G-3

Date/Time Prepared:
11/30/2021 11:23 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	4,710,702,536	1.00
2.00	Less contractual allowances and discounts on patients' accounts	3,394,679,648	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,316,022,888	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,379,320,357	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-63,297,469	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	32,113,056	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	-10	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	2,120,649	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	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	59,214	21.00
22.00	Rental of hospital space	68,803	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	95,480,355	24.00
24.01	INCENTIVE REVENUE	9,727,346	24.01
24.02	OTHER OPERATING REVENUE	0	24.02
24.03	FACILITY & STRATEGIC SUP CAPITATION	39,378,376	24.03
24.50	COVID-19 PHE Funding	-10,496,883	24.50
25.00	Total other income (sum of lines 6-24)	168,450,906	25.00
26.00	Total (line 5 plus line 25)	105,153,437	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)	105,153,437	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 14-0276

Period:

Worksheet I-1

Component CCN: 14-2329

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/30/2021 11:23 am

		Renal Dialysis			
		Total Costs	Basis	Statistics	FTEs per 2080 Hours
		1.00	2.00	3.00	4.00
1.00	REGISTERED NURSES	1,497,253	HOURS OF SERVICE	33,828.53	16.26 1.00
2.00	LICENSED PRACTICAL NURSES	0	HOURS OF SERVICE	0.00	0.00 2.00
3.00	NURSES AIDES	0	HOURS OF SERVICE	0.00	0.00 3.00
4.00	TECHNICIANS	1,324,994	HOURS OF SERVICE	57,805.79	27.79 4.00
5.00	SOCIAL WORKERS	0	HOURS OF SERVICE	0.00	0.00 5.00
6.00	DIETICIANS	18,234	HOURS OF SERVICE	3,038.25	1.46 6.00
7.00	PHYSICIANS	0	ACCUMULATED COST		7.00
8.00	NON-PATIENT CARE SALARY	388,982	ACCUMULATED COST		8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	3,229,463			9.00
10.00	EMPLOYEE BENEFITS	618,499	SALARY		10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	58	SQUARE FEET		11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	32,030	PERCENTAGE OF TIME		12.00
13.00	MACHINE COSTS & REPAIRS	0	PERCENTAGE OF TIME		13.00
14.00	SUPPLIES	215,030	REQUISITIONS		14.00
15.00	DRUGS	57,318	REQUISITIONS		15.00
16.00	OTHER	313,893	ACCUMULATED COST		16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	4,466,291			17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	310,171	SQUARE FEET		18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	46,575	PERCENTAGE OF TIME		19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	63,965	SALARY		20.00
21.00	ADMINISTRATIVE & GENERAL	1,077,369	ACCUMULATED COST		21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	740,401	SQUARE FEET		22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0			23.00
24.00	CENTRAL SERVICE & SUPPLIES	1,994	REQUISITIONS		24.00
25.00	PHARMACY	0	REQUISITIONS		25.00
26.00	OTHER ALLOCATED COSTS	229,500	ACCUMULATED COST		26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	6,936,266			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	42,331	CHARGES	261,693	30.00
30.01	OCCUPATIONAL HEALTH	0	CHARGES	0	30.01
30.03	HYPERALIMENTATION	0	CHARGES	0	30.03
30.04	PERIPHERAL VASCULAR	0	CHARGES	0	30.04
30.05	PEDIATRIC ENDO NUTRITION	0	CHARGES	0	30.05
30.07	GASTROINTESTINAL SERVICE	0	CHARGES	0	30.07
30.09	BONE MARROW PROCUREMENT	0	CHARGES	0	30.09
30.10	BARIATRICS	0	CHARGES	0	30.10
30.11	HEPATOLOGY	0	CHARGES	0	30.11
30.97	CARDIAC REHABILITATION	0	CHARGES	0	30.97
30.98	HYPERBARIC OXYGEN THERAPY	0	CHARGES	0	30.98
30.99	LITHOTRIPSY	0	CHARGES	0	30.99
31.00	TOTAL COSTS (SUM OF LINES 27-30)	6,978,597			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 07/01/2020
To 06/30/2021

Date/Time Prepared:

11/30/2021 11:23 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	1,050,630	78,605	1,497,253	1,343,228	682,464	-251,452	1.00
MAINTENANCE								
2.00	Hemodialysis	629,532	47,101	897,139	804,837	408,922	-150,667	2.00
2.01	AKI-Hemodialysis	0	0	0	0	0	1	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	752	56	1,062	947	483	-178	6.00
7.00	CCPD	1,316	98	1,903	1,716	868	-320	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	22,846	1,709	32,619	29,254	14,860	-5,475	10.00
11.00	CCPD	216,143	16,171	308,002	276,327	140,399	-51,730	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	126,264	9,447	179,915	161,401	82,001	-30,213	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)						308,770	14.00
15.00								15.00
16.00	Other	53,777	4,023	76,613	68,746	34,931	-12,870	16.00
17.00	Total (sum of lines 2 through 16)	1,050,630	78,605	1,497,253	1,343,228	682,464	-251,452	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	217,024	42,331	4,660,083	2,009,744	6,669,827		1.00
MAINTENANCE								
2.00	Hemodialysis	130,039	31,534	2,798,437	1,206,875	4,005,312		2.00
2.01	AKI-Hemodialysis	0	0	1	0	1		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	153	32	3,307	1,426	4,733		6.00
7.00	CCPD	276	57	5,914	2,551	8,465		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	4,725	971	101,509	43,778	145,287		10.00
11.00	CCPD	44,647	9,737	959,696	413,886	1,373,582		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	26,076	0	554,891	239,307	794,198		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	11,108	0	236,328	101,921	338,249		16.00
17.00	Total (sum of lines 2 through 16)	217,024	42,331	4,660,083	2,009,744	6,669,827		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					6,669,827		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0276

Period:

Worksheet I-3

Component CCN: 14-2329

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/30/2021 11:23 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	1,050,630	78,605	1,497,253	1,343,228	682,464	1.00
MAINTENANCE							
2.00	Hemodialysis	6,696	6,696.00	20,270.00	40,800.00	1,966,073	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	8	8.00	24.00	48.00	2,320	6.00
7.00	CCPD	14	14.00	43.00	87.00	4,175	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	243	243.00	737.00	1,483.00	71,446	10.00
11.00	CCPD	2,299	2,299.00	6,959.00	14,008.00	675,029	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	4,249	1,343	1,343.00	4,065.00	8,182.00	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	572	572.00	1,731.00	3,485.00	167,945	16.00
17.00	Total Statistical Basis	11,175	11,175.00	33,829.00	68,093.00	3,281,242	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	94.016107	7.034004	44.259452	19.726374	0.207990	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	-251,452	217,024	42,331	4,660,083	2,009,744	1.00
MAINTENANCE							
2.00	Hemodialysis	414,020	861,024	24,995			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	488	1,016	25			6.00
7.00	CCPD	879	1,829	45			7.00
HOME							
8.00	Hemodialysis	0	0	0			8.00
9.00	Intermittent Peritoneal	0	0	0			9.00
10.00	CAPD	15,045	31,289	770			10.00
11.00	CCPD	142,149	295,623	7,718			11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	83,023	172,660	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	35,366	73,550	0			16.00
17.00	Total Statistical Basis	690,970	1,436,991	33,553	4,660,083		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	-0.363912	0.151027	1.261616	0.431268		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 07/01/2020
To 06/30/2021Date/Time Prepared:
11/30/2021 11:23 am

		Rate 0		Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)
		1.00	2.00	3.00	4.00	5.00
1.00	Maintenance - Hemodialysis	24,995	4,005,313	160.24	13,896	2,226,695
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	25	4,733	189.32	0	0
6.00	Training - CCPD	45	8,465	188.11	0	0
7.00	Home Program - Hemodialysis	13	0	0.00	13	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	257	145,287	565.32	246	139,069
10.00	Home Program - CCPD	2,573	1,373,582	533.84	1,027	548,254
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)	25,078	5,537,380		13,909	2,914,018
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	33,568				
		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)			
		6.00	7.00			
1.00	Maintenance - Hemodialysis	7,497,779	539.56			
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	4,128	317.54			
8.00	Home Program - Peritoneal Dialysis	0	0.00			
		6.00	7.00			
9.00	Home Program - CAPD	81,605	331.73			
10.00	Home Program - CCPD	373,188	363.38			
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)	7,956,700				
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 07/01/2020 To 06/30/2021	Worksheet I-5 Date/Time Prepared: 11/30/2021 11:23 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)	2,914,018		1.00
2.00	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)	7,956,700	7,536,459	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)	7,956,700	7,536,459	2.03
2.04	Outlier payments	15,145		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	5,983	5,667	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)	5,983	5,667	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	884,058	837,366	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)	884,058	837,366	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	321,993	321,993	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)	321,993	321,993	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	209,295		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	142,835		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	521,040	8.00
9.00	Program payment (see instructions)	0	6,024,634	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)	209,295		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	5,846,150		12.00
13.00	Total composite costs (from Wkst. I-4, col. 2, line 11)	5,537,380		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.947184		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0276	Period: From 07/01/2020 To 06/30/2021	Worksheet L Parts I-III Date/Time Prepared: 11/30/2021 11:23 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		7,013,875	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		434,653	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)		345.85	3.00
4.00	Number of interns & residents (see instructions)		412.05	4.00
5.00	Indirect medical education percentage (see instructions)		39.96	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)		2,802,744	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)		10,251,272	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