PROVIDER NO. 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05
11/25/2008 17:33

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT
CERTIFICATION AND SETTLEMENT SUMMARY

WORKSHEET S
PARTS I & II

INTERMEDIARY USE ONLY: [XX] AUDITED [ ] DESK REVIEWED

DATE RECEIVED _____
INTERMEDIARY NO. _____

[XX] INITIAL [ ] FINAL

[ ] RE-OPENING
[ ] MCR CODE

PART I - CERTIFICATION

CHECK APPLICABLE BOX

XX ELECTRONICALLY FILED COST REPORT
__ MANUALLY SUBMITTED COST REPORT

DATE: _11/25/2008
TIME: _17:33____

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 WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE 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) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2007 AND ENDING 06/30/2008, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT 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.

ECR Encryption: 11/25/2008 17:33
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lmcIkbH0Lc0jlyEn

(SIGNED) Sabrina R Olsen
OFFICER OR ADMINISTRATOR OF PROVIDER(S)

V.P. Finance, LUHC
TITLE

11/26/08
DATE

PART II - SETTLEMENT SUMMARY

		TITLE V	TITLE XVIII PART A	TITLE XVIII PART B	TITLE XIX	
		1	2	3	4	
1	HOSPITAL		1820424	536511		1
2	SUBPROVIDER I					2
2.01	SUBPROVIDER II		-310296			2.01
3	SWING BED - SNF					3
4	SWING BED - NF					4
5	SKILLED NURSING FACILITY					5
6	NURSING FACILITY					6
7	HOME HEALTH AGENCY					7
8	OUTPATIENT REHABILITATION PROVIDER					8
9	HEALTH CLINIC					9
100	TOTAL		1510128	536511		100

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 OMD CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 657 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 THIS FORM, PLEASE WRITE TO: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT
CERTIFICATION AND SETTLEMENT SUMMARY

WORKSHEET S
PARTS I & II

INTERMEDIARY USE ONLY: [XX] AUDITED [ ] DESK REVIEWED

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(SIGNED) _____
OFFICER OR ADMINISTRATOR OF PROVIDER(S)

_____
TITLE

_____
DATE

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		TITLE V	TITLE XVIII		TITLE XIX	
			PART A	PART B		
		1	2	3	4	
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2.01	SUBPROVIDER II		-310296			2.01
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4	SWING BED - NF					4
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8	OUTPATIENT REHABILITATION PROVIDER					8
9	HEALTH CLINIC					9
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HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 2160 S. FIRST AVENUE P.O.BOX: 1
1.01 CITY: MAYWOOD STATE: IL ZIP CODE: 60153 COUNTY: COOK 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

	COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N) V 4	XVIII 5	XIX 6	
2	HOSPITAL	LOYOLA UNIVERSITY MEDICAL CENTER	14-0276	05/01/1969	N	P	P	2
3	SUBPROVIDER I							3
3.01	SUBPROVIDER II	REHABILITATION UNIT	14-T276	07/01/1999	N	P	O	3.01
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF							6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA	COMMUNITY NURSING SERVICE	14-7257	01/09/1984	N	P	N	9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE	CENTER FOR HOME CARE & HOSPICE	14-1566	10/14/1994				12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS	INPATIENT RENAL UNIT	14-2329	03/31/2004				16

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 07/01/2007 TO: 06/30/2008 17
1 2

18 TYPE OF CONTROL 1 18

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL	1	19
20	SUBPROVIDER I		20
20.01	SUBPROVIDER II	5	20.01

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.		21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106?	YES	21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.		21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.	1 N N	21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.	1	21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.	1	21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER 'Y' FOR YES AND 'N' FOR NO.	NO	21.06
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?	NO	22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW	YES	23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.	07/01/1978	23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.	10/17/1986	23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.	10/10/2000	23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.	02/02/1995	23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.	07/01/1999	23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.		24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.		24.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	YES		25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	YES		25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	YES		25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO		25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO		25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.06
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:			26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.			26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:			26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO		27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.			28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st			28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) If YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.			28.02
	A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)			
28.03	STAFFING	0.00	N	28.03
28.04	RECRUITMENT	0.00	N	28.04
28.05	RETENTION OF EMPLOYEES	0.00	N	28.05
28.06	TRAINING	0.00	N	28.06
28.07	OTHER (SPECIFY)			28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO		29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO		30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.			30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?			30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)			30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.			30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31
31.02	IS THIS A RURAL HOSPITAL SUB II QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31.02

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	NO	32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.	NO	33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?	NO	34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO	35
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER II (EXCLUDED UNIT) UNDER 42 CFR 413.40(F)(1)(i)?	NO	35.01

PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL

		V	XVIII	XIX	
		1	2	3	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	YES	NO	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	NO	36.01
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?				37.01

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES	38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO	38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO	38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO	38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO	38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES	40

40.01 NAME: FI/CONTRACTOR'S NAME: FI/CONTRACTOR'S NUMBER: 40.01
40.02 STREET: P.O.BOX: 40.02
40.03 CITY: STATE: ZIP CODE: 40.03

41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	NO	41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES	42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES	42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES	42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO	43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO	44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO	45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?		45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?		45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?		45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.		46

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COST OR CHARGES, ENTER A 'Y' FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION; ENTER 'N' IF NOT EXEMPT (SEE 42 CFR 413.13).

		PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
		1	2	3	4	5	
47	HOSPITAL	N	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	N	48
48.01	SUBPROVIDER II	N	N	N	N	N	48.01
49	SKILLED NURSING FACILITY	N	N				49
50	HOME HEALTH AGENCY	N	N				50

52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?	NO	52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.	NO	52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.		53
53.01	MDH PERIOD: BEGINNING: ENDING:		53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 22163712 PAID LOSSES: AND/OR SELF INSURANCE:		54
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	NO	54.01
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.	NO	55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

		DATE 0	Y/N 1	LIMIT 2	Y/N 3	FEES 4	
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	/ /	NO	0.00	NO		56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		YES				57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		YES				58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)		YES	NO			58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO				59
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO				60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)						60.01
MULTICAMPUS							
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.		NO				61

COUNTY: 1	STATE: 2	ZIP CODE 3	CBSA 4	FTE/ CAMPUS 5

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I

	COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH PATIENT HOURS 2.01	I/P DAYS / O/P VISITS / TRIPS: TITLE V 3	TITLE XVIII 4	LTCH NONCOVERED DAYS 4.01	TITLE XIX 5	OBS. BEDS ADMITTED 5.01	
1	HOSPITAL ADULTS & PEDS, EXCL SWING BED, OBSERV & HOSPICE DAYS	305	111752			32051		16895		1
2	HMO					217				2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF									3
4	HOSPITAL ADULTS & PEDS - SWING BED NF									4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS	305	111752			32051		16895		5
6	INTENSIVE CARE UNIT	64	23424			8953		2331		6
7	CORONARY CARE UNIT									7
8	BURN INTENSIVE CARE UNIT	10	3660			771		794		8
9	SURGICAL INTENSIVE CARE UNIT									9
10	NEONATAL INTENSIVE CARE	50	18300					6470		10
10.01	PEDIATRIC INTENSIVE CARE	14	5124			44		1463		10.01
10.03	HEART TRANSPLANT ICU	10	3660			2017		288		10.03
10.04	BONE INTENSIVE CARE	13	4758			433		427		10.04
11	NURSERY							416		11
12	TOTAL HOSPITAL	466	170678			44269		29084		12
13	RPCH VISITS									13
14	SUBPROVIDER I									14
14.01	SUBPROVIDER II-REHAB	24	8784			5367		728		14.01
15	SKILLED NURSING FACILITY									15
16	NURSING FACILITY									16
17	OTHER LONG TERM CARE									17
18	HOME HEALTH AGENCY					20171		4230		18
20	ASC (DISTINCT PART)									20
21	HOSPICE (DISTINCT PART)									21
23	O/P REHAB PROVIDER									23
24	RHC I									24
25	TOTAL	490								25
26	OBSERVATION BED DAYS							627	25	26
27	AMBULANCE TRIPS									27
28	EMPLOYEE DISCOUNT DAYS									28
28.01	EMP. DISC. DAYS(IRF Sub)									28.01

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I
(CONTINUED)

	COMPONENT	-----I/P DAYS / O/P VISITS / TRIPS---- OBS. BEDS NOT ADMITTED 5.02	TOTAL ALL PATIENTS 6	OBS. BEDS ADMITTED 6.01	OBS. BEDS NOT ADMITTED 6.02	---INTERNS & RES FTES---- TOTAL 7	LESS I&R REPL NON-PHYS ANES 8	NET 9	--FULL TIME EQUIV-- EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		84875								1
2	HMO XIX										2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF										3
4	HOSPITAL ADULTS & PEDS - SWING BED NF										4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS		84875								5
6	INTENSIVE CARE UNIT		16987								6
7	CORONARY CARE UNIT										7
8	BURN INTENSIVE CARE UNIT		3269								8
9	SURGICAL INTENSIVE CARE UNIT										9
10	NEONATAL INTENSIVE CARE		12604								10
10.01	PEDIATRIC INTENSIVE CARE		2650								10.01
10.03	HEART TRANSPLANT ICU		3488								10.03
10.04	BONE INTENSIVE CARE		3356								10.04
11	NURSERY		2748								11
12	TOTAL HOSPITAL		129977			359.31		359.31	4919.35		12
13	RPCH VISITS										13
14	SUBPROVIDER I										14
14.01	SUBPROVIDER II-REHAB		8311			1.37		1.37	48.99		14.01
15	SKILLED NURSING FACILITY										15
16	NURSING FACILITY										16
17	OTHER LONG TERM CARE										17
18	HOME HEALTH AGENCY		33056								18
20	ASC (DISTINCT PART)								61.78		20
21	HOSPICE (DISTINCT PART)										21
23	O/P REHAB PROVIDER								9.51		23
24	RHC I										24
25	TOTAL					360.68		360.68	5039.63		25
26	OBSERVATION BED DAYS	602	3938	1171	2767						26
27	AMBULANCE TRIPS										27
28	EMPLOYEE DISCOUNT DAYS		1760								28
28.01	EMP. DISC. DAYS(IRF Sub)		964								28.01

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I
(CONTINUED)

	COMPONENT	DISCHARGES TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15	
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		8219	4969	25025	1
2	HMO XIX					2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4	HOSPITAL ADULTS & PEDS - SWING BED NF					4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	NEONATAL INTENSIVE CARE					10
10.01	PEDIATRIC INTENSIVE CARE					10.01
10.03	HEART TRANSPLANT ICU					10.03
10.04	BONE INTENSIVE CARE					10.04
11	NURSERY					11
12	TOTAL HOSPITAL		8219	4969	25025	12
13	RPCH VISITS					13
14	SUBPROVIDER I					14
14.01	SUBPROVIDER II-REHAB		419	44	617	14.01
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28
28.01	EMP. DISC. DAYS(IRF Sub)					28.01

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PART II

	PART II - WAGE DATA	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	
	SALARIES	1	2	3	4	5	6	
1	TOTAL SALARIES	297833110		297833110	10395089.00	28.65		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B	1602084		1602084	21265.00	75.34		3
4	PHYSICIAN - PART A	2374011	-237401	2136610	19062.00	112.09		4
4.01	TEACHING PHYSICIAN SALARIES		237401	237401	2118.00	112.09		4.01
5	PHYSICIAN - PART B	14855359		14855359	129953.00	114.31		5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)	17003515		17003515	779151.00	21.82		6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	13679165	-1759082	11920083	364219.00	32.73	PROVIDER RECORD	8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	9793749		9793749	149880.00	65.34		9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10	CONTRACT LABOR: PHYSICIAN PART A							10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS							11
12	HOME OFFICE: PHYSICIAN PART A	46969915	-30119472	16850443	111738.00	150.80		12
12.01	TEACHING PHYSICIAN SALARIES		30119472	30119472	199728.00	150.80		12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	56039264		56039264			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	2723515		2723515			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B	366046		366046			CMS 339	17
18	PHYSICIAN PART A	1156613		1156613			CMS 339	18
18.01	PART A TEACHING PHYSICIANS	128513		128513			CMS 339	18.01
19	PHYSICIAN PART B	8041663		8041663			CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)	3884984		3884984			CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	2167520		2167520	76007.00	28.52		21
22	ADMINISTRATIVE & GENERAL	47255076		47255076	1439525.00	32.83		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	676025		676025	20296.00	33.31		22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	11832270		11832270	488935.00	24.20		24
25	LAUNDRY & LINEN SERVICE	282210		282210	21584.00	13.07		25
26	HOUSEKEEPING	1261429	-1261429					26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	3334278	-680893	2653385	190722.00	13.91		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA	336713	462694	799407	80915.00	9.88		28
29	MAINTENANCE OF PERSONNEL	1217597		1217597	106354.00	11.45		29
30	NURSING ADMINISTRATION	3395263	237527	3632790	104455.00	34.78		30
31	CENTRAL SERVICES AND SUPPLY	1191989		1191989	79910.00	14.92		31
32	PHARMACY	6708476		6708476	182473.00	36.76		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	3275569		3275569	180254.00	18.17		33
34	SOCIAL SERVICE	1362596	71620	1434216	56639.00	25.32		34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PART III

	PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	
		1	2	3	4	5	
1	NET SALARIES	264372152	-237401	264134751	9462602.00	27.91	1
2	EXCLUDED AREA SALARIES	13679165	-1759082	11920083	364219.00	32.73	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	250692987	1521681	252214668	9098383.00	27.72	3
4	SUBTOTAL OTHER WAGES & REL COSTS	56763664		56763664	461346.00	123.04	4
5	SUBTOTAL WAGE-RELATED COSTS	57195877		57195877		22.68%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	364652528	1521681	366174209	9559729.00	38.30	6
7	NET SALARIES						7
8	EXCLUDED AREA SALARIES						8
9	SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)						9
10	SUBTOTAL OTHER WAGES & REL COSTS						10
11	SUBTOTAL WAGE-RELATED COSTS						11
12	TOTAL (SUM OF LINES 9 THRU 11)						12
13	TOTAL OVERHEAD COSTS	84297011	-1170481	83126530	3028069.00	27.45	13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7257

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: COOK

	DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1	HOME HEALTH AIDE HOURS		2879	445	24	3348	1
2	UNDUPLICATED CENSUS COUNT		1143.00	324.00	853.00	2320.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES (FULL TIME EQUIVALENT)

	ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: .00	STAFF 1	CONTRACT 2	TOTAL 3	
3	ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4	DIRECTORS AND ASSISTANT DIRECTOR(S)	.64		.64	4
5	OTHER ADMINISTRATIVE PERSONNEL	17.60		17.60	5
6	DIRECT NURSING SERVICE	31.04		31.04	6
7	NURSING SUPERVISOR				7
8	PHYSICAL THERAPY SERVICE	6.75		6.75	8
9	PHYSICAL THERAPY SUPERVISOR				9
10	OCCUPATIONAL THERAPY SERVICE	.03		.03	10
11	OCCUPATIONAL THERAPY SUPERVISOR				11
12	SPEECH PATHOLOGY SERVICE				12
13	SPEECH PATHOLOGY SUPERVISOR				13
14	MEDICAL SOCIAL SERVICE	1.00		1.00	14
15	MEDICAL SOCIAL SERVICE SUPERVISOR				15
16	HOME HEALTH AIDE	4.74		4.74	16
17	HOME HEALTH AIDE SUPERVISOR				17
18	OTHER (SPECIFY)				18

HOME HEALTH AGENCY MSA CODES

		1	1.01	
19	HOW MANY MSAs IN COLUMN 1 OR CBSAs IN COLUMN 1.01 DID YOU PROVIDE SERVICES TO DURING THIS COST REPORTING PERIOD	1	1	19
20	LIST THOSE MSA CODE(S) IN COLUMN 1 AND CBSA CODE(S) IN COLUMN 1.01 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE)	1600	16974	20

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7257

WORKSHEET S-4
(CONTINUED)

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 2000

		FULL EPISODES WITHOUT OUTLIERS 1	FULL EPISODES WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL 7	
21	SKILLED NURSING VISITS	7434	468	379	219		543	9043	21
22	SKILLED NURSING VISIT CHARGES	1256073	83682	63726	39074		92738	1535293	22
23	PHYSICAL THERAPY VISITS	5963	82	35	180		294	6554	23
24	PHYSICAL THERAPY VISIT CHARGES	1001337	13751	5870	30186		49304	1100448	24
25	OCCUPATIONAL THERAPY VISITS	637	32	1	22		46	738	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	106825	5366	168	3689		7714	123762	26
27	SPEECH PATHOLOGY VISITS	117	40		16			173	27
28	SPEECH PATHOLOGY VISIT CHARGES	19621	6708		2683			29012	28
29	MEDICAL SOCIAL SERVICE VISITS	133	5	2	4		8	152	29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	30284	1139	455	911		1822	34611	30
31	HOME HEALTH AIDE VISITS	2084	16	4	26		91	2221	31
32	HOME HEALTH AIDE VISIT CHARGES	243995	1869	467	3037		10629	259997	32
33	TOTAL VISITS	16368	643	421	467		982	18881	33
34	OTHER CHARGES								34
35	TOTAL CHARGES	2658135	112515	70686	79580		162207	3083123	35
36	TOTAL NUMBER OF EPISODES	990		164	41		44	1239	36
37	TOTAL NUMBER OF OUTLIER EPISODES		14				2	16	37
38	TOTAL MEDICAL SUPPLY CHARGES	67238	4875	7277	1460		2631	83481	38

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA COMPONENT NO: 14-2329 WORKSHEET S-5

RENAL DIALYSIS STATISTICS

		---- OUTPATIENT ---		---- TRAINING ----		------ HOME ------		
		REGULAR 1	HIGH FLUX 2	HEMO-DIALYSIS 3	CAPD CCPD 4	HEMO-DIALYSIS 5	CAPD CCPD 6	
1	NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD		157				22	1
2	NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS		3.00					2
3	AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP		4.50					3
4	CAPD EXCHANGES PER DAY						4	4
5	NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED		312					5
6	NUMBER OF STATIONS		31					6
7	TREATMENT CAPACITY PER DAY PER STATION		3					7
8	UTILIZATION							8
9	AVERAGE TIMES DIALYZERS RE-USED							9
10	PERCENTAGE OF PATIENTS RE-USING DIALYZERS							10
	TRANSPLANT INFORMATION							
11	NUMBER OF PATIENTS ON TRANSPLANT LIST						583	11
12	NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD							12
	EPOIETIN							
13	NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER							13
13.01	EPOIETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM							13.01
14	NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT							14
14.01	NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT							14.01
	PHYSICIAN PAYMENT METHOD (ENTER 'X' IF METHOD(S) IS APPLICABLE)							
15	MCP X INITIAL METHOD							15
	ARANESP							
16	NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER							16
17	ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM							17
18	NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT							18
19	NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT							19

NHCMQ DEMONSTRATION STATISTICAL DATA
STATISTICAL DATA

WORKSHEET S-7

	GROUP	M3PI REVENUE CODE	SERVICES PRIOR TO JANUARY 1 RATE	SERVICES PRIOR TO JANUARY 1 DAYS	SERVICES ON OR AFTER JANUARY 1 RATE	SERVICES ON OR AFTER JANUARY 1 DAYS	TOTAL	
	1	2	3	3.01	4	4.01	5	
1	RVC/RUC							1
2	RVB/RUB							2
3	RVA/RUA							3
3.01	RUX							3.01
3.02	RUL							3.02
4	RHD/RVC							4
5	RHC/RVB							5
6	RHB/RVA							6
6.01	RVX							6.01
6.02	RVL							6.02
7	RHA/RHC							7
8	RMC/RHB							8
9	RMB/RHA							9
9.01	RHX							9.01
9.02	RHL							9.02
10	RMA/RMC							10
11	RLB/RMB							11
12	RLA/RMA							12
12.01	RMX							12.01
12.02	RML							12.02
13	SE3/RLB							13
14	SE2/RLA							14
14.01	RLX							14.01
15	SE1/SE3							15
16	SSC/SE2							16
17	SSB/SE1							17
18	SSA/SSC							18
19	CD2/SSB							19
20	CD1/SSA							20
21	CC2							21
22	CC1							22
23	CB2							23
24	CB1							24
25	CA2							25
26	CA1							26
27	IB2							27
28	IB1							28
29	IA2							29
30	IA1							30
31	BB2							31
32	BB1							32
33	BA2							33
34	BA1							34
35	PE2							35
36	PE1							36
37	PD2							37
38	PD1							38
39	PC2							39
40	PC1							40
41	PB2							41
42	PB1							42
43	PA2							43
44	PA1							44
45	DEFAULT RATE							45
46	TOTAL							46

HOSPICE IDENTIFICATION DATA

HOSPICE NO.: 14-1566

WORKSHEET S-9
PARTS I & II

PART I - ENROLLMENT DAYS

		TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL 6	
1	CONTINUOUS HOME CARE	10				3	13	1
2	ROUTINE HOME CARE	6313				758	7071	2
3	INPATIENT RESPITE CARE					1	1	3
4	GENERAL INPATIENT CARE	19				13	32	4
5	TOTAL HOSPICE DAYS	6342				775	7117	5

PART II - CENSUS DATA

		TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL 6	
6	NUMBER OF PATIENTS RECEIVING HOSPICE CARE	160				73	233	6
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE							7
8	AVERAGE LENGTH OF STAY	39.64				10.62	30.55	8
9	UNDUPLICATED CENSUS COUNT	160				73	233	9

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?		1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04		2
2.01	IS IT AT THE TIME OF ADMISSION?		2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?		2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?		2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)		2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?		3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?		4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?		5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?		6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?		7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01		8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?		8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04		9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?		9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?		9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?		9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?		9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?		10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04		11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?		11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?		11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?		11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?		11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?		12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?		13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01		14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?		14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?		14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?		15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?		16
17	REVENUE RELATED TO UNCOMPENSATED CARE		17
17.01	GROSS MEDICAID REVENUES		17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS		18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)		19
20	RESTRICTED GRANTS		20
21	NON-RESTRICTED GRANTS		21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES		22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.383544	24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST		25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS		26
27	TOTAL SCHIP COST		27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS		28
29	TOTAL GROSS MEDICAID COST		29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)		30
31	UNCOMPENSATED CARE COST		31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL		32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI-FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST-MENTS 6	NET EXP FOR ALLOCATION 7	
		GENERAL SERVICE COST CENTERS								
1	0100	OLD CAP REL COSTS-BLDG & FIXT								1
3	0300	NEW CAP REL COSTS-BLDG & FIXT				12105798	12105798	-648231	11457567	3
3.01	0301	NEW CAPITAL-BLDG INTEREST				10601030	10601030	-3243306	7357724	3.01
4	0400	NEW CAP REL COSTS-MVBLE EQUIP				21400064	21400064	-23298	21376766	4
5	0500	EMPLOYEE BENEFITS	2167520	2863953	5031473	-682143	4349330	-2595778	1753552	5
6.01	1160	COMMUNICATION	1226635	2152158	3378793	-592115	2786678	-473958	2312720	6.01
6.02	0620	SYSTEM & COMPUTERS	6184904	7288941	13473845	-3504990	9968855	-1020006	8948849	6.02
6.03	0630	PURCHASING	1410692	1440401	2851093	-308777	2542316	-75498	2466818	6.03
6.04	0631	OPC STORES	171300	205226	376526	-35197	341329	-9168	332161	6.04
6.05	0640	PATIENT AFFAIRS	1260824	561113	1821937	-54678	1767259	-67477	1699782	6.05
6.06	0641	PATIENT ADMITTING	1262435	441244	1703679	-24098	1679581	-67563	1612018	6.06
6.07	0650	PATIENT ACCOUNTS	4076227	6047918	10124145	-144023	9980122	-433154	9546968	6.07
6.08	0660	ACCOUNTING	2406967	979352	3386319	-246186	3140133	-128817	3011316	6.08
6.09	0661	EMPLOYEE HEALTH SERVICES	710395	466346	1176741	-13065	1163676	-203002	960674	6.09
6.10	0666	PASTORAL CARE	1321178	494137	1815315	-427451	1387864	-70707	1317157	6.10
6.11	0662	HOSPITAL ADMINSTRATION	24000628	72588040	96588668	-6400007	90188661	-22000946	68187715	6.11
6.12	0663	AMBULATORY ADMINISTRATION	3126349	2732077	5858426	-44853	5813573	-222818	5590755	6.12
6.14	0665	PRIMARY CARE ADMINISTRATION	96542	1764764	1861306	187353	2048659	-5167	2043492	6.14
7	0700	MAINTENANCE & REPAIRS								7
8	0800	OPERATION OF PLANT	9051407	23674747	32726154	-10782579	21943575	-920313	21023262	8
8.01	0801	SAFETY AND SECURITY	2780863	1183933	3964796	-685262	3279534	-148828	3130706	8.01
9	0900	LAUNDRY & LINEN SERVICE	282210	763790	1046000	-48313	997687	-15104	982583	9
10	1000	HOUSEKEEPING	1261429	9530967	10792396	-3149228	7643168		7643168	10
11	1100	DIETARY	3334278	4598123	7932401	-1815643	6116758	-198836	5917922	11
12	1200	CAFETERIA	336713	607538	944251	1266763	2211014	-2211014		12
13	1300	MAINTENANCE OF PERSONNEL								13
13.01	1950	PATIENT TRANSPORTATION	1217597	349843	1567440	-31734	1535706	-65164	1470542	13.01
14	1400	NURSING ADMINISTRATION	3395263	1478375	4873638	-32004	4841634	-181849	4659785	14
15	1500	CENTRAL SERVICES & SUPPLY	1079036	7766811	8845847	-7156682	1689165	-504632	1184533	15
15.01	1501	CENTRAL PROCESSING	112953	23892	136845		136845	-6045	130800	15.01
16	1600	PHARMACY	6708476	26107300	32815776	-20976772	11839004	-1723474	10115530	16
17	1700	MEDICAL RECORDS & LIBRARY	3275569	6695465	9971034	-2712022	7259012	-1142304	6116708	17
18	1800	SOCIAL SERVICE	1362596	366450	1729046	77156	1806202	-83133	1723069	18
18.01	1951	HOSPITAL MEDICAL ADMIN				16280367	16280367	-8095127	8185240	18.01
20	2000	NONPHYSICIAN ANESTHETISTS				1953828	1953828	-1953828		20
21	2100	NURSING SCHOOL								21
22	2200	I&R SERVICES-SALARY & FRINGES A	17003515	4715970	21719485	-168791	21550694	-1073683	20477011	22
23	2300	I&R SERVICES-OTHER PRGM COSTS A						23132955	23132955	23
24	2400	PARAMED ED PRGM-(SPECIFY)								24
24.01	2401	PARAMEDICAL ED-MICU	418047	149209	567256	-1400	565856	-36765	529091	24.01
24.02	2402	PARAMEDICAL ED-SOCIAL WORK								24.02
		INPATIENT ROUTINE SERV COST CENTERS								
25	2500	ADULTS & PEDIATRICS	29451112	15877712	45328824	1053162	46381986	-3055881	43326105	25
26	2600	INTENSIVE CARE UNIT	13003471	6697347	19700818	-325853	19374965	-1275846	18099119	26
28	2800	BURN INTENSIVE CARE UNIT	3429729	1689339	5119068	-2428441	2690627	-348982	2341645	28
30	2060	NEONATAL INTENSIVE CARE	8340767	3378834	11719601	-456109	11263492	-946430	10317062	30
30.01	2080	PEDIATRIC INTENSIVE CARE	1860435	997826	2858261	-221450	2636811	-179266	2457545	30.01
30.03	2180	HEART TRANSPLANT ICU	2011886	1047726	3059612	-159781	2899831	-214442	2685389	30.03
30.04	2181	BONE INTENSIVE CARE	2326868	1295402	3622270	-59187	3563083	-335340	3227743	30.04
31.01	3101	SUBPROVIDER II-REHAB	2645736	1327150	3972886	-968025	3004861	-270225	2734636	31.01
33	3300	NURSERY				980754	980754		980754	33
		ANCILLARY SERVICE COST CENTERS								
37	3700	OPERATING ROOM	11080015	36533029	47613044	-2606328	45006716	-2121195	42885521	37
37.01	3701	AMBULATORY SURGERY CENTER	2795177	6332558	9127735	-1487832	7639903	-1148270	6491633	37.01
38	3800	RECOVERY ROOM	2133689	1758966	3892655	-111977	3780678	-576334	3204344	38
39	3900	DELIVERY ROOM & LABOR ROOM	2411339	1451431	3862770	-211489	3651281	-311882	3339399	39
40	4000	ANESTHESIOLOGY	2099492	4678074	6777566	-3409463	3368103	-1612569	1755534	40
41	4100	RADIOLOGY-DIAGNOSTIC	6899968	9018963	15918931	-2427268	13491663	-1325413	12166250	41
41.01	3630	RADIOLOGY-ULTRASOUND	796013	978435	1774448	-132961	1641487	-229984	1411503	41.01
41.02	3430	RADIOLOGY-MRI	1361550	3205976	4567526	-440106	4127420	-725953	3401467	41.02
41.03	3230	RADIOLOGY-CAT SCAN	1863087	4265353	6128440	-58777	6069663	-1427080	4642583	41.03
42	4200	RADIOLOGY-THERAPEUTIC	406622	169445	576067	-576067				42
43	4300	RADIOISOTOPE	1401777	2763921	4165698	-327499	3838199	-553994	3284205	43
44	4400	LABORATORY	7248550	16255354	23503904	-1654908	21848996	-5652445	16196551	44
44.01	3420	LABORATORY-SURGICAL PATHOLOGY	1505201	3332336	4837537	-237493	4600044	-554726	4045318	44.01
44.02	3421	LABORATORY-NEUROSURGICAL								44.02
44.03	3422	LABORATORY-HLA	310948	749636	1060584	-51057	1009527	-83565	925962	44.03
46.30	4650	BLOOD CLOTTING FACTORS ADMIN CO								46.30
47	4700	BLOOD STORING, PROCESSING & TRA	1338350	6867761	8206111	-276925	7929186	-692550	7236636	47
49	4900	RESPIRATORY THERAPY	5464717	3633565	9098282	-203167	8895115	-703634	8191481	49
50	5000	PHYSICAL THERAPY	2376289	1509262	3885551	230800	4116351	-342033	3774318	50
51	5100	OCCUPATIONAL THERAPY	786679	860273	1646952	116906	1763858	-115900	1647958	51
52	5200	SPEECH PATHOLOGY	361817	156452	518269	80651	598920	-32210	566710	52
53	5300	ELECTROCARDIOLOGY	3080975	12345852	15426827	-1472758	13954069	-1236944	12717125	53

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI-FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST-MENTS 6	NET EXP FOR ALLOCATION 7	
54	5400	ELECTROENCEPHALOGRAPHY	1168957	791259	1960216	-218590	1741626	-163683	1577943	54
55	5500	MEDICAL SUPPLIES CHARGED TO PAT				6916615	6916615		6916615	55
56	5600	DRUGS CHARGED TO PATIENTS				20562412	20562412		20562412	56
57	5700	RENAL DIALYSIS	2767555	4650887	7418442	-399819	7018623	-854991	6163632	57
59	3560	PULMONARY LABS	324144	424905	749049	-191454	557595	-89912	467683	59
59.01	3950	OCCUPATIONAL HEALTH	261167	198647	459814	-56085	403729	-110180	293549	59.01
59.03	3951	HYPERALIMENTATION	9417	69949	79366	-38400	40966	-3267	37699	59.03
59.04	3650	PERIPHERAL VASCULAR	641442	612006	1253448	-252991	1000457	-133333	867124	59.04
59.05	3952	PEDIATRIC ENDO NUTRITION								59.05
59.06	3120	CARDIAC CATHETER LAB	1617403	7955096	9572499	-1285072	8287427	-867285	7420142	59.06
59.07	3340	GASTROINTESTINAL SERVICE	1825908	2515818	4341726	-548152	3793574	-493718	3299856	59.07
59.08	3121	BIOPSY/RIGHT CARDIAC CATH LAB								59.08
59.09	3953	BONE MARROW PROCUREMENT		1548593	1548593		1548593		1548593	59.09
		OUTPATIENT SERVICE COST CENTERS								
60	6000	CLINIC	193652	153248	346900	-42275	304625	-19631	284994	60
60.01	6001	CARDIAC REHABILITATION	254601	65706	320307	-1613	318694	-16556	302138	60.01
60.02	6002	CANCER CENTER	4909599	23687465	28597064	-885765	27711299	-3254825	24456474	60.02
60.03	6003	PSYCH SOCIAL REHAB	297311	135318	432629	-41520	391109	-17486	373623	60.03
60.04	6004	WELLNESS ASSESSMENT								60.04
60.06	6006	HEART FAILURE CLINIC								60.06
60.07	6007	LOC OUTPATIENT CENTER	17177684	18121242	35298926	-4355234	30943692	-4145774	26797918	60.07
60.08	6008	OBT OUTPATIENT CENTER	3191819	4019267	7211086	-627351	6583735	-574185	6009550	60.08
60.09	6009	ELMHURST IMMEDIATE CARE	1399606	976951	2376557	-55797	2320760	-938640	1382120	60.09
60.10	6010	LAGRANGE FAMILY PCC	1302901	1620493	2923394	-189475	2733919	-810083	1923836	60.10
60.12	6012	NORTH RIVERSIDE PCC	3199753	4077925	7277678	-87859	7189819	-4581771	2608048	60.12
60.13	6013	GLENDALE HEIGHTS PCC	829578	845789	1675367	-15479	1659888	-904011	755877	60.13
60.14	6014	WHEATON PCC	1179345	2497441	3676786	-81556	3595230	-1060104	2535126	60.14
60.15	6015	OBT II PCC	2946829	3382835	6329664	-52401	6277263	-3975371	2301892	60.15
60.16	6016	HICKORY HILLS PCC	2591871	3179885	5771756	-235563	5536193	-1781353	3754840	60.16
60.18	6018	DARIEN PCC	1744160	1725824	3469984	-40463	3429521	-1835662	1593859	60.18
60.20	6020	ORLANAD PARK - FP	2287196	2431580	4718776	-35771	4683005	-2218067	2464938	60.20
60.21	6021	FAMILY PRACTICE MAYWOOD PCC	504921	429722	934643	-100861	833782	-48446	785336	60.21
60.22	4040	HOMER GLEN PCC	2633563	5428283	8061846	-334259	7727587	-1412796	6314791	60.22
60.23	4950	OAK PARK PCC	1197331	1453256	2650587	-35951	2614636	-1597404	1017232	60.23
60.24	4041	PARK RIDGE PCC	179786	305510	485296	-103704	381592	-19486	362106	60.24
61	6100	EMERGENCY	10467983	8817326	19285309	-564612	18720697	-10436736	8283961	61
62	6200	OBSERVATION BEDS (NON-DISTINCT								62
62.01	6201	OBSERVATION BEDS-DISTINCT	242583	138685	381268	-37254	344014	-27000	317014	62.01
63.50	6310	RHC								63.50
63.60	6320	FQHC								63.60
		OTHER REIMBURSABLE COST CENTERS								
65	6500	AMBULANCE SERVICES	91537	650169	741706	-116190	625516	-9158	616358	65
67	6700	DURABLE MEDICAL EQUIP-SOLD	34856	2131721	2166577		2166577	-311974	1854603	67
69.10	6910	CMHC								69.10
69.20	6920	OUTPATIENT PHYSICAL THERAPY								69.20
69.30	6930	OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	6940	OUTPATIENT SPEECH PATHOLOGY								69.40
71	7100	HOME HEALTH AGENCY	4027703	1918187	5945890	-125886	5820004	-315275	5504729	71
		SPECIAL PURPOSE COST CENTERS								
82	8200	LUNG ACQUISITION	714822	2072520	2787342	-548706	2238636	-157327	2081309	82
83	8300	KIDNEY ACQUISITION	578903	2443003	3021906	-671095	2350811	-122772	2228039	83
84	8400	LIVER ACQUISITION	547235	641383	1188618	-425494	763124	-36821	726303	84
85	8500	HEART ACQUISITION	551311	851483	1402794	-294357	1108437	-42320	1066117	85
85.01	8510	PANCREAS ACQUISITION								85.01
85.02	8520	INTESTINAL ACQUISITION								85.02
86	8600	OTHER ORGAN ACQUISITION (SPECIF								86
93	9300	HOSPICE	597525	457742	1055267	-24192	1031075	-52719	978356	93
95		SUBTOTALS	294326764	450643180	744969944	349479	745319423	-96029253	649290170	95
		NONREIMBURSABLE COST CENTERS								
96	9600	GIFT, FLOWER, COFFEE SHOP & CAN	93534	231806	325340	-5617	319723	-5006	314717	96
96.01	9601	HINES RADIATION THERAPY	788344	249959	1038303	-63549	974754	-42191	932563	96.01
96.02	9602	HOME INFUSION THERAPY	888365	2261478	3149843	-3620	3146223	11442	3157665	96.02
96.03	9603	OP HOSPITAL PHARMACY	150197	2714092	2864289	-24748	2839541	-8038	2831503	96.03
96.04	9604	HOSPITALIST	1399045	715457	2114502	-38396	2076106	-1791367	284739	96.04
98	9800	PHYSICIANS' PRIVATE OFFICES	186861	44254	231115	-213549	17566	-17566		98
101		TOTAL	297833110	456860226	754693336		754693336	-97881979	656811357	101

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	DEPRECIATION EXPENSE	A	NEW CAP REL COSTS-BLDG & FIXT	3		12105798	1
2	DEPR	A	NEW CAP REL COSTS-MVBLE EQUIP	4		21400064	2
3		A					3
4		A					4
5		A					5
6		A					6
7		A					7
8		A					8
9		A					9
10		A					10
11		A					11
12		A					12
13		A					13
14		A					14
15		A					15
16		A					16
17		A					17
18		A					18
19		A					19
20		A					20
21		A					21
22		A					22
23		A					23
24		A					24
25		A					25
26		A					26
27		A					27
28		A					28
29		A					29
30		A					30
31		A					31
32		A					32
33		A					33
34		A					34
35		A					35
36	SUBTOTAL					33505862	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
		1	6	7	8	9	10
1	DEPRECIATION EXPENSE	A	EMPLOYEE BENEFITS	5		96743	9 1
2	DEPR	A	COMMUNICATION	6.01		102115	9 2
3		A	SYSTEM & COMPUTERS	6.02		2159990	3
4		A	PURCHASING	6.03		140777	4
5		A	OPC STORES	6.04		35197	5
6		A	PATIENT AFFAIRS	6.05		54678	6
7		A	PATIENT ADMITTING	6.06		24098	7
8		A	PATIENT ACCOUNTS	6.07		144023	8
9		A	ACCOUNTING	6.08		246186	9
10		A	EMPLOYEE HEALTH SERVICES	6.09		13065	10
11		A	PASTORAL CARE	6.10		84451	11
12		A	HOSPITAL ADMINSTRATION	6.11		881163	12
13		A	AMBULATORY ADMINISTRATION	6.12		44853	13
14		A	PRIMARY CARE ADMINISTRATION	6.14		268	14
15		A	OPERATION OF PLANT	8		3564579	15
16		A	SAFETY AND SECURITY	8.01		137262	16
17		A	LAUNDRY & LINEN SERVICE	9		48313	17
18		A	HOUSEKEEPING	10		16865	18
19		A	DIETARY	11		249673	19
20		A	CAFETERIA	12		10301	20
21		A	PATIENT TRANSPORTATION	13.01		31734	21
22		A	NURSING ADMINISTRATION	14		220224	22
23		A	CENTRAL SERVICES & SUPPLY	15		240067	23
24		A	PHARMACY	16		310654	24
25		A	MEDICAL RECORDS & LIBRARY	17		2699991	25
26		A	SOCIAL SERVICE	18		10936	26
27		A	I&R SERVICES-SALARY & FRINGES	22		9516	27
28		A	PARAMEDICAL ED-MICU	24.01		1400	28
29		A	ADULTS & PEDIATRICS	25		2039031	29
30		A	INTENSIVE CARE UNIT	26		391073	30
31		A	BURN INTENSIVE CARE UNIT	28		265759	31
32		A	NEONATAL INTENSIVE CARE	30		252210	32
33		A	PEDIATRIC INTENSIVE CARE	30.01		183825	33
34		A	HEART TRANSPLANT ICU	30.03		151721	34
35		A	BONE INTENSIVE CARE	30.04		62293	35
36	SUBTOTAL					14925034	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE COST CENTER	INCREASE LINE #	INCREASE SALARY	INCREASE OTHER	
		1	2	3	4	5	
1		A					1
2		A					2
3		A					3
4		A					4
5		A					5
6		A					6
7		A					7
8		A					8
9		A					9
10		A					10
11		A					11
12		A					12
13		A					13
14		A					14
15		A					15
16		A					16
17		A					17
18		A					18
19		A					19
20		A					20
21		A					21
22		A					22
23		A					23
24		A					24
25		A					25
26		A					26
27		A					27
28		A					28
29		A					29
30		A					30
31		A					31
32		A					32
33		A					33
34		A					34
35		A					35
36	SUBTOTAL					33505862	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	COST CENTER 6	DECREASE LINE # 7	SALARY 8	OTHER 9	WKST A-7 REF. 10
1		A	SUBPROVIDER II-REHAB	31.01		231707	1
2		A	OPERATING ROOM	37		2435816	2
3		A	AMBULATORY SURGERY CENTER	37.01		858964	3
4		A	RECOVERY ROOM	38		92777	4
5		A	DELIVERY ROOM & LABOR ROOM	39		211489	5
6		A	ANESTHESIOLOGY	40		106331	6
7		A	RADIOLOGY-DIAGNOSTIC	41		1785298	7
8		A	RADIOLOGY-ULTRASOUND	41.01		173263	8
9		A	RADIOLOGY-MRI	41.02		515242	9
10		A	RADIOLOGY-CAT SCAN	41.03		402659	10
11		A	RADIOISOTOPE	43		474131	11
12		A	LABORATORY	44		526060	12
13		A	LABORATORY-SURGICAL PATHOLOGY	44.01		107838	13
14		A	LABORATORY-HLA	44.03		33839	14
15		A	BLOOD STORING, PROCESSING & T	47		65564	15
16		A	RESPIRATORY THERAPY	49		146313	16
17		A	PHYSICAL THERAPY	50		111025	17
18		A	OCCUPATIONAL THERAPY	51		62578	18
19		A	SPEECH PATHOLOGY	52		30655	19
20		A	ELECTROCARDIOLOGY	53		1417356	20
21		A	ELECTROENCEPHALOGRAPHY	54		154110	21
22		A	RENAL DIALYSIS	57		241713	22
23		A	PULMONARY LABS	59		67550	23
24		A	OCCUPATIONAL HEALTH	59.01		56085	24
25		A	PERIPHERAL VASCULAR	59.04		248603	25
26		A	CARDIAC CATHETER LAB	59.06		1046181	26
27		A	GASTROINTESTINAL SERVICE	59.07		460752	27
28		A	CLINIC	60		42275	28
29		A	CARDIAC REHABILITATION	60.01		1613	29
30		A	CANCER CENTER	60.02		382180	30
31		A	PSYCH SOCIAL REHAB	60.03		24880	31
32		A	LOC OUTPATIENT CENTER	60.07		3398706	32
33		A	OBT OUTPATIENT CENTER	60.08		610455	33
34		A	ELMHURST IMMEDIATE CARE	60.09		55797	34
35		A	LAGRANGE FAMILY PCC	60.10		171325	35
36	SUBTOTAL					31676164	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1		A					1
2		A					2
3		A					3
4		A					4
5		A					5
6		A					6
7		A					7
8		A					8
9		A					9
10		A					10
11		A					11
12		A					12
13		A					13
14		A					14
15		A					15
16		A					16
17		A					17
18		A					18
19		A					19
20		A					20
21		A					21
22		A					22
23		A					23
24		A					24
25		A					25
26		A					26
27		A					27
28		A					28
29	CRNA	B	NONPHYSICIAN ANESTHETISTS	20	1602084	351744	29
30		B					30
31		B					31
32		B					32
33	SHARED SERVICE- RVS ALLOCATION	C					33
34		C					34
35		C					35
36	SUBTOTAL				1602084	33857606	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	COST CENTER 6	DECREASE LINE # 7	SALARY 8	OTHER 9	WKST A-7 REF. 10
1		A	NORTH RIVERSIDE PCC	60.12		87859	1
2		A	GLENDALE HEIGHTS PCC	60.13		15479	2
3		A	WHEATON PCC	60.14		81556	3
4		A	OBT II PCC	60.15		52401	4
5		A	HICKORY HILLS PCC	60.16		235563	5
6		A	DARIEN PCC	60.18		40463	6
7		A	ORLANAD PARK - FP	60.20		35771	7
8		A	FAMILY PRACTICE MAYWOOD PCC	60.21		81661	8
9		A	HOMER GLEN PCC	60.22		334259	9
10		A	OAK PARK PCC	60.23		35951	10
11		A	PARK RIDGE PCC	60.24		103704	11
12		A	EMERGENCY	61		447264	12
13		A	OBSERVATION BEDS-DISTINCT	62.01		42249	13
14		A	AMBULANCE SERVICES	65		60289	14
15		A	HOME HEALTH AGENCY	71		19579	15
16		A	LUNG ACQUISITION	82		634	16
17		A	KIDNEY ACQUISITION	83		5532	17
18		A	LIVER ACQUISITION	84		27145	18
19		A	HEART ACQUISITION	85		20948	19
20		A	HOSPICE	93		3857	20
21		A	GIFT, FLOWER, COFFEE SHOP & C	96		5617	21
22		A	HINES RADIATION THERAPY	96.01		63549	22
23		A	HOME INFUSION THERAPY	96.02		3620	23
24		A	OP HOSPITAL PHARMACY	96.03		24748	24
25		A					25
26		A					26
27		A					27
28		A					28
29	CRNA	B	OPERATING ROOM	37	17403	4003	29
30		B	AMBULATORY SURGERY CENTER	37.01	75733	17419	30
31		B	ANESTHESIOLOGY	40	1322086	304080	31
32		B	PHYSICIANS' PRIVATE OFFICES	98	186861	26243	32
33	SHARED SERVICE- RVS ALLOCATION	C					33
34		C					34
35		C					35
36	SUBTOTAL				1602083	33857607	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	COST CENTER 2	INCREASE LINE # 3	SALARY 4	OTHER 5	
1		C					1
2		C					2
3		C					3
4		C					4
5		C					5
6	SHARED SERVICE TO HE	D	HOSPITAL ADMINSTRATION	6.11		12908445	6
7		D					7
8		D					8
9		D					9
10		D					10
11		D					11
12		D					12
13		D					13
14		D					14
15		D					15
16		D					16
17	SHRD SVC FROM HE - RVS ALLOCATION	E					17
18		E					18
19		E					19
20		E					20
21		E					21
22		E					22
23		E					23
24		E					24
25		E					25
26	SHRD SVC FROM HE TO DEPT	F	EMPLOYEE BENEFITS	5		33600	26
27	SHRD SVC DIRECT TO HE	G					27
28		G					28
29		G					29
30		G					30
31	PARAMED ED-INDIRECT	H					31
32	PARAMED ED-DIRECT	I					32
33	SERVICE ASSOCIATE	J	ADULTS & PEDIATRICS	25	855483	208158	33
34		J	INTENSIVE CARE UNIT	26	168978	41116	34
35		J	BURN INTENSIVE CARE UNIT	28	32518	7912	35
36	SUBTOTAL				2659063	47056837	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	DECREASE COST CENTER 6	DECREASE LINE # 7	DECREASE SALARY 8	DECREASE OTHER 9	WKST A-7 REF. 10
1		C					1
2		C					2
3		C					3
4		C					4
5		C					5
6	SHARED SERVICE TO HE	D	EMPLOYEE BENEFITS	5		619000	6
7		D	COMMUNICATION	6.01		490000	7
8		D	SYSTEM & COMPUTERS	6.02		1345000	8
9		D	PURCHASING	6.03		168000	9
10		D	PASTORAL CARE	6.10		343000	10
11		D	HOSPITAL ADMINSTRATION	6.11		444000	11
12		D	OPERATION OF PLANT	8		7218000	12
13		D	SAFETY AND SECURITY	8.01		548000	13
14		D	HOUSEKEEPING	10		1564000	14
15		D	RADIOLOGY-THERAPEUTIC	42		169445	15
16		D					16
17	SHRD SVC FROM HE - RVS ALLOCATION	E					17
18		E					18
19		E					19
20		E					20
21		E					21
22		E					22
23		E					23
24		E					24
25		E					25
26	SHRD SVC FROM HE TO DEPT	F	HOSPITAL ADMINSTRATION	6.11		33600	26
27	SHRD SVC DIRECT TO HE	G					27
28		G					28
29		G					29
30		G					30
31	PARAMED ED-INDIRECT	H					31
32	PARAMED ED-DIRECT	I					32
33	SERVICE ASSOCIATE	J	HOUSEKEEPING	10	1261429	306934	33
34		J					34
35		J					35
36	SUBTOTAL				2863512	47106586	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
		1	2	3	4	5	
1		J	PEDIATRIC INTENSIVE CARE	30.01	26361	6414	1
2		J	HEART TRANSPLANT ICU	30.03	34697	8443	2
3		J	BONE INTENSIVE CARE	30.04	33384	8123	3
4		J	SUBPROVIDER II-REHAB	31.01	82673	20116	4
5		J	NURSERY	33	27336	6651	5
6		J					6
7	CAFETERIA	K	CAFETERIA	12	462694	814370	7
8	MEDICAL SUPPLY CHG TO PATIENT	L	MEDICAL SUPPLIES CHARGED TO P	55		6916615	8
9	DRUGS CHG TO PATIENT	M	DRUGS CHARGED TO PATIENTS	56		20562412	9
10	HOSPICE ADMINISTRATION	N	HOSPICE	93		2306	10
11	DPU REHAB THERAPY	O	PHYSICAL THERAPY	50	290915	66910	11
12		O	OCCUPATIONAL THERAPY	51	145922	33562	12
13		O	SPEECH PATHOLOGY	52	90493	20813	13
14		O	SOCIAL SERVICE	18	71620	16472	14
15	INSURANCE	P	HOSPITAL ADMINSTRATION	6.11		350464	15
16		P	PRIMARY CARE ADMINISTRATION	6.14		187621	16
17		P					17
18		P					18
19		P					19
20		P					20
21		P					21
22		P					22
23		P					23
24		P					24
25		P					25
26		P					26
27		P					27
28		P					28
29		P					29
30		P					30
31		P					31
32		P					32
33		P					33
34		P					34
35		P					35
36	SUBTOTAL				3925158	76078129	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	DECREASE COST CENTER 6	DECREASE LINE # 7	DECREASE SALARY 8	DECREASE OTHER 9	WKST A-7 REF. 10
1		J					1
2		J					2
3		J					3
4		J					4
5		J					5
6		J					6
7	CAFETERIA	K	DIETARY	11	462694	814370	7
8	MEDICAL SUPPLY CHG TO PATIENT	L	CENTRAL SERVICES & SUPPLY	15		6916615	8
9	DRUGS CHG TO PATIENT	M	PHARMACY	16		20562412	9
10	HOSPICE ADMINISTRATION	N	HOME HEALTH AGENCY	71		2306	10
11	DPU REHAB THERAPY	O	SUBPROVIDER II-REHAB	31.01	598951	137756	11
12		O					12
13		O					13
14		O					14
15	INSURANCE	P	AMBULATORY SURGERY CENTER	37.01		137641	15
16		P	RADIOLOGY-MRI	41.02		38485	16
17		P	CANCER CENTER	60.02		316863	17
18		P	AMBULANCE SERVICES	65		11495	18
19		P	HOME HEALTH AGENCY	71		33601	19
20		P					20
21		P					21
22		P					22
23		P					23
24		P					24
25		P					25
26		P					26
27		P					27
28		P					28
29		P					29
30		P					30
31		P					31
32		P					32
33		P					33
34		P					34
35		P					35
36	SUBTOTAL				3925157	76078130	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	COST CENTER 2	INCREASE LINE # 3	SALARY 4	OTHER 5	
1		P					1
2		P					2
3		P					3
4		P					4
5	BOND AMORTIZATION	Q	NEW CAPITAL-BLDG INTEREST	3.01		173832	5
6	HOSPITAL MEDICAL ADMIN	R	HOSPITAL MEDICAL ADMIN	18.01		16280367	6
7		R					7
8		R					8
9		R					9
10		R					10
11		R					11
12		R					12
13		R					13
14		R					14
15		R					15
16		R					16
17		R					17
18		R					18
19		R					19
20		R					20
21		R					21
22		R					22
23		R					23
24		R					24
25		R					25
26		R					26
27		R					27
28		R					28
29		R					29
30		R					30
31		R					31
32		R					32
33		R					33
34		R					34
35		R					35
36	SUBTOTAL				3925158	92532328	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE COST CENTER	LINE #	SALARY	OTHER	WKST A-7 REF.	
		1	6	7	8	9	10	
1		P						1
2		P						2
3		P						3
4		P						4
5	BOND AMORTIZATION	Q	HOSPITAL ADMINSTRATION	6.11		173832	11	5
6	HOSPITAL MEDICAL ADMIN	R	HOSPITAL ADMINSTRATION	6.11		7699123		6
7		R	DIETARY	11		4267		7
8		R	NURSING ADMINISTRATION	14		49307		8
9		R	PHARMACY	16		103706		9
10		R	MEDICAL RECORDS & LIBRARY	17		12031		10
11		R	I&R SERVICES-SALARY & FRINGES	22		159275		11
12		R	ADULTS & PEDIATRICS	25		228627		12
13		R	INTENSIVE CARE UNIT	26		144874		13
14		R	NEONATAL INTENSIVE CARE	30		203899		14
15		R	PEDIATRIC INTENSIVE CARE	30.01		70400		15
16		R	HEART TRANSPLANT ICU	30.03		51200		16
17		R	BONE INTENSIVE CARE	30.04		38401		17
18		R	SUBPROVIDER II-REHAB	31.01		102400		18
19		R	OPERATING ROOM	37		144640		19
20		R	AMBULATORY SURGERY CENTER	37.01		402541		20
21		R	RECOVERY ROOM	38		19200		21
22		R	ANESTHESIOLOGY	40		1676966		22
23		R	RADIOLOGY-DIAGNOSTIC	41		347158		23
24		R	RADIOLOGY-ULTRASOUND	41.01		48365		24
25		R	RADIOLOGY-MRI	41.02		170955		25
26		R	RADIOLOGY-CAT SCAN	41.03		331448		26
27		R	RADIOISOTOPE	43		138485		27
28		R	LABORATORY	44		1128848		28
29		R	LABORATORY-SURGICAL PATHOLOGY	44.01		129655		29
30		R	LABORATORY-HLA	44.03		17218		30
31		R	BLOOD STORING, PROCESSING & T	47		211361		31
32		R	RESPIRATORY THERAPY	49		56854		32
33		R	PHYSICAL THERAPY	50		16000		33
34		R	ELECTROCARDIOLOGY	53		76693		34
35		R	ELECTROENCEPHALOGRAPHY	54		64480		35
36	SUBTOTAL				3925157	90100339		36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1		R					1
2		R					2
3		R					3
4		R					4
5		R					5
6		R					6
7		R					7
8		R					8
9		R					9
10		R					10
11		R					11
12		R					12
13		R					13
14		R					14
15		R					15
16		R					16
17		R					17
18		R					18
19		R					19
20		R					20
21		R					21
22	POST TRANSPLANT COORDINATOR	S					22
23	NURSERY	T	NURSERY	33	690089	256678	23
24	INTERST EXPENSE	U	NEW CAPITAL-BLDG INTEREST	3.01		10427198	24
25	NEW AU - 35005	V	RADIOLOGY-DIAGNOSTIC	41	360135	84832	25
26	NEW AU - 11675	V	RADIOLOGY-ULTRASOUND	41.01	69716	16422	26
27		V	RADIOLOGY-MRI	41.02	251700	59290	27
28		V	RADIOLOGY-CAT SCAN	41.03	531615	125226	28
29		V	RADIOISOTOPE	43	139076	32760	29
30		V	OBSERVATION BEDS-DISTINCT	62.01	4043	952	30
31		V					31
32		V					32
33	NURSING SCHOOL	W					33
34	RADIOLOGY ALLOCATED	Y	RADIOLOGY-DIAGNOSTIC	41		1779	34
35	RADIOLOGY ALLOCATED	Y	RADIOLOGY-DIAGNOSTIC	41		3617	35
36	SUBTOTAL				5971532	103541082	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE COST CENTER	LINE #	SALARY	OTHER	WKST A-7 REF.
		1	6	7	8	9	10
1		R	RENAL DIALYSIS	57		158106	1
2		R	PULMONARY LABS	59		123904	2
3		R	HYPERALIMENTATION	59.03		38400	3
4		R	PERIPHERAL VASCULAR	59.04		4388	4
5		R	CARDIAC CATHETER LAB	59.06		217600	5
6		R	GASTROINTESTINAL SERVICE	59.07		87400	6
7		R	CANCER CENTER	60.02		186722	7
8		R	PSYCH SOCIAL REHAB	60.03		16640	8
9		R	LOC OUTPATIENT CENTER	60.07		603916	9
10		R	OBT OUTPATIENT CENTER	60.08		16896	10
11		R	LAGRANGE FAMILY PCC	60.10		18150	11
12		R	FAMILY PRACTICE MAYWOOD PCC	60.21		19200	12
13		R	EMERGENCY	61		117348	13
14		R	AMBULANCE SERVICES	65		44406	14
15		R	HOME HEALTH AGENCY	71		70400	15
16		R	LUNG ACQUISITION	82		202262	16
17		R	KIDNEY ACQUISITION	83		298506	17
18		R	LIVER ACQUISITION	84		138744	18
19		R	HEART ACQUISITION	85		7520	19
20		R	HOSPICE	93		22641	20
21		R	HOSPITALIST	96.04		38396	21
22	POST TRANSPLANT COORDINATOR	S	PHYSICIANS' PRIVATE OFFICES	98		445	22
23	NURSERY	T	ADULTS & PEDIATRICS	25	690089	256678	23
24	INTERST EXPENSE	U	HOSPITAL ADMINSTRATION	6.11		10427198	11 24
25	NEW AU - 35005	V	RADIOLOGY-DIAGNOSTIC	41	850035	188481	25
26	NEW AU - 11675	V	LOC OUTPATIENT CENTER	60.07	506250	131001	26
27		V					27
28		V					28
29		V					29
30		V					30
31		V					31
32		V					32
33	NURSING SCHOOL	W					33
34	RADIOLOGY ALLOCATED	Y	RADIOLOGY-MRI	41.02		38485	34
35	RADIOLOGY ALLOCATED	Y					35
36	SUBTOTAL				5971531	103574172	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	COST CENTER 2	INCREASE LINE # 3	SALARY 4	OTHER 5	
1	RADIOLOGY ALLOCATED	Y	RADIOLOGY-CAT SCAN	41.03		18214	1
2	RADIOLOGY ALLOCATED	Y	RADIOLOGY-CAT SCAN	41.03		275	2
3	RADIOLOGY ALLOCATED	Y	RADIOLOGY-ULTRASOUND	41.01		2529	3
4	RADIOLOGY ALLOCATED	Y	RADIOLOGY-MRI	41.02		12071	4
5	RADIOLOGY ALLOCATED	Y					5
6	RADIOLOGY ALLOCATED	Y					6
7	NEW AU 30510	Z					7
8	NEW AU 30190	AA					8
9	TRANSPLANT PRE VS POST	AB	NURSING ADMINISTRATION	14	237527		9
10	TRANSPLANT PRE VS POST	AB	ADULTS & PEDIATRICS	25	818415	182419	10
11	TRANSPLANT PRE VS POST	AB					11
12	TRANSPLANT PRE VS POST	AB					12
13	AU 34291	AC					13
14	HEART FAILURE	AD					14
15	RADIATION CONTROL	AE					15
16	RADIATION CONTROL	AE	RADIOLOGY-DIAGNOSTIC	41	293341		16
17		AE	RADIOISOTOPE	43	113281		17
18	7N_7BICU	AF	ADULTS & PEDIATRICS	25	1520310	682802	18
19	LAWSON AU 12265	AG	LOC OUTPATIENT CENTER	60.07	218199	66440	19
20	LAWSON AU 10637	AH	ELECTROCARDIOLOGY	53	14919	6372	20
21	LAWSON AU 50585	AI	AMBULATORY SURGERY CENTER	37.01		4466	21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36	TOTAL RECLASSIFICATIONS				9187524	104516670	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	DECREASE COST CENTER 6	LINE # 7	SALARY 8	OTHER 9	WKST A-7 REF. 10
1	RADIOLOGY ALLOCATED	Y					1
2	RADIOLOGY ALLOCATED	Y					2
3	RADIOLOGY ALLOCATED	Y					3
4	RADIOLOGY ALLOCATED	Y					4
5	RADIOLOGY ALLOCATED	Y					5
6	RADIOLOGY ALLOCATED	Y					6
7	NEW AU 30510	Z					7
8	NEW AU 30190	AA					8
9	TRANSPLANT PRE VS POST	AB	LUNG ACQUISITION	82	318226	27584	9
10	TRANSPLANT PRE VS POST	AB	KIDNEY ACQUISITION	83	315005	52052	10
11	TRANSPLANT PRE VS POST	AB	LIVER ACQUISITION	84	207559	52046	11
12	TRANSPLANT PRE VS POST	AB	HEART ACQUISITION	85	215153	50736	12
13	AU 34291	AC					13
14	HEART FAILURE	AD					14
15	RADIATION CONTROL	AE	RADIOLOGY-THERAPEUTIC	42	406622		15
16	RADIATION CONTROL	AE					16
17		AE					17
18	7N_7BICU	AF	BURN INTENSIVE CARE UNIT	28	1520310	682802	18
19	LAWSON AU 12265	AG	DIETARY	11	218199	66440	19
20	LAWSON AU 10637	AH	CARDIAC CATHETER LAB	59.06	14919	6372	20
21	LAWSON AU 50585	AI	OPERATING ROOM	37		4466	21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36	TOTAL RECLASSIFICATIONS				9187524	104516670	36

ANALYSIS OF CHANGES DURING COST REPORTING
PERIOD IN CAPITAL ASSET BALANCES OF HOSPITAL
AND HOSPITAL HEALTH CARE COMPLEX CERTIFIED
TO PARTICIPATE IN HEALTH CARE PROGRAMS

WORKSHEET A-7
PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS PURCHASE 2	ACQUISITIONS DONATION 3	ACQUISITIONS TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
1	LAND	849446					849446		1
2	LAND IMPROVEMENTS	2193980					2193980		2
3	BUILDINGS AND FIXTURES	88714160				1076997	87637163		3
4	BUILDING IMPROVEMENTS								4
5	FIXED EQUIPMENT								5
6	MOVABLE EQUIPMENT								6
7	SUBTOTAL	91757586				1076997	90680589		7
8	RECONCILING ITEMS								8
9	TOTAL	91757586				1076997	90680589		9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS PURCHASE 2	ACQUISITIONS DONATION 3	ACQUISITIONS TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
1	LAND	500000					500000		1
2	LAND IMPROVEMENTS	4169053	392259		392259		4561312		2
3	BUILDINGS AND FIXTURES	271254845	72149419		72149419		343404264		3
4	BUILDING IMPROVEMENTS								4
5	FIXED EQUIPMENT								5
6	MOVABLE EQUIPMENT	187169695	52718690		52718690	9367317	230521068		6
7	SUBTOTAL	463093593	125260368		125260368	9367317	578986644		7
8	RECONCILING ITEMS								8
9	TOTAL	463093593	125260368		125260368	9367317	578986644		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
PARTS III & IV

	DESCRIPTION	COMPUTATION OF RATIOS: GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	ALLOCATION OF OTHER CAPITAL: INSURANCE 5	TAXES 6	OTHER CAPITAL-RELATED COSTS 7	TOTAL 8	
1	OLD CAP REL COSTS-BLDG & FIXT				.000000					1
2	OLD CAP REL COSTS-MVBLE EQUIP				.000000					2
3	NEW CAP REL COSTS-BLDG & FIXT				.000000					3
3.01	NEW CAPITAL-BLDG INTEREST				.000000					3.01
4	NEW CAP REL COSTS-MVBLE EQUIP				.000000					4
5	TOTAL				.000000					5

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL: DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL-RELATED COSTS 14	TOTAL 15	
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT	12540639		-1083072				11457567	3
3.01	NEW CAPITAL-BLDG INTEREST			7357724				7357724	3.01
4	NEW CAP REL COSTS-MVBLE EQUIP	21376766						21376766	4
5	TOTAL	33917405		6274652				40192057	5

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL: DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL-RELATED COSTS 14	TOTAL 15	
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT								3
3.01	NEW CAPITAL-BLDG INTEREST								3.01
4	NEW CAP REL COSTS-MVBLE EQUIP								4
5	TOTAL								5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO. 4	WKST A-7 REF 5	
1	INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1		1
2	INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2		2
3	INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3		3
3.01	INV INC-NEW BLDGS AND FIXT	B	-3243306	NEW CAPITAL-BLDG INTEREST	3.01	11	3.01
4	INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4		4
5	INVESTMENT INCOME-OTHER						5
6	TRADE, QUANTITY, AND TIME DISCOUNTS						6
7	REFUNDS AND REBATES OF EXPENSES						7
8	RENTAL OF PROVIDER SPACE BY SUPPLIERS						8
9	TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-357310	COMMUNICATION	6.01		9
10	TELEVISION AND RADIO SERVICE	A	-18107	OPERATION OF PLANT	8		10
11	PARKING LOT	B	-417788	OPERATION OF PLANT	8		11
12	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2					12
13	SALE OF SCRAP, WASTE, ETC.						13
14	RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1	8211011				14
15	LAUNDRY AND LINEN SERVICE						15
16	CAFETERIA - EMPLOYEES AND GUESTS	A	-2192994	CAFETERIA	12		16
17	RENTAL OF QUARTERS TO EMPLOYEES & OTHERS						17
18	SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS						18
19	SALE OF DRUGS TO OTHER THAN PATIENTS						19
20	SALE OF MEDICAL RECORDS AND ABSTRACTS						20
21	NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)						21
22	VENDING MACHINES						22
23	INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES						23
24	INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT						24
25	ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		RESPIRATORY THERAPY	49		25
26	ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50		26
27	ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY	71		27
28	UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89		28
29	DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1		29
30	DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2		30
31	DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3		31
32	DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4		32
33	NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20		33
34	PHYSICIANS' ASSISTANT						34
35	ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4		OCCUPATIONAL THERAPY	51		35
36	ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4		SPEECH PATHOLOGY	52		36
37	PATIENT TELEVISION EQUIPMENT	A	-12221	NEW CAP REL COSTS-BLDG & FIXT	3	11	37
37.01	PARKING	B	-1070851	NEW CAP REL COSTS-BLDG & FIXT	3	11	37.01
37.02	PARKING	B	-16562	NEW CAP REL COSTS-MVBLE EQUIP	4	9	37.02
38	OTHER OPERATING REVENUE	B	-15304	HOSPITAL ADMINSTRATION	6.11		38
38.01	OTHER OPERATING REVENUE	B	-278901	CENTRAL SERVICES & SUPPLY	15		38.01
38.02	OTHER OPERATING REVENUE	B	30	PHARMACY	16		38.02
38.03	OTHER OPERATING REVENUE	B	-10115	SOCIAL SERVICE	18		38.03
38.04	OTHER OPERATING REVENUE	B	-1303798	LABORATORY	44		38.04
38.05	OTHER OPERATING REVENUE	B	-1659086	CANCER CENTER	60.02		38.05
38.06	OTHER OPERATING REVENUE	B	-23359	LOC OUTPATIENT CENTER	60.07		38.06
38.07	OTHER OPERATING REVENUE	B	-16927	LAGRANGE FAMILY PCC	60.10		38.07
38.08	OTHER OPERATING REVENUE	B	-24351	NORTH RIVERSIDE PCC	60.12		38.08
38.09	OTHER OPERATING REVENUE	B	-8448	GLENDALE HEIGHTS PCC	60.13		38.09
38.10	OTHER OPERATING REVENUE	B	-4837	WHEATON PCC	60.14		38.10
38.11	OTHER OPERATING REVENUE	B	-11004	OBT II PCC	60.15		38.11
38.12	OTHER OPERATING REVENUE	B	-9093	HICKORY HILLS PCC	60.16		38.12
38.13	OTHER OPERATING REVENUE	B	-18182	DARIEN PCC	60.18		38.13
38.14	OTHER OPERATING REVENUE	B	-4227	ORLANAD PARK - FP	60.20		38.14
38.15	OTHER OPERATING REVENUE	B	-55	FAMILY PRACTICE MAYWOOD PCC	60.21		38.15
38.16	OTHER OPERATING REVENUE	B	-8154	OAK PARK PCC	60.23		38.16
38.17	OTHER OPERATING REVENUE	B	25	EMERGENCY	61		38.17
38.18	OTHER OPERATING REVENUE	B	-31445	RADIOLOGY-DIAGNOSTIC	41		38.18
39	LOBBYING EXPENSE	A	-47021	HOSPITAL ADMINSTRATION	6.11		39
39.01	PHYSICIAN RECRUITING	A	-131669	HOSPITAL ADMINSTRATION	6.11		39.01
39.02	BOARD OF DIRECTORS	A	-5803	HOSPITAL ADMINSTRATION	6.11		39.02
39.03	AUTOMOBILE EXPENSE	A	-455142	HOSPITAL ADMINSTRATION	6.11		39.03
39.04	DONATIONS	A	-54039	HOSPITAL ADMINSTRATION	6.11		39.04
39.05	FLOWERS & GIFTS	A	-59279	HOSPITAL ADMINSTRATION	6.11		39.05
39.06	ENTERTAINMENT	A	-419120	HOSPITAL ADMINSTRATION	6.11		39.06

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO. 4	WKST A-7 REF 5
39.07	ADVERTISING	A	-5992081	HOSPITAL ADMINSTRATION	6.11	39.07
39.08	REORGANIZATION EXPENSE	A	-250642	HOSPITAL ADMINSTRATION	6.11	39.08
40	SELF INSURANCE	A	-122580	EMPLOYEE BENEFITS	5	40
40.02	SELF INSURANCE	A	-69370	COMMUNICATION	6.01	40.02
40.03	SELF INSURANCE	A	-349774	SYSTEM & COMPUTERS	6.02	40.03
40.04	SELF INSURANCE	A	-79779	PURCHASING	6.03	40.04
40.05	SELF INSURANCE	A	-9688	OPC STORES	6.04	40.05
40.06	SELF INSURANCE	A	-71303	PATIENT AFFAIRS	6.05	40.06
40.07	SELF INSURANCE	A	-71394	PATIENT ADMITTING	6.06	40.07
40.08	SELF INSURANCE	A	-230523	PATIENT ACCOUNTS	6.07	40.08
40.09	SELF INSURANCE	A	-136121	ACCOUNTING	6.08	40.09
40.10	SELF INSURANCE	A	-40175	EMPLOYEE HEALTH SERVICES	6.09	40.10
40.11	SELF INSURANCE	A	-74716	PASTORAL CARE	6.10	40.11
40.12	SELF INSURANCE	A	-1357306	HOSPITAL ADMINSTRATION	6.11	40.12
40.13	SELF INSURANCE	A	-176804	AMBULATORY ADMINISTRATION	6.12	40.13
40.14	SELF INSURANCE	A	-5460	PRIMARY CARE ADMINISTRATION	6.14	40.14
40.15	SELF INSURANCE	A	-511884	OPERATION OF PLANT	8	40.15
40.16	SELF INSURANCE	A	-157266	SAFETY AND SECURITY	8.01	40.16
40.17	SELF INSURANCE	A	-15960	LAUNDRY & LINEN SERVICE	9	40.17
40.18	SELF INSURANCE	A	-188563	DIETARY	11	40.18
40.19	SELF INSURANCE	A	-19042	CAFETERIA	12	40.19
40.20	SELF INSURANCE	A	-68859	PATIENT TRANSPORTATION	13.01	40.20
40.21	SELF INSURANCE	A	-192012	NURSING ADMINISTRATION	14	40.21
40.22	SELF INSURANCE	A	-61023	CENTRAL SERVICES & SUPPLY	15	40.22
40.23	SELF INSURANCE	A	-6388	CENTRAL PROCESSING	15.01	40.23
40.24	SELF INSURANCE	A	-379384	PHARMACY	16	40.24
40.25	SELF INSURANCE	A	-185243	MEDICAL RECORDS & LIBRARY	17	40.25
40.26	SELF INSURANCE	A	-77059	SOCIAL SERVICE	18	40.26
40.27	SELF INSURANCE	A	-961599	I&R SERVICES-SALARY & FRINGES A	22	40.27
40.28	SELF INSURANCE	A	-23642	PARAMEDICAL ED-MICU	24.01	40.28
40.29	SELF INSURANCE	A	-1665547	ADULTS & PEDIATRICS	25	40.29
40.30	SELF INSURANCE	A	-735384	INTENSIVE CARE UNIT	26	40.30
40.31	SELF INSURANCE	A	-193961	BURN INTENSIVE CARE UNIT	28	40.31
40.32	SELF INSURANCE	A	-471695	NEONATAL INTENSIVE CARE	30	40.32
40.33	SELF INSURANCE	A	-105213	PEDIATRIC INTENSIVE CARE	30.01	40.33
40.34	SELF INSURANCE	A	-113778	HEART TRANSPLANT ICU	30.03	40.34
40.35	SELF INSURANCE	A	-131591	BONE INTENSIVE CARE	30.04	40.35
40.36	SELF INSURANCE	A	-149624	SUBPROVIDER II-REHAB	31.01	40.36
40.37	SELF INSURANCE	A	-626607	OPERATING ROOM	37	40.37
40.38	SELF INSURANCE	A	-158075	AMBULATORY SURGERY CENTER	37.01	40.38
40.39	SELF INSURANCE	A	-120666	RECOVERY ROOM	38	40.39
40.40	SELF INSURANCE	A	-136368	DELIVERY ROOM & LABOR ROOM	39	40.40
40.41	SELF INSURANCE	A	-118732	ANESTHESIOLOGY	40	40.41
40.42	SELF INSURANCE	A	-408300	RADIOLOGY-DIAGNOSTIC	41	40.42
40.43	SELF INSURANCE	A	-45017	RADIOLOGY-ULTRASOUND	41.01	40.43
40.44	SELF INSURANCE	A	-77000	RADIOLOGY-MRI	41.02	40.44
40.45	SELF INSURANCE	A	-105363	RADIOLOGY-CAT SCAN	41.03	40.45
40.46	SELF INSURANCE	A	-1234	RADIOLOGY-THERAPEUTIC	42	40.46
40.47	SELF INSURANCE	A	-82949	RADIOISOTOPE	43	40.47
40.48	SELF INSURANCE	A	-409927	LABORATORY	44	40.48
40.49	SELF INSURANCE	A	-85124	LABORATORY-SURGICAL PATHOLOGY	44.01	40.49
40.50	SELF INSURANCE	A	-17585	LABORATORY-HLA	44.03	40.50
40.51	SELF INSURANCE	A	-75688	BLOOD STORING, PROCESSING & TRA	47	40.51
40.52	SELF INSURANCE	A	-309046	RESPIRATORY THERAPY	49	40.52
40.53	SELF INSURANCE	A	-134386	PHYSICAL THERAPY	50	40.53
40.54	SELF INSURANCE	A	-44489	OCCUPATIONAL THERAPY	51	40.54
40.55	SELF INSURANCE	A	-20462	SPEECH PATHOLOGY	52	40.55
40.56	SELF INSURANCE	A	-174238	ELECTROCARDIOLOGY	53	40.56
40.57	SELF INSURANCE	A	-66108	ELECTROENCEPHALOGRAPHY	54	40.57
40.58	SELF INSURANCE	A	-156513	RENAL DIALYSIS	57	40.58
40.59	SELF INSURANCE	A	-18331	PULMONARY LABS	59	40.59
40.60	SELF INSURANCE	A	-14770	OCCUPATIONAL HEALTH	59.01	40.60
40.61	SELF INSURANCE	A	-533	HYPERALIMENTATION	59.03	40.61
40.62	SELF INSURANCE	A	-36275	PERIPHERAL VASCULAR	59.04	40.62
40.63	SELF INSURANCE	A	-91469	CARDIAC CATHETER LAB	59.06	40.63
40.64	SELF INSURANCE	A	-103260	GASTROINTESTINAL SERVICE	59.07	40.64
40.65	SELF INSURANCE	A	-10952	CLINIC	60	40.65
40.67	SELF INSURANCE	A	-14398	CARDIAC REHABILITATION	60.01	40.67
40.68	SELF INSURANCE	A	-277652	CANCER CENTER	60.02	40.68
40.69	SELF INSURANCE	A	-16814	PSYCH SOCIAL REHAB	60.03	40.69
40.70	SELF INSURANCE	A	-971449	LOC OUTPATIENT CENTER	60.07	40.70
40.71	SELF INSURANCE	A	-180507	OBT OUTPATIENT CENTER	60.08	40.71
40.72	SELF INSURANCE	A	-79152	ELMHURST IMMEDIATE CARE	60.09	40.72
40.73	SELF INSURANCE	A	-73683	LAGRANGE FAMILY PCC	60.10	40.73
40.74	SELF INSURANCE	A	-180955	NORTH RIVERSIDE PCC	60.12	40.74
40.75	SELF INSURANCE	A	-46915	GLENDALE HEIGHTS PCC	60.13	40.75

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO. 4	WKST A-7 REF 5	
40.76	SELF INSURANCE	A	-66695	WHEATON PCC	60.14		40.76
40.77	SELF INSURANCE	A	-166652	OBT II PCC	60.15		40.77
40.78	SELF INSURANCE	A	-146578	HICKORY HILLS PCC	60.16		40.78
40.79	SELF INSURANCE	A	-98637	DARIEN PCC	60.18		40.79
40.80	SELF INSURANCE	A	-129348	ORLANAD PARK - FP	60.20		40.80
40.81	SELF INSURANCE	A	-28555	FAMILY PRACTICE MAYWOOD PCC	60.21		40.81
40.82	SELF INSURANCE	A	-148936	HOMER GLEN PCC	60.22		40.82
40.83	SELF INSURANCE	A	-67713	OAK PARK PCC	60.23		40.83
40.84	SELF INSURANCE	A	-10167	PARK RIDGE PCC	60.24		40.84
40.85	SELF INSURANCE	A	-591995	EMERGENCY	61		40.85
40.86	SELF INSURANCE	A	-13719	OBSERVATION BEDS-DISTINCT	62.01		40.86
40.87	SELF INSURANCE	A	-5177	AMBULANCE SERVICES	65		40.87
40.88	SELF INSURANCE	A	-1971	DURABLE MEDICAL EQUIP-SOLD	67		40.88
40.89	SELF INSURANCE	A	-227778	HOME HEALTH AGENCY	71		40.89
40.90	SELF INSURANCE	A	-40425	LUNG ACQUISITION	82		40.90
40.91	SELF INSURANCE	A	-32739	KIDNEY ACQUISITION	83		40.91
40.92	SELF INSURANCE	A	-30948	LIVER ACQUISITION	84		40.92
40.93	SELF INSURANCE	A	-31178	HEART ACQUISITION	85		40.93
40.94	SELF INSURANCE	A	-33792	HOSPICE	93		40.94
40.95	SELF INSURANCE	A	-5290	GIFT, FLOWER, COFFEE SHOP & CAN	96		40.95
40.96	SELF INSURANCE	A	-44583	HINES RADIATION THERAPY	96.01		40.96
40.97	SELF INSURANCE	A	-50240	HOME INFUSION THERAPY	96.02		40.97
40.98	SELF INSURANCE	A	-8494	OP HOSPITAL PHARMACY	96.03		40.98
40.99	SELF INSURANCE	A	-79120	HOSPITALIST	96.04		40.99
41	SELF INSURANCE	A	-122	PHYSICIANS' PRIVATE OFFICES	98		41
41.03	GAIN/LOSS ON INVESTMENTS	A	-13174431	HOSPITAL ADMINSTRATION	6.11	11	41.03
42	BAD DEBT EXPENSE	A	-9759422	HOSPITAL ADMINSTRATION	6.11		42
42.01	BAD DEBT EXPENSE	A	-20391	DIETARY	11		42.01
42.02	BAD DEBT EXPENSE	A	-140	NURSING ADMINISTRATION	14		42.02
42.03	BAD DEBT EXPENSE	A	-167982	CENTRAL SERVICES & SUPPLY	15		42.03
42.04	BAD DEBT EXPENSE	A	-1364476	PHARMACY	16		42.04
42.05	BAD DEBT EXPENSE	A	-94	SOCIAL SERVICE	18		42.05
42.06	BAD DEBT EXPENSE	A	-1479701	ADULTS & PEDIATRICS	25		42.06
42.07	BAD DEBT EXPENSE	A	-579920	INTENSIVE CARE UNIT	26		42.07
42.08	BAD DEBT EXPENSE	A	-165428	BURN INTENSIVE CARE UNIT	28		42.08
42.09	BAD DEBT EXPENSE	A	-374580	NEONATAL INTENSIVE CARE	30		42.09
42.10	BAD DEBT EXPENSE	A	-79698	PEDIATRIC INTENSIVE CARE	30.01		42.10
42.11	BAD DEBT EXPENSE	A	-106769	HEART TRANSPLANT ICU	30.03		42.11
42.12	BAD DEBT EXPENSE	A	-108072	BONE INTENSIVE CARE	30.04		42.12
42.13	BAD DEBT EXPENSE	A	-128629	SUBPROVIDER II-REHAB	31.01		42.13
42.14	BAD DEBT EXPENSE	A	-1528209	OPERATING ROOM	37		42.14
42.15	BAD DEBT EXPENSE	A	-998677	AMBULATORY SURGERY CENTER	37.01		42.15
42.16	BAD DEBT EXPENSE	A	-462142	RECOVERY ROOM	38		42.16
42.17	BAD DEBT EXPENSE	A	-182831	DELIVERY ROOM & LABOR ROOM	39		42.17
42.18	BAD DEBT EXPENSE	A	-734213	ANESTHESIOLOGY	40		42.18
42.19	BAD DEBT EXPENSE	A	-837180	RADIOLOGY-DIAGNOSTIC	41		42.19
42.20	BAD DEBT EXPENSE	A	-187382	RADIOLOGY-ULTRASOUND	41.01		42.20
42.21	BAD DEBT EXPENSE	A	-653085	RADIOLOGY-MRI	41.02		42.21
42.22	BAD DEBT EXPENSE	A	-1327370	RADIOLOGY-CAT SCAN	41.03		42.22
42.23	BAD DEBT EXPENSE	A	-475299	RADIOISOTOPE	43		42.23
42.24	BAD DEBT EXPENSE	A	-3394147	LABORATORY	44		42.24
42.25	BAD DEBT EXPENSE	A	-474169	LABORATORY-SURGICAL PATHOLOGY	44.01		42.25
42.26	BAD DEBT EXPENSE	A	-66924	LABORATORY-HLA	44.03		42.26
42.27	BAD DEBT EXPENSE	A	-359160	BLOOD STORING, PROCESSING & TRA	47		42.27
42.28	BAD DEBT EXPENSE	A	-411170	RESPIRATORY THERAPY	49		42.28
42.29	BAD DEBT EXPENSE	A	-214858	PHYSICAL THERAPY	50		42.29
42.30	BAD DEBT EXPENSE	A	-73798	OCCUPATIONAL THERAPY	51		42.30
42.31	BAD DEBT EXPENSE	A	-12846	SPEECH PATHOLOGY	52		42.31
42.32	BAD DEBT EXPENSE	A	-1024535	ELECTROCARDIOLOGY	53		42.32
42.33	BAD DEBT EXPENSE	A	-101122	ELECTROENCEPHALOGRAPHY	54		42.33
42.34	BAD DEBT EXPENSE	A	-133958	RENAL DIALYSIS	57		42.34
42.35	BAD DEBT EXPENSE	A	-72565	PULMONARY LABS	59		42.35
42.36	BAD DEBT EXPENSE	A	-3803	OCCUPATIONAL HEALTH	59.01		42.36
42.37	BAD DEBT EXPENSE	A	-2763	HYPERALIMENTATION	59.03		42.37
42.38	BAD DEBT EXPENSE	A	-99004	PERIPHERAL VASCULAR	59.04		42.38
42.39	BAD DEBT EXPENSE	A	-780724	CARDIAC CATHETER LAB	59.06		42.39
42.40	BAD DEBT EXPENSE	A	-395999	GASTROINTESTINAL SERVICE	59.07		42.40
42.41	BAD DEBT EXPENSE	A	-9267	CLINIC	60		42.41
42.42	BAD DEBT EXPENSE	A	-2931	CARDIAC REHABILITATION	60.01		42.42
42.43	BAD DEBT EXPENSE	A	-1332985	CANCER CENTER	60.02		42.43
42.44	BAD DEBT EXPENSE	A	-1574	PSYCH SOCIAL REHAB	60.03		42.44
42.45	BAD DEBT EXPENSE	A	-2056970	LOC OUTPATIENT CENTER	60.07		42.45
42.46	BAD DEBT EXPENSE	A	-352587	OBT OUTPATIENT CENTER	60.08		42.46
42.47	BAD DEBT EXPENSE	A	-26485	ELMHURST IMMEDIATE CARE	60.09		42.47
42.48	BAD DEBT EXPENSE	A	-233461	LAGRANGE FAMILY PCC	60.10		42.48
42.49	BAD DEBT EXPENSE	A	-1765173	NORTH RIVERSIDE PCC	60.12		42.49

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO. 4	WKST A-7 REF 5
42.50	BAD DEBT EXPENSE	A	-208514	GLENDALE HEIGHTS PCC	60.13	42.50
42.51	BAD DEBT EXPENSE	A	-368892	WHEATON PCC	60.14	42.51
42.52	BAD DEBT EXPENSE	A	-1481016	OBT II PCC	60.15	42.52
42.53	BAD DEBT EXPENSE	A	-682238	HICKORY HILLS PCC	60.16	42.53
42.54	BAD DEBT EXPENSE	A	-537189	DARIEN PCC	60.18	42.54
42.55	BAD DEBT EXPENSE	A	-413902	ORLANAD PARK - FP	60.20	42.55
42.56	BAD DEBT EXPENSE	A	-21368	FAMILY PRACTICE MAYWOOD PCC	60.21	42.56
42.57	BAD DEBT EXPENSE	A	-473646	HOMER GLEN PCC	60.22	42.57
42.58	BAD DEBT EXPENSE	A	-519215	OAK PARK PCC	60.23	42.58
42.59	BAD DEBT EXPENSE	A	-9865	PARK RIDGE PCC	60.24	42.59
42.60	BAD DEBT EXPENSE	A	-4083345	EMERGENCY	61	42.60
42.61	BAD DEBT EXPENSE	A	-14017	OBSERVATION BEDS-DISTINCT	62.01	42.61
42.62	BAD DEBT EXPENSE	A	-4259	AMBULANCE SERVICES	65	42.62
42.63	BAD DEBT EXPENSE	A	-310109	DURABLE MEDICAL EQUIP-SOLD	67	42.63
42.64	BAD DEBT EXPENSE	A	-99719	HOME HEALTH AGENCY	71	42.64
42.65	BAD DEBT EXPENSE	A	-34266	LUNG ACQUISITION	82	42.65
42.66	BAD DEBT EXPENSE	A	-51222	KIDNEY ACQUISITION	83	42.66
42.67	BAD DEBT EXPENSE	A	-7534	LIVER ACQUISITION	84	42.67
42.68	BAD DEBT EXPENSE	A	-12815	HEART ACQUISITION	85	42.68
42.69	BAD DEBT EXPENSE	A	-20740	HOSPICE	93	42.69
42.70	BAD DEBT EXPENSE	A	58986	HOME INFUSION THERAPY	96.02	42.70
42.71	BAD DEBT EXPENSE	A	-249276	HOSPITALIST	96.04	42.71
43	PARAMEDICAL EDUCATION	A	-139916	PARAMEDICAL ED-MICU	24.01	43
43.01	PARAMEDICAL EDUCATION	A	125524	PARAMEDICAL ED-MICU	24.01	43.01
43.02	CRNA	A	-1953828	NONPHYSICIAN ANESTHETISTS	20	43.02
44	PHYSICIAN SALARY	A	-1845	HOSPITAL ADMINSTRATION	6.11	44
44.01	PHYSICIAN SALARY	A	-55501	AMBULATORY ADMINISTRATION	6.12	44.01
44.02	PHYSICIAN SALARY	A	-92399	OCCUPATIONAL HEALTH	59.01	44.02
44.03	PHYSICIAN SALARY	A	-1066840	LOC OUTPATIENT CENTER	60.07	44.03
44.05	PHYSICIAN SALARY	A	-440003	LAGRANGE FAMILY PCC	60.10	44.05
44.06	PHYSICIAN SALARY	A	-2275530	NORTH RIVERSIDE PCC	60.12	44.06
44.07	PHYSICIAN SALARY	A	-574490	GLENDALE HEIGHTS PCC	60.13	44.07
44.08	PHYSICIAN SALARY	A	-546776	WHEATON PCC	60.14	44.08
44.09	PHYSICIAN SALARY	A	-1955895	OBT II PCC	60.15	44.09
44.10	PHYSICIAN SALARY	A	-835326	HICKORY HILLS PCC	60.16	44.10
44.11	PHYSICIAN SALARY	A	-1047594	DARIEN PCC	60.18	44.11
44.12	PHYSICIAN SALARY	A	-1459042	ORLANAD PARK - FP	60.20	44.12
44.13	PHYSICIAN SALARY	A	-747747	HOMER GLEN PCC	60.22	44.13
44.14	PHYSICIAN SALARY	A	-792336	OAK PARK PCC	60.23	44.14
44.16	PHYSICIAN SALARY	A	-164983	EMPLOYEE HEALTH SERVICES	6.09	44.16
44.17	PHYSICIAN SALARY	A	-5378534	EMERGENCY	61	44.17
44.18	PHYSICIAN SALARY	A	-1376661	HOSPITALIST	96.04	44.18
44.19	PHYSICIAN SALARY	A	-837250	ELMHURST IMMEDIATE CARE	60.09	44.19
45	MOONLIGHTING RESIDENTS	A	-163680	I&R SERVICES-SALARY & FRINGES A	22	45
45.01	PHYSICIAN MALPRACTICE	A	-4291317	HOSPITAL ADMINSTRATION	6.11	45.01
45.02	GRANTS	A	-905221	HOSPITAL ADMINSTRATION	6.11	45.02
45.03	OUTSIDE PROGRAMS	A	-592562	HOSPITAL ADMINSTRATION	6.11	45.03
46	DEVELOPMENT	A	-2438304	HOSPITAL ADMINSTRATION	6.11	46
46.01	FINES & PENALTIES	A	-4105	HOSPITAL ADMINSTRATION	6.11	46.01
47	PENSION EXPENSE	A	6577	EMPLOYEE BENEFITS	5	47
47.01	PENSION EXPENSE	A	3722	COMMUNICATION	6.01	47.01
47.02	PENSION EXPENSE	A	18768	SYSTEM & COMPUTERS	6.02	47.02
47.03	PENSION EXPENSE	A	4281	PURCHASING	6.03	47.03
47.04	PENSION EXPENSE	A	520	OPC STORES	6.04	47.04
47.05	PENSION EXPENSE	A	3826	PATIENT AFFAIRS	6.05	47.05
47.06	PENSION EXPENSE	A	3831	PATIENT ADMITTING	6.06	47.06
47.07	PENSION EXPENSE	A	12369	PATIENT ACCOUNTS	6.07	47.07
47.08	PENSION EXPENSE	A	7304	ACCOUNTING	6.08	47.08
47.09	PENSION EXPENSE	A	2156	EMPLOYEE HEALTH SERVICES	6.09	47.09
47.10	PENSION EXPENSE	A	4009	PASTORAL CARE	6.10	47.10
47.11	PENSION EXPENSE	A	72828	HOSPITAL ADMINSTRATION	6.11	47.11
47.12	PENSION EXPENSE	A	9487	AMBULATORY ADMINISTRATION	6.12	47.12
47.13	PENSION EXPENSE	A	293	PRIMARY CARE ADMINISTRATION	6.14	47.13
47.14	PENSION EXPENSE	A	27466	OPERATION OF PLANT	8	47.14
47.15	PENSION EXPENSE	A	8438	SAFETY AND SECURITY	8.01	47.15
47.16	PENSION EXPENSE	A	856	LAUNDRY & LINEN SERVICE	9	47.16
47.17	PENSION EXPENSE	A	10118	DIETARY	11	47.17
47.18	PENSION EXPENSE	A	1022	CAFETERIA	12	47.18
47.19	PENSION EXPENSE	A	3695	PATIENT TRANSPORTATION	13.01	47.19
47.20	PENSION EXPENSE	A	10303	NURSING ADMINISTRATION	14	47.20
47.21	PENSION EXPENSE	A	3274	CENTRAL SERVICES & SUPPLY	15	47.21
47.22	PENSION EXPENSE	A	343	CENTRAL PROCESSING	15.01	47.22
47.23	PENSION EXPENSE	A	20356	PHARMACY	16	47.23
47.24	PENSION EXPENSE	A	9939	MEDICAL RECORDS & LIBRARY	17	47.24
47.25	PENSION EXPENSE	A	4135	SOCIAL SERVICE	18	47.25
47.26	PENSION EXPENSE	A	51596	I&R SERVICES-SALARY & FRINGES A	22	47.26

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO.	WKST A-7 REF
		1	2	3	4	5
47.27	PENSION EXPENSE	A	1269	PARAMEDICAL ED-MICU	24.01	47.27
47.28	PENSION EXPENSE	A	89367	ADULTS & PEDIATRICS	25	47.28
47.29	PENSION EXPENSE	A	39458	INTENSIVE CARE UNIT	26	47.29
47.30	PENSION EXPENSE	A	10407	BURN INTENSIVE CARE UNIT	28	47.30
47.31	PENSION EXPENSE	A	25309	NEONATAL INTENSIVE CARE	30	47.31
47.32	PENSION EXPENSE	A	5645	PEDIATRIC INTENSIVE CARE	30.01	47.32
47.33	PENSION EXPENSE	A	6105	HEART TRANSPLANT ICU	30.03	47.33
47.34	PENSION EXPENSE	A	7061	BONE INTENSIVE CARE	30.04	47.34
47.35	PENSION EXPENSE	A	8028	SUBPROVIDER II-REHAB	31.01	47.35
47.36	PENSION EXPENSE	A	33621	OPERATING ROOM	37	47.36
47.37	PENSION EXPENSE	A	8482	AMBULATORY SURGERY CENTER	37.01	47.37
47.38	PENSION EXPENSE	A	6474	RECOVERY ROOM	38	47.38
47.39	PENSION EXPENSE	A	7317	DELIVERY ROOM & LABOR ROOM	39	47.39
47.40	PENSION EXPENSE	A	6371	ANESTHESIOLOGY	40	47.40
47.41	PENSION EXPENSE	A	20937	RADIOLOGY-DIAGNOSTIC	41	47.41
47.42	PENSION EXPENSE	A	2415	RADIOLOGY-ULTRASOUND	41.01	47.42
47.43	PENSION EXPENSE	A	4132	RADIOLOGY-MRI	41.02	47.43
47.44	PENSION EXPENSE	A	5653	RADIOLOGY-CAT SCAN	41.03	47.44
47.45	PENSION EXPENSE	A	1234	RADIOLOGY-THERAPEUTIC	42	47.45
47.46	PENSION EXPENSE	A	4254	RADIOISOTOPE	43	47.46
47.47	PENSION EXPENSE	A	21995	LABORATORY	44	47.47
47.48	PENSION EXPENSE	A	4567	LABORATORY-SURGICAL PATHOLOGY	44.01	47.48
47.49	PENSION EXPENSE	A	944	LABORATORY-HLA	44.03	47.49
47.50	PENSION EXPENSE	A	4061	BLOOD STORING, PROCESSING & TRA	47	47.50
47.51	PENSION EXPENSE	A	16582	RESPIRATORY THERAPY	49	47.51
47.52	PENSION EXPENSE	A	7211	PHYSICAL THERAPY	50	47.52
47.53	PENSION EXPENSE	A	2387	OCCUPATIONAL THERAPY	51	47.53
47.54	PENSION EXPENSE	A	1098	SPEECH PATHOLOGY	52	47.54
47.55	PENSION EXPENSE	A	9349	ELECTROCARDIOLOGY	53	47.55
47.56	PENSION EXPENSE	A	3547	ELECTROENCEPHALOGRAPHY	54	47.56
47.57	PENSION EXPENSE	A	8398	RENAL DIALYSIS	57	47.57
47.58	PENSION EXPENSE	A	984	PULMONARY LABS	59	47.58
47.59	PENSION EXPENSE	A	792	OCCUPATIONAL HEALTH	59.01	47.59
47.60	PENSION EXPENSE	A	29	HYPERALIMENTATION	59.03	47.60
47.61	PENSION EXPENSE	A	1946	PERIPHERAL VASCULAR	59.04	47.61
47.62	PENSION EXPENSE	A	4908	CARDIAC CATHETER LAB	59.06	47.62
47.63	PENSION EXPENSE	A	5541	GASTROINTESTINAL SERVICE	59.07	47.63
47.64	PENSION EXPENSE	A	588	CLINIC	60	47.64
47.65	PENSION EXPENSE	A	773	CARDIAC REHABILITATION	60.01	47.65
47.66	PENSION EXPENSE	A	14898	CANCER CENTER	60.02	47.66
47.67	PENSION EXPENSE	A	902	PSYCH SOCIAL REHAB	60.03	47.67
47.68	PENSION EXPENSE	A	52124	LOC OUTPATIENT CENTER	60.07	47.68
47.69	PENSION EXPENSE	A	9685	OBT OUTPATIENT CENTER	60.08	47.69
47.70	PENSION EXPENSE	A	4247	ELMHURST IMMEDIATE CARE	60.09	47.70
47.71	PENSION EXPENSE	A	3954	LAGRANGE FAMILY PCC	60.10	47.71
47.72	PENSION EXPENSE	A	9709	NORTH RIVERSIDE PCC	60.12	47.72
47.73	PENSION EXPENSE	A	2517	GLENDALE HEIGHTS PCC	60.13	47.73
47.74	PENSION EXPENSE	A	3579	WHEATON PCC	60.14	47.74
47.75	PENSION EXPENSE	A	8942	OBT II PCC	60.15	47.75
47.76	PENSION EXPENSE	A	7865	HICKORY HILLS PCC	60.16	47.76
47.77	PENSION EXPENSE	A	5293	DARIEN PCC	60.18	47.77
47.78	PENSION EXPENSE	A	6940	ORLANAD PARK - FP	60.20	47.78
47.79	PENSION EXPENSE	A	1532	FAMILY PRACTICE MAYWOOD PCC	60.21	47.79
47.80	PENSION EXPENSE	A	7991	HOMER GLEN PCC	60.22	47.80
47.81	PENSION EXPENSE	A	3633	OAK PARK PCC	60.23	47.81
47.82	PENSION EXPENSE	A	546	PARK RIDGE PCC	60.24	47.82
47.83	PENSION EXPENSE	A	31764	EMERGENCY	61	47.83
47.84	PENSION EXPENSE	A	736	OBSERVATION BEDS-DISTINCT	62.01	47.84
47.85	PENSION EXPENSE	A	278	AMBULANCE SERVICES	65	47.85
47.86	PENSION EXPENSE	A	106	DURABLE MEDICAL EQUIP-SOLD	67	47.86
47.87	PENSION EXPENSE	A	12222	HOME HEALTH AGENCY	71	47.87
47.88	PENSION EXPENSE	A	2169	LUNG ACQUISITION	82	47.88
47.89	PENSION EXPENSE	A	1757	KIDNEY ACQUISITION	83	47.89
47.90	PENSION EXPENSE	A	1661	LIVER ACQUISITION	84	47.90
47.91	PENSION EXPENSE	A	1673	HEART ACQUISITION	85	47.91
47.92	PENSION EXPENSE	A	1813	HOSPICE	93	47.92
47.93	PENSION EXPENSE	A	284	GIFT, FLOWER, COFFEE SHOP & CAN	96	47.93
47.94	PENSION EXPENSE	A	2392	HINES RADIATION THERAPY	96.01	47.94
47.95	PENSION EXPENSE	A	2696	HOME INFUSION THERAPY	96.02	47.95
47.96	PENSION EXPENSE	A	456	OP HOSPITAL PHARMACY	96.03	47.96
47.97	PENSION EXPENSE	A	4245	HOSPITALIST	96.04	47.97
47.98	PENSION EXPENSE	A	567	PHYSICIANS' PRIVATE OFFICES	98	47.98
48						48
48.01	ADVANCED PRACTICE NURSING	A	-566644	HOSPITAL ADMINSTRATION	6.11	48.01
48.02	ADVANCED PRACTICE NURSING	A	-125464	NEONATAL INTENSIVE CARE	30	48.02
48.03	ADVANCED PRACTICE NURSING	A	-102738	BONE INTENSIVE CARE	30.04	48.03

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO. 4	WKST A-7 REF 5
48.04	ADVANCED PRACTICE NURSING	A	-765995	ANESTHESIOLOGY	40	48.04
48.05	ADVANCED PRACTICE NURSING	A	-69425	RADIOLOGY-DIAGNOSTIC	41	48.05
48.06	ADVANCED PRACTICE NURSING	A	-47520	ELECTROCARDIOLOGY	53	48.06
48.07	ADVANCED PRACTICE NURSING	A	-79280	LOC OUTPATIENT CENTER	60.07	48.07
48.08	ADVANCED PRACTICE NURSING	A	-50776	OBT OUTPATIENT CENTER	60.08	48.08
48.09	ADVANCED PRACTICE NURSING	A	-80322	OBT II PCC	60.15	48.09
48.10	ADVANCED PRACTICE NURSING	A	-102693	EMERGENCY	61	48.10
48.11	ADVANCED PRACTICE NURSING	A	-84805	LUNG ACQUISITION	82	48.11
48.12	ADVANCED PRACTICE NURSING	A	-40568	KIDNEY ACQUISITION	83	48.12
49	HOSPITAL ACCESS IMPROVEMENT	A	17911454	HOSPITAL ADMINSTRATION	6.11	49
50	TOTAL		-97881979			50

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

WORKSHEET A-8-1

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

	LINE NO. 1	COST CENTER 2	EXPENSE ITEMS 3	AMOUNT OF ALLOWABLE COST 4	AMOUNT (INCL IN WKST A, COL 5) 5	NET ADJ-USTMENTS 6	WKST A-7 REF 7	
1								1
2	18.01	HOSPITAL MEDICAL ADMIN	MEDICAL EDUCATION	-8095127		-8095127		2
3	23	I&R SERVICES-OTHER PRGM COSTS A	MEDICAL EDUCATION	23132955		23132955		3
4								4
4.01	5	EMPLOYEE BENEFITS	DEPENDENT TUITION		2420775	-2420775		4.01
4.02	17	MEDICAL RECORDS & LIBRARY	LUPF MCA SHARED SERVICES		967000	-967000		4.02
4.03	5	EMPLOYEE BENEFITS	LUPF MCA SHARED SERVICES		59000	-59000		4.03
4.04	6.01	COMMUNICATION			51000	-51000		4.04
4.05	6.02	SYSTEM & COMPUTERS			689000	-689000		4.05
4.06	6.11	HOSPITAL ADMINSTRATION			1265000	-1265000		4.06
4.07	6.07	PATIENT ACCOUNTS			215000	-215000		4.07
4.12	6.11	HOSPITAL ADMINSTRATION	DEVELOPMENT		-1897500	1897500		4.12
4.13	3	NEW CAP REL COSTS-BLDG & FIXT	UNIVERSITY DEPRECIATION	1010336		1010336	9	4.13
4.14	3	NEW CAP REL COSTS-BLDG & FIXT	HEALTHCARE DEPRECIATION		548006	-548006	9	4.14
4.15	3	NEW CAP REL COSTS-BLDG & FIXT	UNIVERSITY LAND IMPRVMNT	-27489		-27489	9	4.15
4.16	98	PHYSICIANS' PRIVATE OFFICES	LASCO		18011	-18011		4.16
4.17	6.11	HOSPITAL ADMINSTRATION	LASCO MANAGEMENT FEE		96471	-96471		4.17
4.20	4	NEW CAP REL COSTS-MVBLE EQUIP	RML PATIENT SVC		6736	-6736	9	4.20
4.21	44	LABORATORY			566568	-566568		4.21
4.22	47	BLOOD STORING, PROCESSING & TRA			261763	-261763		4.22
4.23	57	RENAL DIALYSIS			572918	-572918		4.23
4.27	60.10	LAGRANGE FAMILY PCC	PHYSICIAN BILLING FEES		49963	-49963		4.27
4.28	60.12	NORTH RIVERSIDE PCC			345471	-345471		4.28
4.29	60.13	GLENDALE HEIGHTS PCC			68161	-68161		4.29
4.30	60.14	WHEATON PCC			76483	-76483		4.30
4.31	60.15	OBT II PCC			289424	-289424		4.31
4.32	60.16	HICKORY HILLS PCC			115983	-115983		4.32
4.33	60.18	DARIEN PCC			139353	-139353		4.33
4.34	60.20	ORLANAD PARK - FP			218488	-218488		4.34
4.35	61	EMERGENCY			311958	-311958		4.35
4.37	96.04	HOSPITALIST			90555	-90555		4.37
4.38	60.23	OAK PARK PCC			213619	-213619		4.38
4.39	60.22	HOMER GLEN PCC			50458	-50458		4.39
5		TOTALS		16020675	7809664	8211011		5

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

THE SECRETARY, BY VIRTUE OF 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.

THE INFORMATION IS USED BY THE HEALTH CARE FINANCING ADMINISTRATION AND ITS INTERMEDIARIES 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 REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

	SYMBOL (1) 1	NAME 2	PERCENT OF OWNERSHIP 3	RELATED ORGANIZATION(S) AND/OR HOME OFFICE: NAME 4	PERCENT OF OWNERSHIP 5	TYPE OF BUSINESS 6	
1	B	LUMC		LUOC		UNIVERSITY	1
2	B	LUMC		LUHS		HEALTHCARE	2
3	C	LUMC		RML		HEALTHCARE	3
4	C	LUMC		LASCO		HEALTHCARE	4
5							5

(1) USE THE FOLLOWING SYMBOLS TO INDICATE THE 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.
- G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY:

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A LINE NO. 1	COST CENTER/ PHYSICIAN IDENTIFIER 2	TOTAL REMUNERA- TION INCL FRINGES 3	PROFES- SIONAL COMPONENT 4	PROVIDER COMPONENT 5	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNAD- JUSTED RCE LIMIT 8	PERCENT OF UNAD- JUSTED RCE LIMIT 9
101	TOTAL							

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A LINE NO. 10	COST CENTER/ PHYSICIAN IDENTIFIER 11	COST OF MEMBERSHIP & CONTIN. EDUCATION 12	PROVIDER COMPONENT SHARE OF COLUMN 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COLUMN 14 15	ADJUSTED RCE LIMIT 16	RCE DIS- ALLOWANCE 17	ADJUST- MENT 18
101	TOTAL							

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION	NEW CAP BLDGS & FIXTURES	NEW CPTL BLG INTRST	NEW CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS	COMMUNICTN	SYSTEM + COMPUTERS	PURCHASING	
		0	3	3.01	4	5	6.01	6.02	6.03	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
3	NEW CAP REL COSTS-BLDG & FIXT	11457567	11457567							3
3.01	NEW CAPITAL-BLDG INTEREST	7357724		7357724						3.01
4	NEW CAP REL COSTS-MVBLE EQUIP	21376766			21376766					4
5	EMPLOYEE BENEFITS	1753552	67973	43650	27141	1892316				5
6.01	COMMUNICATION	2312720	10727	6889	101040	7850	2439226			6.01
6.02	SYSTEM & COMPUTERS	8948849	188919	121318	1920125	39583	45372	11264166		6.02
6.03	PURCHASING	2466818	159856	102655	28247	9028	22702		2789306	6.03
6.04	OPC STORES	332161	48162	30928	13254	1096	270		2121	6.04
6.05	PATIENT AFFAIRS	1699782	31007	19912	26540	8069	18422		581	6.05
6.06	PATIENT ADMITTING	1612018			19454	8080	14127		1955	6.06
6.07	PATIENT ACCOUNTS	9546968	96540	61995	48418	26088	79274		782	6.07
6.08	ACCOUNTING	3011316	65267	41912	174988	15405	28302		2168	6.08
6.09	EMPLOYEE HEALTH SERVICES	960674	37945	24367	243	4547	2848		296	6.09
6.10	PASTORAL CARE	1317157	116505	74816	8458	8456	16163		190	6.10
6.11	HOSPITAL ADMINSTRATION	68187715	564610	362577	471722	153604	153552		16303	6.11
6.12	AMBULATORY ADMINISTRATION	5590755	23644	15183	20561	20009	5409		758	6.12
6.14	PRIMARY CARE ADMINISTRATION	2043492			268	618				6.14
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT	21023262	829432	532638	328818	57929	47090		89322	8
8.01	SAFETY AND SECURITY	3130706	47224	30326	114892	17798	14684		2346	8.01
9	LAUNDRY & LINEN SERVICE	982583	59686	38329	1887	1806			4111	9
10	HOUSEKEEPING	7643168	82736	53130	3337		31722		438	10
11	DIETARY	5917922	196919	126456	48266	16982	22066		125589	11
12	CAFETERIA		84568	54307	9529	5116				12
13	MAINTENANCE OF PERSONNEL									13
13.01	PATIENT TRANSPORTATION	1470542	6671	4284	31654	7793	9736		273	13.01
14	NURSING ADMINISTRATION	4659785	54539	35024	58025	23250	20888	92	3199	14
15	CENTRAL SERVICES & SUPPLY	1184533	107065	68754	156424	6906	1655		1114	15
15.01	CENTRAL PROCESSING	130800	30098	19328		723	620		6872	15.01
16	PHARMACY	10115530	143562	92191	251069	42934	18932		10746	16
17	MEDICAL RECORDS & LIBRARY	6116708	186178	119558	2467974	20964	46120		5734	17
18	SOCIAL SERVICE	1723069	22553	14483	9858	9179	34856	21	782	18
18.01	HOSPITAL MEDICAL ADMIN	8185240								18.01
20	NONPHYSICIAN ANESTHETISTS					10253				20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES A	20477011	50218	32248	983	108822	4709		166	22
23	I&R SERVICES-OTHER PRGM COSTS A	23132955								23
24	PARAMED ED PRGM-(SPECIFY)									24
24.01	PARAMEDICAL ED-MICU	529091	36294	23307	296	2676			355	24.01
24.02	PARAMEDICAL ED-SOCIAL WORK									24.02
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	43326105	1414527	908369	720951	204569	289573	932851	474054	25
26	INTENSIVE CARE UNIT	18099119	361348	232048	224605	84304	56333	367529	240005	26
28	BURN INTENSIVE CARE UNIT	2341645	64875	41661	50187	12428	5902	61887	37799	28
30	NEONATAL INTENSIVE CARE	10317062	199562	128153	154525	53381	33186	244809	40520	30
30.01	PEDIATRIC INTENSIVE CARE	2457545	37399	24017	24066	12075	16768	50238	28672	30.01
30.03	HEART TRANSPLANT ICU	2685389	86295	55416	36166	13098	8575	69394	32843	30.03
30.04	BONE INTENSIVE CARE	3227743	34203	21964	30590	15106	12266	71000	29276	30.04
31.01	SUBPROVIDER II-REHAB	2734636	153883	98820	28526	13629	24213	54177	25295	31.01
33	NURSERY	980754				4592		16446		33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	42885521	1070751	687606	1917011	70801	58624	885937	280738	37
37.01	AMBULATORY SURGERY CENTER	6491633	222794	143072	692122	17404		271480	130257	37.01
38	RECOVERY ROOM	3204344	106330	68282	34544	13656	5854	238364	26492	38
39	DELIVERY ROOM & LABOR ROOM	3339399	67826	43556	114930	15433	15384	91600	51645	39
40	ANESTHESIOLOGY	1755534	14993	9628	97552	4975		416261	7962	40
41	RADIOLOGY-DIAGNOSTIC	12166250	476874	306235	1433651	42902	105348	345671	74307	41
41.01	RADIOLOGY-ULTRASOUND	1411503	30189	19387	167068	5541		65512	4668	41.01
41.02	RADIOLOGY-MRI	3401467	102603	65889	450545	10325	7445	237504	5213	41.02
41.03	RADIOLOGY-CAT SCAN	4642583	46560	29900	357412	15326		510703	18862	41.03
42	RADIOLOGY-THERAPEUTIC									42
43	RADIOISOTOPE	3284205	114086	73263	423418	10586	15288	133302	9814	43
44	LABORATORY	16196551	228458	146709	333125	46391	50956	1256860	135375	44
44.01	LABORATORY-SURGICAL PATHOLOGY	4045318	171604	110199	90284	9633	46168	157949	31658	44.01
44.02	LABORATORY-NEUROSURGICAL									44.02
44.03	LABORATORY-HLA	925962	24539	15758	16756	1990	1798	18693	5995	44.03
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
47	BLOOD STORING, PROCESSING & TRA	7236636	48427	31099	27935	8565	6904	168059	15770	47
49	RESPIRATORY THERAPY	8191481	87316	56072	124425	34974	6189	259275	38731	49
50	PHYSICAL THERAPY	3774318	108890	69926	20665	17070	28652	94508	7121	50
51	OCCUPATIONAL THERAPY	1647958	44791	28763	2315	5969		46649	8827	51
52	SPEECH PATHOLOGY	566710	8441	5420	26826	2895	5552	11086	2488	52
53	ELECTROCARDIOLOGY	12717125	156891	100751	1223519	19814	27284	466009	26160	53

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION	NEW CAP BLDGS & FIXTURES	NEW CPTL BLG INTRST	NEW CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS	COMMUNICTN	SYSTEM + COMPUTERS	PURCHASING	
		0	3	3.01	4	5	6.01	6.02	6.03	
54	ELECTROENCEPHALOGRAPHY	1577943	60106	38598	106053	7481	16529	34799	5877	54
55	MEDICAL SUPPLIES CHARGED TO PAT	6916615						99871		55
56	DRUGS CHARGED TO PATIENTS	20562412						816791		56
57	RENAL DIALYSIS	6163632	82057	52695	141232	17712	9863	164694	26409	57
59	PULMONARY LABS	467683	23343	14990	45242	2075	15082	22517	1718	59
59.01	OCCUPATIONAL HEALTH	293549	25602	16441	15656	1671		5419	3945	59.01
59.03	HYPERALIMENTATION	37699				60	8845	1585	237	59.03
59.04	PERIPHERAL VASCULAR	867124	9168	5887	248332	4105	4534	36832	557	59.04
59.05	PEDIATRIC ENDO NUTRITION									59.05
59.06	CARDIAC CATHETER LAB	7420142	142687	91630	918864	10256	13761	357274	13933	59.06
59.07	GASTROINTESTINAL SERVICE	3299856	53378	34278	313213	11686		111899	20841	59.07
59.08	BIOPSY/RIGHT CARDIAC CATH LAB									59.08
59.09	BONE MARROW PROCUREMENT	1548593						13238		59.09
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	284994	25882	16620	3566	1239		2512	2583	60
60.01	CARDIAC REHABILITATION	302138			1611	1629	445	1829	190	60.01
60.02	CANCER CENTER	24456474	393146	252467	255273	31421	169254	513800	155280	60.02
60.03	PSYCH SOCIAL REHAB	373623	69826	44840	4558	1903	15273	779	1469	60.03
60.04	WELLNESS ASSESSMENT									60.04
60.06	HEART FAILURE CLINIC									60.06
60.07	LOC OUTPATIENT CENTER	26797918	1327866	852718	2275722	108094	303321	544509	122224	60.07
60.08	OBT OUTPATIENT CENTER	6009550			413371	20428	25884	123055	39276	60.08
60.09	ELMHURST IMMEDIATE CARE	1382120			52156	8957		9830	8898	60.09
60.10	LAGRANGE FAMILY PCC	1923836			105028	8339	26695	19072	11481	60.10
60.12	NORTH RIVERSIDE PCC	2608048			57732	20478	23975	21184	14810	60.12
60.13	GLENDALE HEIGHTS PCC	755877			14122	5309	11598	2336	4336	60.13
60.14	WHEATON PCC	2535126			57150	7548	14827	22441	18578	60.14
60.15	OBT II PCC	2301892			49297	18860	31086	17883	13910	60.15
60.16	HICKORY HILLS PCC	3754840			173326	16588	27268	49749	22736	60.16
60.18	DARIEN PCC	1593859			39176	11163	16147	12074	12985	60.18
60.20	ORLANAD PARK - FP	2464938			30849	14638	31579	14212	12381	60.20
60.21	FAMILY PRACTICE MAYWOOD PCC	785336	22455	14420	44892	3231		7718	7725	60.21
60.22	HOMER GLEN PCC	6314791			270225	16855	1320	98130	45473	60.22
60.23	OAK PARK PCC	1017232			34008	7663		4645	7654	60.23
60.24	PARK RIDGE PCC	362106			78537	1151	1098	3490	2607	60.24
61	EMERGENCY	8283961	261158	167708	375497	66995	147698	377186	56503	61
62	OBSERVATION BEDS (NON-DISTINCT									62
62.01	OBSERVATION BEDS-DISTINCT	317014	12378	7949	21645	1578		3935	1694	62.01
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES	616358			6095	586	3516	2356	142	65
67	DURABLE MEDICAL EQUIP-SOLD	1854603				223		18532		67
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY	5504729	51497	33070	3408	25777	30784	41119	1576	71
	SPECIAL PURPOSE COST CENTERS									
82	LUNG ACQUISITION	2081309	18336	11775	432	2538		17905	9	82
83	KIDNEY ACQUISITION	2228039	5266	3382	2935	1689	10341	28532	248	83
84	LIVER ACQUISITION	726303	3874	2488	1544	2174		3434	82	84
85	HEART ACQUISITION	1066117	21853	14034	4061	2151	5743	6640	47	85
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02
86	OTHER ORGAN ACQUISITION (SPECIF		84	54	15			25		86
93	HOSPICE	978356	3902	2506	3135	3824	3404	8610	36	93
95	SUBTOTALS	649290170	11447217	7351078	21335148	1871071	2437651	11186307	2705198	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN	314717	10350	6646	4014	599	1575	3		96
96.01	HINES RADIATION THERAPY	932563			30733	5045			118	96.01
96.02	HOME INFUSION THERAPY	3157665			3616	5686		77856	22357	96.02
96.03	OP HOSPITAL PHARMACY	2831503			3255	961			61633	96.03
96.04	HOSPITALIST	284739				8954				96.04
98	PHYSICIANS' PRIVATE OFFICES									98
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	656811357	11457567	7357724	21376766	1892316	2439226	11264166	2789306	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	OPC STORES	PATIENT AFFAIRS	PATIENT ADMITTING	PATIENT ACCOUNTS	SUBTOTAL	ACCOUNTING	EMPLOYEE HEALTH SERVICES	SUBTOTAL	
		6.04	6.05	6.06	6.07	5A	6.08	6.09		
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
3	NEW CAP REL COSTS-BLDG & FIXT									3
3.01	NEW CAPITAL-BLDG INTEREST									3.01
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6.01	COMMUNICATION									6.01
6.02	SYSTEM & COMPUTERS									6.02
6.03	PURCHASING									6.03
6.04	OPC STORES	427992								6.04
6.05	PATIENT AFFAIRS	58	1804371							6.05
6.06	PATIENT ADMITTING			1655634						6.06
6.07	PATIENT ACCOUNTS				9860065					6.07
6.08	ACCOUNTING					3339358	3339358			6.08
6.09	EMPLOYEE HEALTH SERVICES	38				1030958	5268	1036226		6.09
6.10	PASTORAL CARE					1541745	7878	6066	1555689	6.10
6.11	HOSPITAL ADMINSTRATION	154				69910237	357358	53025	70320620	6.11
6.12	AMBULATORY ADMINISTRATION	58				5676377	29006	8313	5713696	6.12
6.14	PRIMARY CARE ADMINISTRATION					2044378	10447	674	2055499	6.14
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT					22908491	117062	37971	23063524	8
8.01	SAFETY AND SECURITY	289				3358265	17161	16177	3391603	8.01
9	LAUNDRY & LINEN SERVICE					1088402	5562	2247	1096211	9
10	HOUSEKEEPING	808				7815339	39936	12133	7867408	10
11	DIETARY					6454200	32981	26288	6513469	11
12	CAFETERIA					153520	784	3370	157674	12
13	MAINTENANCE OF PERSONNEL									13
13.01	PATIENT TRANSPORTATION	38				1530991	7823	11459	1550273	13.01
14	NURSING ADMINISTRATION			22	80	4854904	24809	10560	4890273	14
15	CENTRAL SERVICES & SUPPLY					1526451	7800	7864	1542115	15
15.01	CENTRAL PROCESSING					188441	963	899	190303	15.01
16	PHARMACY					10674964	54549	22243	10751756	16
17	MEDICAL RECORDS & LIBRARY					8963236	45802	19997	9029035	17
18	SOCIAL SERVICE				18	1814819	9274	5842	1829935	18
18.01	HOSPITAL MEDICAL ADMIN					8185240	41827		8227067	18.01
20	NONPHYSICIAN ANESTHETISTS					10253	52		10305	20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES A					20674157	105645	84030	20863832	22
23	I&R SERVICES-OTHER PRGM COSTS A					23132955	118209		23251164	23
24	PARAMED ED PRGM-(SPECIFY)									24
24.01	PARAMEDICAL ED-MICU					592019	3025	1573	596617	24.01
24.02	PARAMEDICAL ED-SOCIAL WORK									24.02
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	19		227604	816594	49315216	252001	126495	49693712	25
26	INTENSIVE CARE UNIT			89707	321726	20076724	102592	43363	20222679	26
28	BURN INTENSIVE CARE UNIT			15106	54175	2685665	13724	7190	2706579	28
30	NEONATAL INTENSIVE CARE			59753	214299	11445250	58485	25389	11529124	30
30.01	PEDIATRIC INTENSIVE CARE			12262	43977	2707019	13833	5842	2726694	30.01
30.03	HEART TRANSPLANT ICU			16938	60746	3064860	15661	6516	3087037	30.03
30.04	BONE INTENSIVE CARE			17330	62151	3521629	17996	7864	3547489	30.04
31.01	SUBPROVIDER II-REHAB			13224	47425	3193828	16320	11009	3221157	31.01
33	NURSERY			4014	14396	1020202	5213		1025415	33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM			199733	775526	48832248	249533	43813	49125594	37
37.01	AMBULATORY SURGERY CENTER	182012		496	237646	8388916	42867	10785	8442568	37.01
38	RECOVERY ROOM			48396	208658	3954920	20210	8088	3983218	38
39	DELIVERY ROOM & LABOR ROOM			18565	80185	3838523	19615	9212	3867350	39
40	ANESTHESIOLOGY			92049	364384	2763338	14121	6066	2783525	40
41	RADIOLOGY-DIAGNOSTIC	8314		46317	302592	15308461	78226	26737	15413424	41
41.01	RADIOLOGY-ULTRASOUND	962		4307	57347	1766484	9027	2247	1777758	41.01
41.02	RADIOLOGY-MRI	11874		15013	207904	4515782	23076	4044	4542902	41.02
41.03	RADIOLOGY-CAT SCAN	8737		44971	447056	6122110	31284	5617	6159011	41.03
42	RADIOLOGY-THERAPEUTIC									42
43	RADIOISOTOPE			4617	116689	4185268	21387	4044	4210699	43
44	LABORATORY	154		158496	1099932	19653007	100427	30781	19784215	44
44.01	LABORATORY-SURGICAL PATHOLOGY			15591	138264	4816668	24613	6516	4847797	44.01
44.02	LABORATORY-NEUROSURGICAL									44.02
44.03	LABORATORY-HLA			510	16363	1028364	5255	1123	1034742	44.03
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
47	BLOOD STORING, PROCESSING & TRA	1693		30367	147114	7722569	39462	4718	7766749	47
49	RESPIRATORY THERAPY			62322	226963	9087748	46438	19997	9154183	49
50	PHYSICAL THERAPY		83787	9612	82730	4297279	21959	8987	4328225	50
51	OCCUPATIONAL THERAPY		20410	7445	40835	1853962	9474	3595	1867031	51
52	SPEECH PATHOLOGY			2664	9704	641786	3280	1348	646414	52
53	ELECTROCARDIOLOGY			82099	407932	15227584	77813	11009	15316406	53

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	OPC STORES	PATIENT AFFAIRS	PATIENT ADMITTING	PATIENT ACCOUNTS	SUBTOTAL	ACCOUNTING	EMPLOYEE HEALTH SERVICES	SUBTOTAL	
		6.04	6.05	6.06	6.07	5A	6.08	6.09		
54	ELECTROENCEPHALOGRAPHY			3613	30462	1881461	9614	4943	1896018	54
55	MEDICAL SUPPLIES CHARGED TO PAT			22972	87425	7126883	36418		7163301	55
56	DRUGS CHARGED TO PATIENTS			188963	714997	22283163	113867		22397030	56
57	RENAL DIALYSIS	154		5154	144169	6807771	34788	11459	6854018	57
59	PULMONARY LABS			1562	19711	613923	3137	1348	618408	59
59.01	OCCUPATIONAL HEALTH	58	10742		4743	377826	1931	899	380656	59.01
59.03	HYPERALIMENTATION			352	1388	50166	256		50422	59.03
59.04	PERIPHERAL VASCULAR			4646	32242	1213427	6201	2247	1221875	59.04
59.05	PEDIATRIC ENDO NUTRITION									59.05
59.06	CARDIAC CATHETER LAB			62905	312748	9344200	47749	5392	9397341	59.06
59.07	GASTROINTESTINAL SERVICE			5058	97953	3948162	20175	6516	3974853	59.07
59.08	BIOPSY/RIGHT CARDIAC CATH LAB									59.08
59.09	BONE MARROW PROCUREMENT			3154	11589	1576574	8056		1584630	59.09
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC			8	2199	339603	1735	899	342237	60
60.01	CARDIAC REHABILITATION			436	1601	309879	1583	674	312136	60.01
60.02	CANCER CENTER	17705	124069	944	449768	26819601	137048	19547	26976196	60.02
60.03	PSYCH SOCIAL REHAB	77	22827		682	535857	2738	1573	540168	60.03
60.04	WELLNESS ASSESSMENT									60.04
60.06	HEART FAILURE CLINIC									60.06
60.07	LOC OUTPATIENT CENTER	182205	708697	3060	476649	33702983	172222	72122	33947327	60.07
60.08	OBT OUTPATIENT CENTER	7967	151998	95	107719	6899343	35256	13706	6948305	60.08
60.09	ELMHURST IMMEDIATE CARE	115	40282	6	8605	1510969	7721	4044	1522734	60.09
60.10	LAGRANGE FAMILY PCC		43773	9	16695	2154928	11012	4718	2170658	60.10
60.12	NORTH RIVERSIDE PCC	19	93723	13	18544	2858526	14607	7414	2880547	60.12
60.13	GLENDALE HEIGHTS PCC	962	24438	1	2045	821024	4195	2247	827466	60.13
60.14	WHEATON PCC		32763	10	19645	2708088	13838	3820	2725746	60.14
60.15	OBT II PCC	231	78684	16	15654	2527513	12916	7414	2547843	60.15
60.16	HICKORY HILLS PCC	308	96140	30	43549	4184534	21383	9437	4215354	60.16
60.18	DARIEN PCC		62303	12	10569	1758288	8985	4943	1772216	60.18
60.20	ORLANAD PARK - FP	1578	70359	4	12441	2652979	13557	6066	2672602	60.20
60.21	FAMILY PRACTICE MAYWOOD PCC	19	49144	7	6756	941703	4812	2696	949211	60.21
60.22	HOMER GLEN PCC	597	55858	25	85900	6889174	35204	8538	6932916	60.22
60.23	OAK PARK PCC	558	32494	9	4066	1108329	5664	3370	1117363	60.23
60.24	PARK RIDGE PCC	212	1880	5	3055	454141	2321	674	457136	60.24
61	EMERGENCY			38597	330179	10105482	51639	24940	10182061	61
62	OBSERVATION BEDS (NON-DISTINCT									62
62.01	OBSERVATION BEDS-DISTINCT			114	3445	369752	1889	674	372315	62.01
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES			516	2062	631631	3228	449	635308	65
67	DURABLE MEDICAL EQUIP-SOLD				16223	1889581	9656	225	1899462	67
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY			1	35994	5727955	29270	13930	5771155	71
	SPECIAL PURPOSE COST CENTERS									
82	LUNG ACQUISITION			4370	15674	2152348	10998	1797	2165143	82
83	KIDNEY ACQUISITION			6964	24976	2312372	11816	1348	2325536	83
84	LIVER ACQUISITION			838	3006	743743	3801	1348	748892	84
85	HEART ACQUISITION			1621	5812	1128079	5764	1348	1135191	85
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02
86	OTHER ORGAN ACQUISITION (SPECIF			6	22	206	1		207	86
93	HOSPICE			8	7537	1011318	5168	2247	1018733	93
95	SUBTOTALS	427973	1804371	1655634	9791910	648978595	3299332	1028138	648930481	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN				2	337906	1727	449	340082	96
96.01	HINES RADIATION THERAPY					968459	4949	2022	975430	96.01
96.02	HOME INFUSION THERAPY				68153	3335333	17044	2696	3355073	96.02
96.03	OP HOSPITAL PHARMACY					2897352	14805	449	2912606	96.03
96.04	HOSPITALIST					293693	1501	2247	297441	96.04
98	PHYSICIANS' PRIVATE OFFICES	19				19		225	244	98
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	427992	1804371	1655634	9860065	656811357	3339358	1036226	656811357	103

COST ALLOCATION - GENERAL SERVICE COSTS

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PART I

	COST CENTER DESCRIPTION	PASTORAL CARE	SUBTOTAL	HOSPITAL ADMINSTRTN	SUBTOTAL	AMBULATORY ADMIN	SUBTOTAL	PRIMARY CARE ADMIN	OPERATION OF PLANT	
		6.10		6.11		6.12		6.14	8	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
3	NEW CAP REL COSTS-BLDG & FIXT									3
3.01	NEW CAPITAL-BLDG INTEREST									3.01
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6.01	COMMUNICATION									6.01
6.02	SYSTEM & COMPUTERS									6.02
6.03	PURCHASING									6.03
6.04	OPC STORES									6.04
6.05	PATIENT AFFAIRS									6.05
6.06	PATIENT ADMITTING									6.06
6.07	PATIENT ACCOUNTS									6.07
6.08	ACCOUNTING									6.08
6.09	EMPLOYEE HEALTH SERVICES									6.09
6.10	PASTORAL CARE	1555689								6.10
6.11	HOSPITAL ADMINSTRATION	167058	70487678	70487678						6.11
6.12	AMBULATORY ADMINISTRATION	13564	5727260	688531	6415791	6415791				6.12
6.14	PRIMARY CARE ADMINISTRATION	4880	2060379	247699	2308078	22767	2330845	2330845		6.14
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT	54753	23118277	2779279	25897556	255453	26153009	93131	26246140	8
8.01	SAFETY AND SECURITY	8052	3399655	408707	3808362	37566	3845928	13695	134476	8.01
9	LAUNDRY & LINEN SERVICE	2602	1098813	132099	1230912	12142	1243054	4427	169962	9
10	HOUSEKEEPING	18677	7886085	948065	8834150	87140	8921290	31769	235597	10
11	DIETARY	15463	6528932	784908	7313840	72144	7385984	26301	560744	11
12	CAFETERIA	374	158048	19001	177049	1746	178795	637	240814	12
13	MAINTENANCE OF PERSONNEL									13
13.01	PATIENT TRANSPORTATION	3680	1553953	186816	1740769	17171	1757940	6260	18997	13.01
14	NURSING ADMINISTRATION	11610	4901883	589304	5491187	54165	5545352	19747	155305	14
15	CENTRAL SERVICES & SUPPLY	3661	1545776	185833	1731609	17081	1748690	6227	304876	15
15.01	CENTRAL PROCESSING	452	190755	22933	213688	2108	215796	768	85708	15.01
16	PHARMACY	25525	10777281	1295645	12072926	119087	12192013	43416	408804	16
17	MEDICAL RECORDS & LIBRARY	21435	9050470	1088048	10138518	100006	10238524	36459	530157	17
18	SOCIAL SERVICE	4344	1834279	220517	2054796	20269	2075065	7389	64221	18
18.01	HOSPITAL MEDICAL ADMIN	19531	8246598	991406	9238004	91124	9329128	33221		18.01
20	NONPHYSICIAN ANESTHETISTS	24	10329	1242	11571	114	11685	42		20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES A	49531	20913363	2514204	23427567	231090	23658657	84248	142999	22
23	I&R SERVICES-OTHER PRGM COSTS A	55198	23306362	2801891	26108253	257532	26365785	93889		23
24	PARAMED ED PRGM-(SPECIFY)									24
24.01	PARAMEDICAL ED-MICU	1416	598033	71896	669929	6608	676537	2409	103351	24.01
24.02	PARAMEDICAL ED-SOCIAL WORK									24.02
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	117973	49811685	5988209	55799894	550696	56350590	200905	4027979	25
26	INTENSIVE CARE UNIT	48009	20270688	2436942	22707630	223988	22931618	81659	1028970	26
28	BURN INTENSIVE CARE UNIT	6425	2713004	326157	3039161	29978	3069139	10929	184737	28
30	NEONATAL INTENSIVE CARE	27370	11556494	1389322	12945816	127698	13073514	46555	568271	30
30.01	PEDIATRIC INTENSIVE CARE	6473	2733167	328581	3061748	30201	3091949	11010	106497	30.01
30.03	HEART TRANSPLANT ICU	7329	3094366	372005	3466371	34192	3500563	12466	245732	30.03
30.04	BONE INTENSIVE CARE	8422	3555911	427492	3983403	39292	4022695	14325	97397	30.04
31.01	SUBPROVIDER II-REHAB	7647	3228804	388167	3616971	35678	3652649	13007	438196	31.01
33	NURSERY	2434	1027849	123568	1151417	11358	1162775	4141		33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	116624	49242218	5919899	55162117	544119	55706236	198370	3049054	37
37.01	AMBULATORY SURGERY CENTER	20043	8462611	1017375	9479986	93511	9573497	34091	634424	37.01
38	RECOVERY ROOM	9456	3992674	479999	4472673	44118	4516791	16084	302785	38
39	DELIVERY ROOM & LABOR ROOM	9181	3876531	466037	4342568	42835	4385403	15616	193141	39
40	ANESTHESIOLOGY	6608	2790133	335430	3125563	30831	3156394	11240	42695	40
41	RADIOLOGY-DIAGNOSTIC	36591	15450015	1857401	17307416	170720	17478136	62240	1357941	41
41.01	RADIOLOGY-ULTRASOUND	4220	1781978	214229	1996207	19691	2015898	7179	85967	41.01
41.02	RADIOLOGY-MRI	10785	4553687	547444	5101131	50318	5151449	18344	292171	41.02
41.03	RADIOLOGY-CAT SCAN	14621	6173632	742194	6915826	68218	6984044	24870	132584	41.03
42	RADIOLOGY-THERAPEUTIC									42
43	RADIOISOTOPE	9996	4220695	507412	4728107	46638	4774745	17003	324869	43
44	LABORATORY	46968	19831183	2384105	22215288	219132	22434420	79889	650554	44
44.01	LABORATORY-SURGICAL PATHOLOGY	11509	4859306	584186	5443492	53695	5497187	19575	488657	44.01
44.02	LABORATORY-NEUROSURGICAL									44.02
44.03	LABORATORY-HLA	2456	1037198	124692	1161890	11461	1173351	4178	69876	44.03
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
47	BLOOD STORING, PROCESSING & TRA	18438	7785187	935935	8721122	86025	8807147	31362	137901	47
49	RESPIRATORY THERAPY	21732	9175915	1103129	10279044	101392	10380436	36965	248640	49
50	PHYSICAL THERAPY	10275	4338500	521574	4860074	47940	4908014	17477	310073	50
51	OCCUPATIONAL THERAPY	4432	1871463	224987	2096450	20679	2117129	7539	127546	51
52	SPEECH PATHOLOGY	1535	647949	77896	725845	7160	733005	2610	24036	52
53	ELECTROCARDIOLOGY	36361	15352767	1845710	17198477	169646	17368123	61848	446759	53

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PART I

	COST CENTER DESCRIPTION	PASTORAL CARE	SUBTOTAL	HOSPITAL ADMINSTRTN	SUBTOTAL	AMBULATORY ADMIN	SUBTOTAL	PRIMARY CARE ADMIN	OPERATION OF PLANT	
		6.10		6.11		6.12		6.14	8	
54	ELECTROENCEPHALOGRAPHY	4501	1900519	228480	2128999	21000	2149999	7656	171156	54
55	MEDICAL SUPPLIES CHARGED TO PAT	17006	7180307	863217	8043524	79341	8122865	28926		55
56	DRUGS CHARGED TO PATIENTS	53171	22450201	2698963	25149164	248071	25397235	90440		56
57	RENAL DIALYSIS	16271	6870289	825946	7696235	75916	7772151	27677	233665	57
59	PULMONARY LABS	1468	619876	74521	694397	6850	701247	2497	66471	59
59.01	OCCUPATIONAL HEALTH	904	381560	45871	427431	4216	431647	1537	72903	59.01
59.03	HYPERALIMENTATION	120	50542	6076	56618	558	57176	204		59.03
59.04	PERIPHERAL VASCULAR	2901	1224776	147243	1372019	13534	1385553	4934	26107	59.04
59.05	PEDIATRIC ENDO NUTRITION									59.05
59.06	CARDIAC CATHETER LAB	22309	9419650	1132430	10552080	104086	10656166	37947	406315	59.06
59.07	GASTROINTESTINAL SERVICE	9436	3984289	478991	4463280	44026	4507306	16051	152000	59.07
59.08	BIOPSY/RIGHT CARDIAC CATH LAB									59.08
59.09	BONE MARROW PROCUREMENT	3762	1588392	190956	1779348	17551	1796899	6399		59.09
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	812	343049	41241	384290	3791	388081	1382	73700	60
60.01	CARDIAC REHABILITATION	741	312877	37614	350491	3457	353948	1260		60.01
60.02	CANCER CENTER	64041	27040237	3250777	30291014	298791	30589805	108930	1119517	60.02
60.03	PSYCH SOCIAL REHAB	1282	541450	65093	606543	5983	612526	2181	198836	60.03
60.04	WELLNESS ASSESSMENT									60.04
60.06	HEART FAILURE CLINIC									60.06
60.07	LOC OUTPATIENT CENTER	80591	34027918	4090836	38118754	376003	38494757	137080	3781213	60.07
60.08	OBT OUTPATIENT CENTER	16495	6964800	837308	7802108	76960	7879068	28057		60.08
60.09	ELMHURST IMMEDIATE CARE	3615	1526349	183498	1709847	16866	1726713	6149		60.09
60.10	LAGRANGE FAMILY PCC	5153	2175811	261576	2437387	24042	2461429	8765		60.10
60.12	NORTH RIVERSIDE PCC	6838	2887385	347121	3234506	31905	3266411	11632		60.12
60.13	GLENDALE HEIGHTS PCC	1964	829430	99714	929144	9165	938309	3341		60.13
60.14	WHEATON PCC	6471	2732217	328467	3060684	30191	3090875	11007		60.14
60.15	OBT II PCC	6049	2553892	307029	2860921	28220	2889141	10288		60.15
60.16	HICKORY HILLS PCC	10007	4225361	507973	4733334	46690	4780024	17022		60.16
60.18	DARIEN PCC	4207	1776423	213562	1989985	19629	2009614	7156		60.18
60.20	ORLANAD PARK - FP	6345	2678947	322063	3001010	29602	3030612	10792		60.20
60.21	FAMILY PRACTICE MAYWOOD PCC	2253	951464	114385	1065849	10514	1076363	3833	63942	60.21
60.22	HOMER GLEN PCC	16459	6949375	835454	7784829	76790	7861619	27995		60.22
60.23	OAK PARK PCC	2653	1120016	134648	1254664	12376	1267040	4512		60.23
60.24	PARK RIDGE PCC	1085	458221	55087	513308	5063	518371	1846		60.24
61	EMERGENCY	24172	10206233	1226993	11433226	112777	11546003	41115	743669	61
62	OBSERVATION BEDS (NON-DISTINCT									62
62.01	OBSERVATION BEDS-DISTINCT	884	373199	44866	418065	4124	422189	1503	35247	62.01
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES	1508	636816	76558	713374	7037	720411	2565		65
67	DURABLE MEDICAL EQUIP-SOLD	4509	1903971	228895	2132866	21039	2153905	7670		67
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY	13701	5784856	695455	6480311	63922	6544233	23304	146643	71
	SPECIAL PURPOSE COST CENTERS									
82	LUNG ACQUISITION	5140	2170283	260911	2431194	23981	2455175	8743	52213	82
83	KIDNEY ACQUISITION	5521	2331057	280240	2611297	25758	2637055	9391	14995	83
84	LIVER ACQUISITION	1778	750670	90246	840916	8295	849211	3024	11032	84
85	HEART ACQUISITION	2695	1137886	136797	1274683	12573	1287256	4584	62230	85
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02
86	OTHER ORGAN ACQUISITION (SPECIF		207	25	232	2	234	1	239	86
93	HOSPICE	2418	1021151	122763	1143914	11284	1155198	4114	11112	93
95	SUBTOTALS	1536979	648911771	69537990	647962083	6328502	647874794	2299022	26216668	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN	807	340889	40982	381871	3767	385638	1373	29472	96
96.01	HINES RADIATION THERAPY	2316	977746	117545	1095291	10804	1106095	3939		96.01
96.02	HOME INFUSION THERAPY	7965	3363038	404304	3767342	37161	3804503	13548		96.02
96.03	OP HOSPITAL PHARMACY	6915	2919521	350985	3270506	32260	3302766	11761		96.03
96.04	HOSPITALIST	706	298147	35843	333990	3294	337284	1201		96.04
98	PHYSICIANS' PRIVATE OFFICES	1	245	29	274	3	277	1		98
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	1555689	656811357	70487678	656811357	6415791	656811357	2330845	26246140	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	SAFETY & SECURITY	LAUNDRY + LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	PATIENT TRNSPRTN	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	
		8.01	9	10	11	12	13.01	14	15	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
3	NEW CAP REL COSTS-BLDG & FIXT									3
3.01	NEW CAPITAL-BLDG INTEREST									3.01
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6.01	COMMUNICATION									6.01
6.02	SYSTEM & COMPUTERS									6.02
6.03	PURCHASING									6.03
6.04	OPC STORES									6.04
6.05	PATIENT AFFAIRS									6.05
6.06	PATIENT ADMITTING									6.06
6.07	PATIENT ACCOUNTS									6.07
6.08	ACCOUNTING									6.08
6.09	EMPLOYEE HEALTH SERVICES									6.09
6.10	PASTORAL CARE									6.10
6.11	HOSPITAL ADMINSTRATION									6.11
6.12	AMBULATORY ADMINISTRATION									6.12
6.14	PRIMARY CARE ADMINISTRATION									6.14
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT									8
8.01	SAFETY AND SECURITY	3994099								8.01
9	LAUNDRY & LINEN SERVICE		1417443							9
10	HOUSEKEEPING		29	9188685						10
11	DIETARY	132145		388645	8493819					11
12	CAFETERIA	15504		31557		467307				12
13	MAINTENANCE OF PERSONNEL									13
13.01	PATIENT TRANSPORTATION	4474		13239		6192	1807102			13.01
14	NURSING ADMINISTRATION	15400		21667		5707		5763178		14
15	CENTRAL SERVICES & SUPPLY	52598		178899		4189			2295479	15
15.01	CENTRAL PROCESSING	30955		91479		437			762	15.01
16	PHARMACY	81940		129600		12019		757	2854	16
17	MEDICAL RECORDS & LIBRARY	30175		62338		10626		3161		17
18	SOCIAL SERVICE	7075		11887		3150				18
18.01	HOSPITAL MEDICAL ADMIN									18.01
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES A	8688	9595	33110		44565				22
23	I&R SERVICES-OTHER PRGM COSTS A									23
24	PARAMED ED PRGM-(SPECIFY)									24
24.01	PARAMEDICAL ED-MICU	50413		39851		888		312	303	24.01
24.02	PARAMEDICAL ED-SOCIAL WORK									24.02
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	574827	480593	2130418	6124776	68827	575035	1570166	467987	25
26	INTENSIVE CARE UNIT	155348	130643	316660	647092	23309	131678	748418	248822	26
28	BURN INTENSIVE CARE UNIT	74188	42301	174885	230532	3889	2876	98171	68160	28
30	NEONATAL INTENSIVE CARE	119815	26048	172933		13627	1684	433958	47237	30
30.01	PEDIATRIC INTENSIVE CARE	25128	9518	74292		3158	7510	106096	28803	30.01
30.03	HEART TRANSPLANT ICU	19510	22634	75866	223980	3562	14713	107254	36320	30.03
30.04	BONE INTENSIVE CARE	22995	15494	67949	255824	4279	5025	116292	29443	30.04
31.01	SUBPROVIDER II-REHAB	100253	26317	293463	707638	5935	18509	78582	20528	31.01
33	NURSERY									33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	361005	141923	988146		23470	3890	367219	38159	37
37.01	AMBULATORY SURGERY CENTER	62743	42343	166879		5786	735	118429	5096	37.01
38	RECOVERY ROOM	468	45147	101059		4292	512	117004	39011	38
39	DELIVERY ROOM & LABOR ROOM	15348	36580	59633		4898	2838	113354	24251	39
40	ANESTHESIOLOGY	7284	4669	13040		3202		45324	556	40
41	RADIOLOGY-DIAGNOSTIC	248213	18525	438720		14418	265012	78315	7750	41
41.01	RADIOLOGY-ULTRASOUND	16232	10501	25459		1203	13131	45	941	41.01
41.02	RADIOLOGY-MRI	18729	13315	88329		2125	40453		418	41.02
41.03	RADIOLOGY-CAT SCAN	11758	17250	38122		3061	177323		2291	41.03
42	RADIOLOGY-THERAPEUTIC									42
43	RADIOISOTOPE	76634	9167	92987		2143	8403	134	1831	43
44	LABORATORY	88443		225492		16573		45	2841	44
44.01	LABORATORY-SURGICAL PATHOLOGY	238069		184022		3528	6235			44.01
44.02	LABORATORY-NEUROSURGICAL									44.02
44.03	LABORATORY-HLA	5567		21578		647			1	44.03
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
47	BLOOD STORING, PROCESSING & TRA	23463	1170	73693		2520	3815	15494	982	47
49	RESPIRATORY THERAPY	52442	33	75667		10735			199	49
50	PHYSICAL THERAPY	41204	14307	122792		4835	60488	89	996	50
51	OCCUPATIONAL THERAPY	26117		77286		1732	60535	89	105	51
52	SPEECH PATHOLOGY	1977		7252		668	409		1220	52
53	ELECTROCARDIOLOGY	61078	12426	139180		5889	55872	73996	3821	53

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	SAFETY & SECURITY	LAUNDRY + LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	PATIENT TRNSPRTN	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	
		8.01	9	10	11	12	13.01	14	15	
54	ELECTROENCEPHALOGRAPHY	40372	2897	119421		2647		89	934	54
55	MEDICAL SUPPLIES CHARGED TO PAT								976198	55
56	DRUGS CHARGED TO PATIENTS									56
57	RENAL DIALYSIS	3122	18161	9891		6154	71143	91360	8721	57
59	PULMONARY LABS	15712	736	46371		697	8645	1380	1418	59
59.01	OCCUPATIONAL HEALTH					449		3873	54	59.01
59.03	HYPERALIMENTATION					36				59.03
59.04	PERIPHERAL VASCULAR	6139	3265	18207		1180	57147	8949	251	59.04
59.05	PEDIATRIC ENDO NUTRITION									59.05
59.06	CARDIAC CATHETER LAB	36002	13560	142640		2943	41132	41272	1686	59.06
59.07	GASTROINTESTINAL SERVICE	12070	13640	46926		3494	35893	78671	2146	59.07
59.08	BIOPSY/RIGHT CARDIAC CATH LAB									59.08
59.09	BONE MARROW PROCUREMENT									59.09
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	16024	653	48057	284348	482		8904	4144	60
60.01	CARDIAC REHABILITATION					416		9928	14	60.01
60.02	CANCER CENTER	269908	23492	203737	19629	10556	242	115223	60828	60.02
60.03	PSYCH SOCIAL REHAB	33660		14437		829		3606	10	60.03
60.04	WELLNESS ASSESSMENT									60.04
60.06	HEART FAILURE CLINIC									60.06
60.07	LOC OUTPATIENT CENTER	346073	34478	938093		38770	102	431687	9491	60.07
60.08	OBT OUTPATIENT CENTER		12266			7293		56276	1432	60.08
60.09	ELMHURST IMMEDIATE CARE		466			2170		15583	223	60.09
60.10	LAGRANGE FAMILY PCC		2406			2579		21237	919	60.10
60.12	NORTH RIVERSIDE PCC		4802			4003		34238	552	60.12
60.13	GLENDALE HEIGHTS PCC		817			1255		7168	239	60.13
60.14	WHEATON PCC		905			2053		15805	1208	60.14
60.15	OBT II PCC		4252			4016		27782	729	60.15
60.16	HICKORY HILLS PCC		5937			5054		39224	1720	60.16
60.18	DARIEN PCC		1052			2686		15894	1109	60.18
60.20	ORLANAD PARK - FP		2246			3300		21682	747	60.20
60.21	FAMILY PRACTICE MAYWOOD PCC		3227			1468		10685	585	60.21
60.22	HOMER GLEN PCC		5926			4582		46303	6099	60.22
60.23	OAK PARK PCC					1769		10196	131	60.23
60.24	PARK RIDGE PCC		677			401		5832	203	60.24
61	EMERGENCY	276775	126569	296768		13390	130403	254934	126594	61
62	OBSERVATION BEDS (NON-DISTINCT									62
62.01	OBSERVATION BEDS-DISTINCT	2809	3844	10889		388	1694	14336	1356	62.01
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES		641			229		2449	74	65
67	DURABLE MEDICAL EQUIP-SOLD					121				67
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY	22111		9492		7484		138019	378	71
	SPECIAL PURPOSE COST CENTERS									
82	LUNG ACQUISITION	7284		4701		656		2538	19	82
83	KIDNEY ACQUISITION	2497		1087		859		935	3	83
84	LIVER ACQUISITION	5411		2129		625		3295	5	84
85	HEART ACQUISITION	10457		6143		588	4020	2760	17	85
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02
86	OTHER ORGAN ACQUISITION (SPECIF	52		22						86
93	HOSPICE	2445		1042		1152		16206	2	93
95	SUBTOTALS	3987128	1417443	9168127	8493819	462858	1807102	5751023	2291927	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN	6971		20558		244			1	96
96.01	HINES RADIATION THERAPY					1127				96.01
96.02	HOME INFUSION THERAPY					1484		7079	3456	96.02
96.03	OP HOSPITAL PHARMACY					247			13	96.03
96.04	HOSPITALIST					1209			82	96.04
98	PHYSICIANS' PRIVATE OFFICES					138		5076		98
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	3994099	1417443	9188685	8493819	467307	1807102	5763178	2295479	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	CENTRAL PROCESSING 15.01	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	SOCIAL SERVICE 18	HOSPITAL MEDICAL ADMIN 18.01	NONPHYSIC. ANESTHET. 20	I&R SALARY & FRINGES 22	I&R PROGRAM COSTS 23	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
3	NEW CAP REL COSTS-BLDG & FIXT									3
3.01	NEW CAPITAL-BLDG INTEREST									3.01
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6.01	COMMUNICATION									6.01
6.02	SYSTEM & COMPUTERS									6.02
6.03	PURCHASING									6.03
6.04	OPC STORES									6.04
6.05	PATIENT AFFAIRS									6.05
6.06	PATIENT ADMITTING									6.06
6.07	PATIENT ACCOUNTS									6.07
6.08	ACCOUNTING									6.08
6.09	EMPLOYEE HEALTH SERVICES									6.09
6.10	PASTORAL CARE									6.10
6.11	HOSPITAL ADMINSTRATION									6.11
6.12	AMBULATORY ADMINISTRATION									6.12
6.14	PRIMARY CARE ADMINISTRATION									6.14
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT									8
8.01	SAFETY AND SECURITY									8.01
9	LAUNDRY & LINEN SERVICE									9
10	HOUSEKEEPING									10
11	DIETARY									11
12	CAFETERIA									12
13	MAINTENANCE OF PERSONNEL									13
13.01	PATIENT TRANSPORTATION									13.01
14	NURSING ADMINISTRATION									14
15	CENTRAL SERVICES & SUPPLY									15
15.01	CENTRAL PROCESSING	425905								15.01
16	PHARMACY		12871403							16
17	MEDICAL RECORDS & LIBRARY			10911440						17
18	SOCIAL SERVICE			20	2168807					18
18.01	HOSPITAL MEDICAL ADMIN					9362349				18.01
20	NONPHYSICIAN ANESTHETISTS						11727			20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES A					177271		24159133		22
23	I&R SERVICES-OTHER PRGM COSTS A								26459674	23
24	PARAMED ED PRGM-(SPECIFY)									24
24.01	PARAMEDICAL ED-MICU		658		16571					24.01
24.02	PARAMEDICAL ED-SOCIAL WORK									24.02
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	152018	5114	903660	667995	674312		5476198	5997665	25
26	INTENSIVE CARE UNIT	48211	10427	356028	41531	161242		1525794	1671087	26
28	BURN INTENSIVE CARE UNIT	8161	495	59951	47003			504944	553027	28
30	NEONATAL INTENSIVE CARE	15311	869	237148	84783	226936		238953	261708	30
30.01	PEDIATRIC INTENSIVE CARE	6934	66	48666	45492	78354		233107	255305	30.01
30.03	HEART TRANSPLANT ICU	7903	4779	67222	55966	56985		233107	255305	30.03
30.04	BONE INTENSIVE CARE	9153	1777	68778	65189	42740		683977	749108	30.04
31.01	SUBPROVIDER II-REHAB	2440	260	52482	19489	113970				31.01
33	NURSERY			15931						33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	1224	16171	858214	55757	160982	11727	2936861	3216522	37
37.01	AMBULATORY SURGERY CENTER	880	112120	262985	417	448022		578749	633860	37.01
38	RECOVERY ROOM	15435	5	230905		21369				38
39	DELIVERY ROOM & LABOR ROOM	87547	932	88734				240415	263308	39
40	ANESTHESIOLOGY	6517	113	403235		1866442		2348612	2572257	40
41	RADIOLOGY-DIAGNOSTIC	676	5656	334854		386381		796511	872359	41
41.01	RADIOLOGY-ULTRASOUND		548	63462		53829		211916	232095	41.01
41.02	RADIOLOGY-MRI		1014	230071		190270		342719	375354	41.02
41.03	RADIOLOGY-CAT SCAN	27	174	494722		368896		211916	232095	41.03
42	RADIOLOGY-THERAPEUTIC									42
43	RADIOISOTOPE	467	4257	129131		154132		294490	322533	43
44	LABORATORY		3044	1217375	32829	1256390				44
44.01	LABORATORY-SURGICAL PATHOLOGY		3518	153006		144304		1012811	1109256	44.01
44.02	LABORATORY-NEUROSURGICAL									44.02
44.03	LABORATORY-HLA		46	18108		19163				44.03
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
47	BLOOD STORING, PROCESSING & TRA		817	162800		235241				47
49	RESPIRATORY THERAPY	8	178513	251162		63278				49
50	PHYSICAL THERAPY	4	47	91551		17808				50
51	OCCUPATIONAL THERAPY		1	45189						51
52	SPEECH PATHOLOGY			10739	20375					52
53	ELECTROCARDIOLOGY	3166	3386	451427	102865	85358				53

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	CENTRAL PROCESSING 15.01	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	SOCIAL SERVICE 18	HOSPITAL MEDICAL ADMIN 18.01	NONPHYSIC. ANESTHET. 20	I&R SALARY & FRINGES 22	I&R PROGRAM COSTS 23	
54	ELECTROENCEPHALOGRAPHY			33710		71765				54
55	MEDICAL SUPPLIES CHARGED TO PAT			96746						55
56	DRUGS CHARGED TO PATIENTS		4518741	791231						56
57	RENAL DIALYSIS	780	412127	159540	85616	175969				57
59	PULMONARY LABS		70	21813		137903		170994	187277	59
59.01	OCCUPATIONAL HEALTH			5249						59.01
59.03	HYPERALIMENTATION			1536		42739				59.03
59.04	PERIPHERAL VASCULAR	255		35680		4884				59.04
59.05	PEDIATRIC ENDO NUTRITION									59.05
59.06	CARDIAC CATHETER LAB	7007	8330	346094		242185				59.06
59.07	GASTROINTESTINAL SERVICE	73	7342	108397	2449	97275				59.07
59.08	BIOPSY/RIGHT CARDIAC CATH LAB									59.08
59.09	BONE MARROW PROCUREMENT			12824						59.09
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC		2643	2434	730					60
60.01	CARDIAC REHABILITATION			1772	104					60.01
60.02	CANCER CENTER	21920	4352795	497722	1511	207819		25576	28012	60.02
60.03	PSYCH SOCIAL REHAB		365	755		18520		339796	372153	60.03
60.04	WELLNESS ASSESSMENT									60.04
60.06	HEART FAILURE CLINIC									60.06
60.07	LOC OUTPATIENT CENTER		835977	527470	694413	672149		3906558	4278558	60.07
60.08	OBT OUTPATIENT CENTER		20298	119204		18805		454523	497805	60.08
60.09	ELMHURST IMMEDIATE CARE		41910	9522						60.09
60.10	LAGRANGE FAMILY PCC		20506	18475		20201				60.10
60.12	NORTH RIVERSIDE PCC		105916	20521						60.12
60.13	GLENDALE HEIGHTS PCC		17934	2263						60.13
60.14	WHEATON PCC	2517	199113	21739						60.14
60.15	OBT II PCC		75376	17324				83305	91237	60.15
60.16	HICKORY HILLS PCC	2463	101106	48192						60.16
60.18	DARIEN PCC		48199	11696						60.18
60.20	ORLANAD PARK - FP		116141	13767						60.20
60.21	FAMILY PRACTICE MAYWOOD PCC		14643	7477		21369				60.21
60.22	HOMER GLEN PCC	2517	634557	95059						60.22
60.23	OAK PARK PCC		27651	4500						60.23
60.24	PARK RIDGE PCC		1218	3381						60.24
61	EMERGENCY	22291	2213	365383	64356	130606		1307301	1431788	61
62	OBSERVATION BEDS (NON-DISTINCT									62
62.01	OBSERVATION BEDS-DISTINCT		278	3812						62.01
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES		118	2282		49423				65
67	DURABLE MEDICAL EQUIP-SOLD			17953						67
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY		13	39832		78354				71
	SPECIAL PURPOSE COST CENTERS									
82	LUNG ACQUISITION			17345	22564	60781				82
83	KIDNEY ACQUISITION			27639	40802	166116				83
84	LIVER ACQUISITION			3326		67944				84
85	HEART ACQUISITION			6432		837				85
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02
86	OTHER ORGAN ACQUISITION (SPECIF			24		4603				86
93	HOSPICE		32918	8340		25199				93
95	SUBTOTALS	425905	11953305	10836017	2168807	9319121	11727	24159133	26459674	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN			3						96
96.01	HINES RADIATION THERAPY									96.01
96.02	HOME INFUSION THERAPY		349050	75420						96.02
96.03	OP HOSPITAL PHARMACY		569048							96.03
96.04	HOSPITALIST					42734				96.04
98	PHYSICIANS' PRIVATE OFFICES					494				98
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	425905	12871403	10911440	2168807	9362349	11727	24159133	26459674	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	PARAMED ED-MICU	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		24.01	25	26	27	
	GENERAL SERVICE COST CENTERS					
1	OLD CAP REL COSTS-BLDG & FIXT					1
3	NEW CAP REL COSTS-BLDG & FIXT					3
3.01	NEW CAPITAL-BLDG INTEREST					3.01
4	NEW CAP REL COSTS-MVBLE EQUIP					4
5	EMPLOYEE BENEFITS					5
6.01	COMMUNICATION					6.01
6.02	SYSTEM & COMPUTERS					6.02
6.03	PURCHASING					6.03
6.04	OPC STORES					6.04
6.05	PATIENT AFFAIRS					6.05
6.06	PATIENT ADMITTING					6.06
6.07	PATIENT ACCOUNTS					6.07
6.08	ACCOUNTING					6.08
6.09	EMPLOYEE HEALTH SERVICES					6.09
6.10	PASTORAL CARE					6.10
6.11	HOSPITAL ADMINSTRATION					6.11
6.12	AMBULATORY ADMINISTRATION					6.12
6.14	PRIMARY CARE ADMINISTRATION					6.14
7	MAINTENANCE & REPAIRS					7
8	OPERATION OF PLANT					8
8.01	SAFETY AND SECURITY					8.01
9	LAUNDRY & LINEN SERVICE					9
10	HOUSEKEEPING					10
11	DIETARY					11
12	CAFETERIA					12
13	MAINTENANCE OF PERSONNEL					13
13.01	PATIENT TRANSPORTATION					13.01
14	NURSING ADMINISTRATION					14
15	CENTRAL SERVICES & SUPPLY					15
15.01	CENTRAL PROCESSING					15.01
16	PHARMACY					16
17	MEDICAL RECORDS & LIBRARY					17
18	SOCIAL SERVICE					18
18.01	HOSPITAL MEDICAL ADMIN					18.01
20	NONPHYSICIAN ANESTHETISTS					20
21	NURSING SCHOOL					21
22	I&R SERVICES-SALARY & FRINGES A					22
23	I&R SERVICES-OTHER PRGM COSTS A					23
24	PARAMED ED PRGM-(SPECIFY)					24
24.01	PARAMEDICAL ED-MICU	891293				24.01
24.02	PARAMEDICAL ED-SOCIAL WORK					24.02
	INPATIENT ROUTINE SERV COST CENTERS					
25	ADULTS & PEDIATRICS		86449065	-11473863	74975202	25
26	INTENSIVE CARE UNIT		30258537	-3196881	27061656	26
28	BURN INTENSIVE CARE UNIT		5133388	-1057971	4075417	28
30	NEONATAL INTENSIVE CARE		15569350	-500661	15068689	30
30.01	PEDIATRIC INTENSIVE CARE		4131885	-488412	3643473	30.01
30.03	HEART TRANSPLANT ICU		4943867	-488412	4455455	30.03
30.04	BONE INTENSIVE CARE		6272440	-1433085	4839355	30.04
31.01	SUBPROVIDER II-REHAB		5543718		5543718	31.01
33	NURSERY		1182847		1182847	33
	ANCILLARY SERVICE COST CENTERS					
37	OPERATING ROOM		68134930	-6153383	61981547	37
37.01	AMBULATORY SURGERY CENTER		12681056	-1212609	11468447	37.01
38	RECOVERY ROOM		5410867		5410867	38
39	DELIVERY ROOM & LABOR ROOM		5531998	-503723	5028275	39
40	ANESTHESIOLOGY		10481580	-4920869	5560711	40
41	RADIOLOGY-DIAGNOSTIC		22365707	-1668870	20696837	41
41.01	RADIOLOGY-ULTRASOUND		2738406	-444011	2294395	41.01
41.02	RADIOLOGY-MRI		6764761	-718073	6046688	41.02
41.03	RADIOLOGY-CAT SCAN		8699133	-444011	8255122	41.03
42	RADIOLOGY-THERAPEUTIC					42
43	RADIOISOTOPE		6212926	-617023	5595903	43
44	LABORATORY		26007895		26007895	44
44.01	LABORATORY-SURGICAL PATHOLOGY		8860168	-2122067	6738101	44.01
44.02	LABORATORY-NEUROSURGICAL					44.02
44.03	LABORATORY-HLA		1312515		1312515	44.03
46.30	BLOOD CLOTTING FACTORS ADMIN CO					46.30
47	BLOOD STORING, PROCESSING & TRA		9496405		9496405	47
49	RESPIRATORY THERAPY		11298078		11298078	49
50	PHYSICAL THERAPY		5589685		5589685	50
51	OCCUPATIONAL THERAPY		2463268		2463268	51
52	SPEECH PATHOLOGY		802291		802291	52
53	ELECTROCARDIOLOGY		18875194		18875194	53

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	PARAMED ED-MICU	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		24.01	25	26	27	
54	ELECTROENCEPHALOGRAPHY		2600646		2600646	54
55	MEDICAL SUPPLIES CHARGED TO PAT		9224735		9224735	55
56	DRUGS CHARGED TO PATIENTS		30797647		30797647	56
57	RENAL DIALYSIS		9076077		9076077	57
59	PULMONARY LABS		1363231	-358271	1004960	59
59.01	OCCUPATIONAL HEALTH		515712		515712	59.01
59.03	HYPERALIMENTATION		101691		101691	59.03
59.04	PERIPHERAL VASCULAR		1552551		1552551	59.04
59.05	PEDIATRIC ENDO NUTRITION					59.05
59.06	CARDIAC CATHETER LAB		11983279		11983279	59.06
59.07	GASTROINTESTINAL SERVICE		5083733		5083733	59.07
59.08	BIOPSY/RIGHT CARDIAC CATH LAB					59.08
59.09	BONE MARROW PROCUREMENT		1816122		1816122	59.09
	OUTPATIENT SERVICE COST CENTERS					
60	CLINIC		831582		831582	60
60.01	CARDIAC REHABILITATION		367442		367442	60.01
60.02	CANCER CENTER		37657222	-53588	37603634	60.02
60.03	PSYCH SOCIAL REHAB		1597674	-711949	885725	60.03
60.04	WELLNESS ASSESSMENT					60.04
60.06	HEART FAILURE CLINIC					60.06
60.07	LOC OUTPATIENT CENTER		55126869	-8185116	46941753	60.07
60.08	OBT OUTPATIENT CENTER		9095027	-952328	8142699	60.08
60.09	ELMHURST IMMEDIATE CARE		1802736		1802736	60.09
60.10	LAGRANGE FAMILY PCC		2556517		2556517	60.10
60.12	NORTH RIVERSIDE PCC		3448075		3448075	60.12
60.13	GLENDALE HEIGHTS PCC		971326		971326	60.13
60.14	WHEATON PCC		3345222		3345222	60.14
60.15	OBT II PCC		3203450	-174542	3028908	60.15
60.16	HICKORY HILLS PCC		5000742		5000742	60.16
60.18	DARIEN PCC		2097406		2097406	60.18
60.20	ORLANAD PARK - FP		3199287		3199287	60.20
60.21	FAMILY PRACTICE MAYWOOD PCC		1203592		1203592	60.21
60.22	HOMER GLEN PCC		8684657		8684657	60.22
60.23	OAK PARK PCC		1315799		1315799	60.23
60.24	PARK RIDGE PCC		531929		531929	60.24
61	EMERGENCY	891293	17771451	-2739089	15032362	61
62	OBSERVATION BEDS (NON-DISTINCT					62
62.01	OBSERVATION BEDS-DISTINCT		498345		498345	62.01
63.50	RHC					63.50
63.60	FQHC					63.60
	OTHER REIMBURSABLE COST CENTERS					
65	AMBULANCE SERVICES		778192		778192	65
67	DURABLE MEDICAL EQUIP-SOLD		2179649		2179649	67
69.10	CMHC					69.10
69.20	OUTPATIENT PHYSICAL THERAPY					69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY					69.30
69.40	OUTPATIENT SPEECH PATHOLOGY					69.40
71	HOME HEALTH AGENCY		7009863		7009863	71
	SPECIAL PURPOSE COST CENTERS					
82	LUNG ACQUISITION		2632019		2632019	82
83	KIDNEY ACQUISITION		2901379		2901379	83
84	LIVER ACQUISITION		946002		946002	84
85	HEART ACQUISITION		1385324		1385324	85
85.01	PANCREAS ACQUISITION					85.01
85.02	INTESTINAL ACQUISITION					85.02
86	OTHER ORGAN ACQUISITION (SPECIF		5175		5175	86
93	HOSPICE		1257728		1257728	93
95	SUBTOTALS	891293	646729065	-50618807	596110258	95
	NONREIMBURSABLE COST CENTERS					
96	GIFT, FLOWER, COFFEE SHOP & CAN		444260		444260	96
96.01	HINES RADIATION THERAPY		1111161		1111161	96.01
96.02	HOME INFUSION THERAPY		4254540		4254540	96.02
96.03	OP HOSPITAL PHARMACY		3883835		3883835	96.03
96.04	HOSPITALIST		382510		382510	96.04
98	PHYSICIANS' PRIVATE OFFICES		5986		5986	98
101	CROSS FOOT ADJUSTMENTS					101
102	NEGATIVE COST CENTER					102
103	TOTAL	891293	656811357	-50618807	606192550	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CPTL BLG INTRST 3.01	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	COMMUNICTN 6.01	SYSTEM + COMPUTERS 6.02	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
3	NEW CAP REL COSTS-BLDG & FIXT									3
3.01	NEW CAPITAL-BLDG INTEREST									3.01
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS		67973	43650	27141	138764	138764			5
6.01	COMMUNICATION		10727	6889	101040	118656	575	119231		6.01
6.02	SYSTEM & COMPUTERS		188919	121318	1920125	2230362	2901	2218	2235481	6.02
6.03	PURCHASING		159856	102655	28247	290758	662	1110		6.03
6.04	OPC STORES		48162	30928	13254	92344	80	13		6.04
6.05	PATIENT AFFAIRS		31007	19912	26540	77459	591	901		6.05
6.06	PATIENT ADMITTING				19454	19454	592	691		6.06
6.07	PATIENT ACCOUNTS		96540	61995	48418	206953	1912	3875		6.07
6.08	ACCOUNTING		65267	41912	174988	282167	1129	1383		6.08
6.09	EMPLOYEE HEALTH SERVICES		37945	24367	243	62555	333	139		6.09
6.10	PASTORAL CARE		116505	74816	8458	199779	620	790		6.10
6.11	HOSPITAL ADMINSTRATION		564610	362577	471722	1398909	11256	7506		6.11
6.12	AMBULATORY ADMINISTRATION		23644	15183	20561	59388	1466	264		6.12
6.14	PRIMARY CARE ADMINISTRATION				268	268	45			6.14
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT		829432	532638	328818	1690888	4245	2302		8
8.01	SAFETY AND SECURITY		47224	30326	114892	192442	1304	718		8.01
9	LAUNDRY & LINEN SERVICE		59686	38329	1887	99902	132			9
10	HOUSEKEEPING		82736	53130	3337	139203		1551		10
11	DIETARY		196919	126456	48266	371641	1244	1079		11
12	CAFETERIA		84568	54307	9529	148404	375			12
13	MAINTENANCE OF PERSONNEL									13
13.01	PATIENT TRANSPORTATION		6671	4284	31654	42609	571	476		13.01
14	NURSING ADMINISTRATION		54539	35024	58025	147588	1704	1021	18	14
15	CENTRAL SERVICES & SUPPLY		107065	68754	156424	332243	506	81		15
15.01	CENTRAL PROCESSING		30098	19328		49426	53	30		15.01
16	PHARMACY		143562	92191	251069	486822	3146	925		16
17	MEDICAL RECORDS & LIBRARY		186178	119558	2467974	2773710	1536	2254		17
18	SOCIAL SERVICE		22553	14483	9858	46894	673	1704	4	18
18.01	HOSPITAL MEDICAL ADMIN									18.01
20	NONPHYSICIAN ANESTHETISTS						751			20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES A		50218	32248	983	83449	7975	230		22
23	I&R SERVICES-OTHER PRGM COSTS A									23
24	PARAMED ED PRGM-(SPECIFY)									24
24.01	PARAMEDICAL ED-MICU		36294	23307	296	59897	196			24.01
24.02	PARAMEDICAL ED-SOCIAL WORK									24.02
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS		1414527	908369	720951	3043847	15085	14155	185174	25
26	INTENSIVE CARE UNIT		361348	232048	224605	818001	6178	2754	72956	26
28	BURN INTENSIVE CARE UNIT		64875	41661	50187	156723	911	289	12285	28
30	NEONATAL INTENSIVE CARE		199562	128153	154525	482240	3912	1622	48595	30
30.01	PEDIATRIC INTENSIVE CARE		37399	24017	24066	85482	885	820	9972	30.01
30.03	HEART TRANSPLANT ICU		86295	55416	36166	177877	960	419	13775	30.03
30.04	BONE INTENSIVE CARE		34203	21964	30590	86757	1107	600	14094	30.04
31.01	SUBPROVIDER II-REHAB		153883	98820	28526	281229	999	1184	10754	31.01
33	NURSERY						336		3265	33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		1070751	687606	1917011	3675368	5188	2866	175861	37
37.01	AMBULATORY SURGERY CENTER		222794	143072	692122	1057988	1275		53890	37.01
38	RECOVERY ROOM		106330	68282	34544	209156	1001	286	47316	38
39	DELIVERY ROOM & LABOR ROOM		67826	43556	114930	226312	1131	752	18183	39
40	ANESTHESIOLOGY		14993	9628	97552	122173	365		82629	40
41	RADIOLOGY-DIAGNOSTIC		476874	306235	1433651	2216760	3144	5150	68617	41
41.01	RADIOLOGY-ULTRASOUND		30189	19387	167068	216644	406		13004	41.01
41.02	RADIOLOGY-MRI		102603	65889	450545	619037	757	364	47145	41.02
41.03	RADIOLOGY-CAT SCAN		46560	29900	357412	433872	1123		101376	41.03
42	RADIOLOGY-THERAPEUTIC									42
43	RADIOISOTOPE		114086	73263	423418	610767	776	747	26461	43
44	LABORATORY		228458	146709	333125	708292	3400	2491	248995	44
44.01	LABORATORY-SURGICAL PATHOLOGY		171604	110199	90284	372087	706	2257	31353	44.01
44.02	LABORATORY-NEUROSURGICAL									44.02
44.03	LABORATORY-HLA		24539	15758	16756	57053	146	88	3711	44.03
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
47	BLOOD STORING, PROCESSING & TRA		48427	31099	27935	107461	628	337	33360	47
49	RESPIRATORY THERAPY		87316	56072	124425	267813	2563	303	51467	49
50	PHYSICAL THERAPY		108890	69926	20665	199481	1251	1401	18760	50
51	OCCUPATIONAL THERAPY		44791	28763	2315	75869	437		9260	51
52	SPEECH PATHOLOGY		8441	5420	26826	40687	212	271	2201	52
53	ELECTROCARDIOLOGY		156891	100751	1223519	1481161	1452	1334	92504	53

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CPTL BLG INTRST 3.01	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	COMMUNICTN 6.01	SYSTEM + COMPUTERS 6.02	
54	ELECTROENCEPHALOGRAPHY		60106	38598	106053	204757	548	808	6908	54
55	MEDICAL SUPPLIES CHARGED TO PAT								19825	55
56	DRUGS CHARGED TO PATIENTS								162136	56
57	RENAL DIALYSIS		82057	52695	141232	275984	1298	482	32692	57
59	PULMONARY LABS		23343	14990	45242	83575	152	737	4470	59
59.01	OCCUPATIONAL HEALTH		25602	16441	15656	57699	122		1076	59.01
59.03	HYPERALIMENTATION						4	432	315	59.03
59.04	PERIPHERAL VASCULAR		9168	5887	248332	263387	301	222	7311	59.04
59.05	PEDIATRIC ENDO NUTRITION									59.05
59.06	CARDIAC CATHETER LAB		142687	91630	918864	1153181	752	673	70920	59.06
59.07	GASTROINTESTINAL SERVICE		53378	34278	313213	400869	856		22212	59.07
59.08	BIOPSY/RIGHT CARDIAC CATH LAB									59.08
59.09	BONE MARROW PROCUREMENT								2628	59.09
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC		25882	16620	3566	46068	91		499	60
60.01	CARDIAC REHABILITATION				1611	1611	119	22	363	60.01
60.02	CANCER CENTER		393146	252467	255273	900886	2303	8273	101991	60.02
60.03	PSYCH SOCIAL REHAB		69826	44840	4558	119224	139	747	155	60.03
60.04	WELLNESS ASSESSMENT									60.04
60.06	HEART FAILURE CLINIC									60.06
60.07	LOC OUTPATIENT CENTER		1327866	852718	2275722	4456306	7921	14819	108087	60.07
60.08	OBT OUTPATIENT CENTER				413371	413371	1497	1265	24427	60.08
60.09	ELMHURST IMMEDIATE CARE				52156	52156	656		1951	60.09
60.10	LAGRANGE FAMILY PCC				105028	105028	611	1305	3786	60.10
60.12	NORTH RIVERSIDE PCC				57732	57732	1501	1172	4205	60.12
60.13	GLENDALE HEIGHTS PCC				14122	14122	389	567	464	60.13
60.14	WHEATON PCC				57150	57150	553	725	4455	60.14
60.15	OBT II PCC				49297	49297	1382	1520	3550	60.15
60.16	HICKORY HILLS PCC				173326	173326	1216	1333	9875	60.16
60.18	DARIEN PCC				39176	39176	818	789	2397	60.18
60.20	ORLANAD PARK - FP				30849	30849	1073	1544	2821	60.20
60.21	FAMILY PRACTICE MAYWOOD PCC		22455	14420	44892	81767	237		1532	60.21
60.22	HOMER GLEN PCC				270225	270225	1235	65	19479	60.22
60.23	OAK PARK PCC				34008	34008	562		922	60.23
60.24	PARK RIDGE PCC				78537	78537	84	54	693	60.24
61	EMERGENCY		261158	167708	375497	804363	4909	7220	74873	61
62	OBSERVATION BEDS (NON-DISTINCT									62
62.01	OBSERVATION BEDS-DISTINCT		12378	7949	21645	41972	116		781	62.01
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES				6095	6095	43	172	468	65
67	DURABLE MEDICAL EQUIP-SOLD						16		3679	67
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY		51497	33070	3408	87975	1889	1505	8162	71
	SPECIAL PURPOSE COST CENTERS									
82	LUNG ACQUISITION		18336	11775	432	30543	186		3554	82
83	KIDNEY ACQUISITION		5266	3382	2935	11583	124	505	5664	83
84	LIVER ACQUISITION		3874	2488	1544	7906	159		682	84
85	HEART ACQUISITION		21853	14034	4061	39948	158	281	1318	85
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02
86	OTHER ORGAN ACQUISITION (SPECIF		84	54	15	153			5	86
93	HOSPICE		3902	2506	3135	9543	280	166	1709	93
95	SUBTOTALS		11447217	7351078	21335148	40133443	137207	119154	2220025	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN		10350	6646	4014	21010	44	77	1	96
96.01	HINES RADIATION THERAPY				30733	30733	370			96.01
96.02	HOME INFUSION THERAPY				3616	3616	417		15455	96.02
96.03	OP HOSPITAL PHARMACY				3255	3255	70			96.03
96.04	HOSPITALIST						656			96.04
98	PHYSICIANS' PRIVATE OFFICES									98
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL		11457567	7357724	21376766	40192057	138764	119231	2235481	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	PURCHASING 6.03	OPC STORES 6.04	PATIENT AFFAIRS 6.05	PATIENT ADMITTING 6.06	PATIENT ACCOUNTS 6.07	ACCOUNTING 6.08	EMPLOYEE HEALTH SERVICES 6.09	PASTORAL CARE 6.10	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
3	NEW CAP REL COSTS-BLDG & FIXT									3
3.01	NEW CAPITAL-BLDG INTEREST									3.01
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6.01	COMMUNICATION									6.01
6.02	SYSTEM & COMPUTERS									6.02
6.03	PURCHASING	292530								6.03
6.04	OPC STORES	222	92659							6.04
6.05	PATIENT AFFAIRS	61	12	79024						6.05
6.06	PATIENT ADMITTING	205			20942					6.06
6.07	PATIENT ACCOUNTS	82				212822				6.07
6.08	ACCOUNTING	227					284906			6.08
6.09	EMPLOYEE HEALTH SERVICES	31	8				449	63515		6.09
6.10	PASTORAL CARE	20					672	372	202253	6.10
6.11	HOSPITAL ADMINSTRATION	1710	33				30478	3250	21505	6.11
6.12	AMBULATORY ADMINISTRATION	80	12				2475	510	1766	6.12
6.14	PRIMARY CARE ADMINISTRATION						891	41	635	6.14
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT	9371					9988	2327	7127	8
8.01	SAFETY AND SECURITY	246	62				1464	992	1048	8.01
9	LAUNDRY & LINEN SERVICE	431					475	138	339	9
10	HOUSEKEEPING	46	175				3407	744	2431	10
11	DIETARY	13176					2814	1611	2013	11
12	CAFETERIA						67	207	49	12
13	MAINTENANCE OF PERSONNEL									13
13.01	PATIENT TRANSPORTATION	29	8				668	702	479	13.01
14	NURSING ADMINISTRATION	336				2	2117	647	1511	14
15	CENTRAL SERVICES & SUPPLY	117					666	482	477	15
15.01	CENTRAL PROCESSING	721					82	55	59	15.01
16	PHARMACY	1127					4654	1363	3322	16
17	MEDICAL RECORDS & LIBRARY	602					3908	1226	2790	17
18	SOCIAL SERVICE	82					791	358	565	18
18.01	HOSPITAL MEDICAL ADMIN						3569		2542	18.01
20	NONPHYSICIAN ANESTHETISTS						4		3	20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES A	17					9014	5151	6447	22
23	I&R SERVICES-OTHER PRGM COSTS A						10086		7185	23
24	PARAMED ED PRGM-(SPECIFY)									24
24.01	PARAMEDICAL ED-MICU	37					258	96	184	24.01
24.02	PARAMEDICAL ED-SOCIAL WORK									24.02
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	49632	4		2637	17642	21501	7751	15355	25
26	INTENSIVE CARE UNIT	25179			1150	6951	8753	2658	6249	26
28	BURN INTENSIVE CARE UNIT	3966			194	1170	1171	441	836	28
30	NEONATAL INTENSIVE CARE	4251			766	4630	4990	1556	3562	30
30.01	PEDIATRIC INTENSIVE CARE	3008			157	950	1180	358	843	30.01
30.03	HEART TRANSPLANT ICU	3446			217	1312	1336	399	954	30.03
30.04	BONE INTENSIVE CARE	3071			222	1343	1535	482	1096	30.04
31.01	SUBPROVIDER II-REHAB	2654			170	1025	1393	675	995	31.01
33	NURSERY				51	311	445		317	33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	29453			2561	16754	21291	2685	15180	37
37.01	AMBULATORY SURGERY CENTER	13666	39405		6	5134	3658	661	2609	37.01
38	RECOVERY ROOM	2779			620	4508	1724	496	1231	38
39	DELIVERY ROOM & LABOR ROOM	5418			238	1732	1674	565	1195	39
40	ANESTHESIOLOGY	835			1180	7872	1205	372	860	40
41	RADIOLOGY-DIAGNOSTIC	7796	1800		594	6537	6674	1639	4763	41
41.01	RADIOLOGY-ULTRASOUND	490	208		55	1239	770	138	549	41.01
41.02	RADIOLOGY-MRI	547	2571		192	4492	1969	248	1404	41.02
41.03	RADIOLOGY-CAT SCAN	1979	1892		577	9658	2669	344	1903	41.03
42	RADIOLOGY-THERAPEUTIC									42
43	RADIOISOTOPE	1030			59	2521	1825	248	1301	43
44	LABORATORY	14203	33		2032	23565	8569	1887	6113	44
44.01	LABORATORY-SURGICAL PATHOLOGY	3321			200	2987	2100	399	1498	44.01
44.02	LABORATORY-NEUROSURGICAL									44.02
44.03	LABORATORY-HLA	629			7	354	448	69	320	44.03
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
47	BLOOD STORING, PROCESSING & TRA	1654	367		389	3178	3367	289	2400	47
49	RESPIRATORY THERAPY	4063			799	4903	3962	1226	2829	49
50	PHYSICAL THERAPY	747		3670	123	1787	1874	551	1337	50
51	OCCUPATIONAL THERAPY	926		894	95	882	808	220	577	51
52	SPEECH PATHOLOGY	261			34	210	280	83	200	52
53	ELECTROCARDIOLOGY	2745			1053	8813	6639	675	4733	53

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	PURCHASING	OPC STORES	PATIENT AFFAIRS	PATIENT ADMITTING	PATIENT ACCOUNTS	ACCOUNTING	EMPLOYEE HEALTH SERVICES	PASTORAL CARE	
		6.03	6.04	6.05	6.06	6.07	6.08	6.09	6.10	
54	ELECTROENCEPHALOGRAPHY	617			46	658	820	303	586	54
55	MEDICAL SUPPLIES CHARGED TO PAT				295	1889	3107		2213	55
56	DRUGS CHARGED TO PATIENTS				2423	15447	9715		6921	56
57	RENAL DIALYSIS	2771	33		66	3115	2968	702	2118	57
59	PULMONARY LABS	180			20	426	268	83	191	59
59.01	OCCUPATIONAL HEALTH	414	12	470		102	165	55	118	59.01
59.03	HYPERALIMENTATION	25			5	30	22		16	59.03
59.04	PERIPHERAL VASCULAR	58			60	697	529	138	378	59.04
59.05	PEDIATRIC ENDO NUTRITION									59.05
59.06	CARDIAC CATHETER LAB	1462			806	6757	4074	331	2904	59.06
59.07	GASTROINTESTINAL SERVICE	2186			65	2116	1721	399	1228	59.07
59.08	BIOPSY/RIGHT CARDIAC CATH LAB									59.08
59.09	BONE MARROW PROCUREMENT				40	250	687		490	59.09
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	271				48	148	55	106	60
60.01	CARDIAC REHABILITATION	20			6	35	135	41	96	60.01
60.02	CANCER CENTER	16291	3833	5434	12	9717	11693	1198	8336	60.02
60.03	PSYCH SOCIAL REHAB	154	17	1000		15	234	96	167	60.03
60.04	WELLNESS ASSESSMENT									60.04
60.06	HEART FAILURE CLINIC									60.06
60.07	LOC OUTPATIENT CENTER	12823	39449	31038	39	10298	14695	4421	10490	60.07
60.08	OBT OUTPATIENT CENTER	4121	1725	6657	1	2327	3008	840	2147	60.08
60.09	ELMHURST IMMEDIATE CARE	933	25	1764		186	659	248	471	60.09
60.10	LAGRANGE FAMILY PCC	1204		1917		361	940	289	671	60.10
60.12	NORTH RIVERSIDE PCC	1554	4	4105		401	1246	454	890	60.12
60.13	GLENDALE HEIGHTS PCC	455	208	1070		44	358	138	256	60.13
60.14	WHEATON PCC	1949		1435		424	1181	234	842	60.14
60.15	OBT II PCC	1459	50	3446		338	1102	454	787	60.15
60.16	HICKORY HILLS PCC	2385	67	4211		941	1824	578	1303	60.16
60.18	DARIEN PCC	1362		2729		228	767	303	548	60.18
60.20	ORLANAD PARK - FP	1299	342	3081		269	1157	372	826	60.20
60.21	FAMILY PRACTICE MAYWOOD PCC	810	4	2152		146	411	165	293	60.21
60.22	HOMER GLEN PCC	4771	129	2446		1856	3004	523	2142	60.22
60.23	OAK PARK PCC	803	121	1423		88	483	207	345	60.23
60.24	PARK RIDGE PCC	273	46	82		66	198	41	141	60.24
61	EMERGENCY	5928			495	7133	4406	1529	3146	61
62	OBSERVATION BEDS (NON-DISTINCT									62
62.01	OBSERVATION BEDS-DISTINCT	178			1	74	161	41	115	62.01
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES	15			7	45	275	28	196	65
67	DURABLE MEDICAL EQUIP-SOLD					350	824	14	587	67
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY	165				778	2497	854	1783	71
	SPECIAL PURPOSE COST CENTERS									
82	LUNG ACQUISITION	1			56	339	938	110	669	82
83	KIDNEY ACQUISITION	26			89	540	1008	83	719	83
84	LIVER ACQUISITION	9			11	65	324	83	231	84
85	HEART ACQUISITION	5			21	126	492	83	351	85
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02
86	OTHER ORGAN ACQUISITION (SPECIF									86
93	HOSPICE	4				163	441	138	315	93
95	SUBTOTALS	283706	92655	79024	20942	211350	281492	63018	199818	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN						147	28	105	96
96.01	HINES RADIATION THERAPY	12					422	124	301	96.01
96.02	HOME INFUSION THERAPY	2346				1472	1454	165	1037	96.02
96.03	OP HOSPITAL PHARMACY	6466					1263	28	900	96.03
96.04	HOSPITALIST						128	138	92	96.04
98	PHYSICIANS' PRIVATE OFFICES		4					14		98
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	292530	92659	79024	20942	212822	284906	63515	202253	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	HOSPITAL ADMINSTRTN	AMBULATORY ADMIN	PRIMARY CARE ADMIN	OPERATION OF PLANT	SAFETY & SECURITY	LAUNDRY + LINEN SERVICE	HOUSE-KEEPING	DIETARY	
		6.11	6.12	6.14	8	8.01	9	10	11	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
3	NEW CAP REL COSTS-BLDG & FIXT									3
3.01	NEW CAPITAL-BLDG INTEREST									3.01
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6.01	COMMUNICATION									6.01
6.02	SYSTEM & COMPUTERS									6.02
6.03	PURCHASING									6.03
6.04	OPC STORES									6.04
6.05	PATIENT AFFAIRS									6.05
6.06	PATIENT ADMITTING									6.06
6.07	PATIENT ACCOUNTS									6.07
6.08	ACCOUNTING									6.08
6.09	EMPLOYEE HEALTH SERVICES									6.09
6.10	PASTORAL CARE									6.10
6.11	HOSPITAL ADMINSTRATION	1474647								6.11
6.12	AMBULATORY ADMINISTRATION	14404	80365							6.12
6.14	PRIMARY CARE ADMINISTRATION	5182	286	7348						6.14
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT	58142	3211	288	1787889					8
8.01	SAFETY AND SECURITY	8550	472	42	9160	216500				8.01
9	LAUNDRY & LINEN SERVICE	2764	153	14	11578		115926			9
10	HOUSEKEEPING	19834	1095	98	16049		2	184635		10
11	DIETARY	16420	907	81	38198	7163		7809	464156	11
12	CAFETERIA	397	22	2	16404	840		634		12
13	MAINTENANCE OF PERSONNEL									13
13.01	PATIENT TRANSPORTATION	3908	216	19	1294	243		266		13.01
14	NURSING ADMINISTRATION	12328	681	61	10579	835		435		14
15	CENTRAL SERVICES & SUPPLY	3888	215	19	20768	2851		3595		15
15.01	CENTRAL PROCESSING	480	26	2	5838	1678		1838		15.01
16	PHARMACY	27105	1497	134	27848	4442		2604		16
17	MEDICAL RECORDS & LIBRARY	22762	1257	113	36114	1636		1253		17
18	SOCIAL SERVICE	4613	255	23	4375	384		239		18
18.01	HOSPITAL MEDICAL ADMIN	20740	1146	103						18.01
20	NONPHYSICIAN ANESTHETISTS	26	1							20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES A	52597	2905	260	9741	471	785	665		22
23	I&R SERVICES-OTHER PRGM COSTS A	58616	3237	290						23
24	PARAMED ED PRGM-(SPECIFY)									24
24.01	PARAMEDICAL ED-MICU	1504	83	7	7040	2733		801		24.01
24.02	PARAMEDICAL ED-SOCIAL WORK									24.02
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	125317	6635	769	274390	31156	39306	42806	334695	25
26	INTENSIVE CARE UNIT	50981	2816	252	70093	8421	10685	6363	35361	26
28	BURN INTENSIVE CARE UNIT	6823	377	34	12584	4021	3460	3514	12598	28
30	NEONATAL INTENSIVE CARE	29065	1605	144	38711	6495	2130	3475		30
30.01	PEDIATRIC INTENSIVE CARE	6874	380	34	7255	1362	778	1493		30.01
30.03	HEART TRANSPLANT ICU	7782	430	39	16739	1058	1851	1524	12240	30.03
30.04	BONE INTENSIVE CARE	8943	494	44	6635	1246	1267	1365	13980	30.04
31.01	SUBPROVIDER II-REHAB	8120	449	40	29850	5434	2152	5897	38670	31.01
33	NURSERY	2585	143	13						33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	123844	6840	613	207702	19568	11607	19856		37
37.01	AMBULATORY SURGERY CENTER	21283	1176	105	43217	3401	3463	3353		37.01
38	RECOVERY ROOM	10042	555	50	20626	25	3692	2031		38
39	DELIVERY ROOM & LABOR ROOM	9749	538	48	13157	832	2992	1198		39
40	ANESTHESIOLOGY	7017	388	35	2908	395	382	262		40
41	RADIOLOGY-DIAGNOSTIC	38857	2146	192	92503	13454	1515	8816		41
41.01	RADIOLOGY-ULTRASOUND	4482	248	22	5856	880	859	512		41.01
41.02	RADIOLOGY-MRI	11453	633	57	19903	1015	1089	1775		41.02
41.03	RADIOLOGY-CAT SCAN	15527	858	77	9032	637	1411	766		41.03
42	RADIOLOGY-THERAPEUTIC									42
43	RADIOISOTOPE	10615	586	53	22130	4154	750	1868		43
44	LABORATORY	49875	2755	247	44316	4794		4531		44
44.01	LABORATORY-SURGICAL PATHOLOGY	12221	675	60	33287	12904		3698		44.01
44.02	LABORATORY-NEUROSURGICAL									44.02
44.03	LABORATORY-HLA	2609	144	13	4760	302		434		44.03
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
47	BLOOD STORING, PROCESSING & TRA	19580	1081	97	9394	1272	96	1481		47
49	RESPIRATORY THERAPY	23077	1275	114	16937	2843	3	1520		49
50	PHYSICAL THERAPY	10911	603	54	21122	2233	1170	2467		50
51	OCCUPATIONAL THERAPY	4707	260	23	8688	1416		1553		51
52	SPEECH PATHOLOGY	1630	90	8	1637	107		146		52
53	ELECTROCARDIOLOGY	38612	2133	191	30433	3311	1016	2797		53

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	HOSPITAL ADMINSTRTN	AMBULATORY ADMIN	PRIMARY CARE ADMIN	OPERATION OF PLANT	SAFETY & SECURITY	LAUNDRY + LINEN SERVICE	HOUSE-KEEPING	DIETARY	
		6.11	6.12	6.14	8	8.01	9	10	11	
54	ELECTROENCEPHALOGRAPHY	4780	264	24	11659	2188	237	2400		54
55	MEDICAL SUPPLIES CHARGED TO PAT	18058	997	89						55
56	DRUGS CHARGED TO PATIENTS	56462	3118	279						56
57	RENAL DIALYSIS	17279	954	85	15917	169	1485	199		57
59	PULMONARY LABS	1559	86	8	4528	852	60	932		59
59.01	OCCUPATIONAL HEALTH	960	53	5	4966					59.01
59.03	HYPERALIMENTATION	127	7	1						59.03
59.04	PERIPHERAL VASCULAR	3080	170	15	1778	333	267	366		59.04
59.05	PEDIATRIC ENDO NUTRITION									59.05
59.06	CARDIAC CATHETER LAB	23690	1308	117	27678	1951	1109	2866		59.06
59.07	GASTROINTESTINAL SERVICE	10020	553	50	10354	654	1116	943		59.07
59.08	BIOPSY/RIGHT CARDIAC CATH LAB									59.08
59.09	BONE MARROW PROCUREMENT	3995	221	20						59.09
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	863	48	4	5020	869	53	966	15539	60
60.01	CARDIAC REHABILITATION	787	43	4						60.01
60.02	CANCER CENTER	68006	3756	336	76262	14630	1921	4094	1073	60.02
60.03	PSYCH SOCIAL REHAB	1362	75	7	13545	1825		290		60.03
60.04	WELLNESS ASSESSMENT									60.04
60.06	HEART FAILURE CLINIC									60.06
60.07	LOC OUTPATIENT CENTER	85580	4727	423	257576	18759	2820	18850		60.07
60.08	OBT OUTPATIENT CENTER	17516	967	87			1003			60.08
60.09	ELMHURST IMMEDIATE CARE	3839	212	19			38			60.09
60.10	LAGRANGE FAMILY PCC	5472	302	27			197			60.10
60.12	NORTH RIVERSIDE PCC	7262	401	36			393			60.12
60.13	GLENDALE HEIGHTS PCC	2086	115	10			67			60.13
60.14	WHEATON PCC	6872	380	34			74			60.14
60.15	OBT II PCC	6423	355	32			348			60.15
60.16	HICKORY HILLS PCC	10627	587	53			486			60.16
60.18	DARIEN PCC	4468	247	22			86			60.18
60.20	ORLANAD PARK - FP	6738	372	33			184			60.20
60.21	FAMILY PRACTICE MAYWOOD PCC	2393	132	12	4356		264			60.21
60.22	HOMER GLEN PCC	17478	965	86			485			60.22
60.23	OAK PARK PCC	2817	156	14						60.23
60.24	PARK RIDGE PCC	1152	64	6			55			60.24
61	EMERGENCY	25669	1418	127	50659	15003	10351	5963		61
62	OBSERVATION BEDS (NON-DISTINCT									62
62.01	OBSERVATION BEDS-DISTINCT	939	52	5	2401	152	314	219		62.01
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES	1602	88	8			52			65
67	DURABLE MEDICAL EQUIP-SOLD	4788	264	24						67
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY	14549	804	72	9989	1199		191		71
	SPECIAL PURPOSE COST CENTERS									
82	LUNG ACQUISITION	5458	301	27	3557	395		94		82
83	KIDNEY ACQUISITION	5863	324	29	1021	135		22		83
84	LIVER ACQUISITION	1888	104	9	752	293		43		84
85	HEART ACQUISITION	2862	158	14	4239	567		123		85
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02
86	OTHER ORGAN ACQUISITION (SPECIF	1			16	3				86
93	HOSPICE	2568	142	13	757	133		21		93
95	SUBTOTALS	1454779	79268	7250	1785881	216122	115926	184222	464156	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN	857	47	4	2008	378		413		96
96.01	HINES RADIATION THERAPY	2459	136	12						96.01
96.02	HOME INFUSION THERAPY	8458	467	42						96.02
96.03	OP HOSPITAL PHARMACY	7343	406	36						96.03
96.04	HOSPITALIST	750	41	4						96.04
98	PHYSICIANS' PRIVATE OFFICES	1								98
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	1474647	80365	7348	1787889	216500	115926	184635	464156	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	CAFETERIA 12	PATIENT TRNSPRTN 13.01	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	CENTRAL PROCESSING 15.01	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	SOCIAL SERVICE 18	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
3	NEW CAP REL COSTS-BLDG & FIXT									3
3.01	NEW CAPITAL-BLDG INTEREST									3.01
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6.01	COMMUNICATION									6.01
6.02	SYSTEM & COMPUTERS									6.02
6.03	PURCHASING									6.03
6.04	OPC STORES									6.04
6.05	PATIENT AFFAIRS									6.05
6.06	PATIENT ADMITTING									6.06
6.07	PATIENT ACCOUNTS									6.07
6.08	ACCOUNTING									6.08
6.09	EMPLOYEE HEALTH SERVICES									6.09
6.10	PASTORAL CARE									6.10
6.11	HOSPITAL ADMINSTRATION									6.11
6.12	AMBULATORY ADMINISTRATION									6.12
6.14	PRIMARY CARE ADMINISTRATION									6.14
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT									8
8.01	SAFETY AND SECURITY									8.01
9	LAUNDRY & LINEN SERVICE									9
10	HOUSEKEEPING									10
11	DIETARY									11
12	CAFETERIA	167401								12
13	MAINTENANCE OF PERSONNEL									13
13.01	PATIENT TRANSPORTATION	2218	53706							13.01
14	NURSING ADMINISTRATION	2044		181907						14
15	CENTRAL SERVICES & SUPPLY	1501			367409					15
15.01	CENTRAL PROCESSING	157			122	60567				15.01
16	PHARMACY	4305		24	457		569775			16
17	MEDICAL RECORDS & LIBRARY	3806		100				2853067		17
18	SOCIAL SERVICE	1128						5	62093	18
18.01	HOSPITAL MEDICAL ADMIN									18.01
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES A	15964								22
23	I&R SERVICES-OTHER PRGM COSTS A									23
24	PARAMED ED PRGM-(SPECIFY)									24
24.01	PARAMEDICAL ED-MICU	318		10	48		29		474	24.01
24.02	PARAMEDICAL ED-SOCIAL WORK									24.02
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	24651	17095	49559	74904	21619	226	236322	19125	25
26	INTENSIVE CARE UNIT	8350	3913	23623	39825	6856	462	93107	1189	26
28	BURN INTENSIVE CARE UNIT	1393	85	3099	10909	1161	22	15678	1346	28
30	NEONATAL INTENSIVE CARE	4881	50	13697	7560	2177	38	62018	2427	30
30.01	PEDIATRIC INTENSIVE CARE	1131	223	3349	4610	986	3	12727	1302	30.01
30.03	HEART TRANSPLANT ICU	1276	437	3385	5813	1124	212	17580	1602	30.03
30.04	BONE INTENSIVE CARE	1533	149	3671	4713	1302	79	17987	1866	30.04
31.01	SUBPROVIDER II-REHAB	2126	550	2480	3286	347	12	13725	558	31.01
33	NURSERY							4166		33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	8407	116	11591	6108	174	716	224437	1596	37
37.01	AMBULATORY SURGERY CENTER	2073	22	3738	816	125	4963	68775	12	37.01
38	RECOVERY ROOM	1538	15	3693	6244	2195		60386		38
39	DELIVERY ROOM & LABOR ROOM	1755	84	3578	3882	12450	41	23205		39
40	ANESTHESIOLOGY	1147		1431	89	927	5	105453		40
41	RADIOLOGY-DIAGNOSTIC	5165	7876	2472	1240	96	250	87570		41
41.01	RADIOLOGY-ULTRASOUND	431	390	1	151		24	16596		41.01
41.02	RADIOLOGY-MRI	761	1202		67		45	60168		41.02
41.03	RADIOLOGY-CAT SCAN	1097	5270		367	4	8	129378		41.03
42	RADIOLOGY-THERAPEUTIC									42
43	RADIOISOTOPE	768	250	4	293	66	188	33770		43
44	LABORATORY	5937		1	455		135	317905	940	44
44.01	LABORATORY-SURGICAL PATHOLOGY	1264	185				156	40014		44.01
44.02	LABORATORY-NEUROSURGICAL									44.02
44.03	LABORATORY-HLA	232					2	4736		44.03
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
47	BLOOD STORING, PROCESSING & TRA	903	113	489	157		36	42575		47
49	RESPIRATORY THERAPY	3845			32	1	7902	65683		49
50	PHYSICAL THERAPY	1732	1798	3	159	1	2	23942		50
51	OCCUPATIONAL THERAPY	621	1799	3	17			11818		51
52	SPEECH PATHOLOGY	239	12		195			2808	583	52
53	ELECTROCARDIOLOGY	2110	1660	2336	612	450	150	118056	2945	53

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	CAFETERIA 12	PATIENT TRNSPRTN 13.01	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	CENTRAL PROCESSING 15.01	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	SOCIAL SERVICE 18	
54	ELECTROENCEPHALOGRAPHY	948		3	150			8816		54
55	MEDICAL SUPPLIES CHARGED TO PAT				156250			25301		55
56	DRUGS CHARGED TO PATIENTS						200016	206920		56
57	RENAL DIALYSIS	2205	2114	2884	1396	111	18244	41722	2451	57
59	PULMONARY LABS	250	257	44	227		3	5704		59
59.01	OCCUPATIONAL HEALTH	161		122	9			1373		59.01
59.03	HYPERALIMENTATION	13						402		59.03
59.04	PERIPHERAL VASCULAR	423	1698	282	40	36		9331		59.04
59.05	PEDIATRIC ENDO NUTRITION									59.05
59.06	CARDIAC CATHETER LAB	1054	1222	1303	270	996	369	90509		59.06
59.07	GASTROINTESTINAL SERVICE	1252	1067	2483	344	10	325	28348	70	59.07
59.08	BIOPSY/RIGHT CARDIAC CATH LAB									59.08
59.09	BONE MARROW PROCUREMENT							3354		59.09
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	173		281	663		117	636	21	60
60.01	CARDIAC REHABILITATION	149		313	2			463	3	60.01
60.02	CANCER CENTER	3781	7	3637	9736	3117	192692	130163	43	60.02
60.03	PSYCH SOCIAL REHAB	297		114	2		16	197		60.03
60.04	WELLNESS ASSESSMENT									60.04
60.06	HEART FAILURE CLINIC									60.06
60.07	LOC OUTPATIENT CENTER	13888	3	13626	1519		37007	137942	19883	60.07
60.08	OBT OUTPATIENT CENTER	2613		1776	229		899	31174		60.08
60.09	ELMHURST IMMEDIATE CARE	777		492	36		1855	2490		60.09
60.10	LAGRANGE FAMILY PCC	924		670	147		908	4832		60.10
60.12	NORTH RIVERSIDE PCC	1434		1081	88		4689	5367		60.12
60.13	GLENDALE HEIGHTS PCC	450		226	38		794	592		60.13
60.14	WHEATON PCC	736		499	193	358	8814	5685		60.14
60.15	OBT II PCC	1439		877	117		3337	4530		60.15
60.16	HICKORY HILLS PCC	1811		1238	275	350	4476	12603		60.16
60.18	DARIEN PCC	962		502	177		2134	3059		60.18
60.20	ORLANAD PARK - FP	1182		684	120		5141	3600		60.20
60.21	FAMILY PRACTICE MAYWOOD PCC	526		337	94		648	1955		60.21
60.22	HOMER GLEN PCC	1641		1461	976	358	28091	24860		60.22
60.23	OAK PARK PCC	634		322	21		1224	1177		60.23
60.24	PARK RIDGE PCC	144		184	33		54	884		60.24
61	EMERGENCY	4797	3875	8047	20262	3170	98	95554	1843	61
62	OBSERVATION BEDS (NON-DISTINCT									62
62.01	OBSERVATION BEDS-DISTINCT	139	50	453	217		12	997		62.01
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES	82		77	12		5	597		65
67	DURABLE MEDICAL EQUIP-SOLD	43						4695		67
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY	2681		4356	60		1	10417		71
	SPECIAL PURPOSE COST CENTERS									
82	LUNG ACQUISITION	235		80	3			4536	646	82
83	KIDNEY ACQUISITION	308		30				7228	1168	83
84	LIVER ACQUISITION	224		104	1			870		84
85	HEART ACQUISITION	211	119	87	3			1682		85
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02
86	OTHER ORGAN ACQUISITION (SPECIF							6		86
93	HOSPICE	413		512			1457	2181		93
95	SUBTOTALS	165807	53706	181524	366841	60567	529132	2833342	62093	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN	87						1		96
96.01	HINES RADIATION THERAPY	404								96.01
96.02	HOME INFUSION THERAPY	532		223	553		15452	19724		96.02
96.03	OP HOSPITAL PHARMACY	89			2		25191			96.03
96.04	HOSPITALIST	433			13					96.04
98	PHYSICIANS' PRIVATE OFFICES	49		160						98
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	167401	53706	181907	367409	60567	569775	2853067	62093	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	HOSPITAL MEDICAL ADMIN 18.01	NONPHYSIC. ANESTHET. 20	I&R SALARY & FRINGES 22	I&R PROGRAM COSTS 23	PARAMED ED-MICU 24.01	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26	TOTAL 27	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
3	NEW CAP REL COSTS-BLDG & FIXT									3
3.01	NEW CAPITAL-BLDG INTEREST									3.01
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6.01	COMMUNICATION									6.01
6.02	SYSTEM & COMPUTERS									6.02
6.03	PURCHASING									6.03
6.04	OPC STORES									6.04
6.05	PATIENT AFFAIRS									6.05
6.06	PATIENT ADMITTING									6.06
6.07	PATIENT ACCOUNTS									6.07
6.08	ACCOUNTING									6.08
6.09	EMPLOYEE HEALTH SERVICES									6.09
6.10	PASTORAL CARE									6.10
6.11	HOSPITAL ADMINSTRATION									6.11
6.12	AMBULATORY ADMINISTRATION									6.12
6.14	PRIMARY CARE ADMINISTRATION									6.14
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT									8
8.01	SAFETY AND SECURITY									8.01
9	LAUNDRY & LINEN SERVICE									9
10	HOUSEKEEPING									10
11	DIETARY									11
12	CAFETERIA									12
13	MAINTENANCE OF PERSONNEL									13
13.01	PATIENT TRANSPORTATION									13.01
14	NURSING ADMINISTRATION									14
15	CENTRAL SERVICES & SUPPLY									15
15.01	CENTRAL PROCESSING									15.01
16	PHARMACY									16
17	MEDICAL RECORDS & LIBRARY									17
18	SOCIAL SERVICE									18
18.01	HOSPITAL MEDICAL ADMIN	28100								18.01
20	NONPHYSICIAN ANESTHETISTS		785							20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES A	532		196203						22
23	I&R SERVICES-OTHER PRGM COSTS A				79414					23
24	PARAMED ED PRGM-(SPECIFY)									24
24.01	PARAMEDICAL ED-MICU					73715				24.01
24.02	PARAMEDICAL ED-SOCIAL WORK									24.02
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	2024					4673382		4673382	25
26	INTENSIVE CARE UNIT	484					1313610		1313610	26
28	BURN INTENSIVE CARE UNIT						255090		255090	28
30	NEONATAL INTENSIVE CARE	681					731278		731278	30
30.01	PEDIATRIC INTENSIVE CARE	235					146397		146397	30.01
30.03	HEART TRANSPLANT ICU	171					273958		273958	30.03
30.04	BONE INTENSIVE CARE	128					175709		175709	30.04
31.01	SUBPROVIDER II-REHAB	342					415116		415116	31.01
33	NURSERY						11632		11632	33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	483					4590865		4590865	37
37.01	AMBULATORY SURGERY CENTER	1344					1336158		1336158	37.01
38	RECOVERY ROOM	64					380273		380273	38
39	DELIVERY ROOM & LABOR ROOM						330709		330709	39
40	ANESTHESIOLOGY	5604					343534		343534	40
41	RADIOLOGY-DIAGNOSTIC	1160					2586786		2586786	41
41.01	RADIOLOGY-ULTRASOUND	162					264117		264117	41.01
41.02	RADIOLOGY-MRI	571					777465		777465	41.02
41.03	RADIOLOGY-CAT SCAN	1107					720932		720932	41.03
42	RADIOLOGY-THERAPEUTIC									42
43	RADIOISOTOPE	463					721693		721693	43
44	LABORATORY	3770					1455241		1455241	44
44.01	LABORATORY-SURGICAL PATHOLOGY	433					521805		521805	44.01
44.02	LABORATORY-NEUROSURGICAL									44.02
44.03	LABORATORY-HLA	58					76115		76115	44.03
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
47	BLOOD STORING, PROCESSING & TRA	706					231410		231410	47
49	RESPIRATORY THERAPY	190					463350		463350	49
50	PHYSICAL THERAPY	53					297232		297232	50
51	OCCUPATIONAL THERAPY						120873		120873	51
52	SPEECH PATHOLOGY						51894		51894	52
53	ELECTROCARDIOLOGY	256					1808177		1808177	53

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	HOSPITAL MEDICAL ADMIN 18.01	NONPHYSIC. ANESTHET. 20	I&R SALARY & FRINGES 22	I&R PROGRAM COSTS 23	PARAMED ED-MICU 24.01	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26	TOTAL 27	
54	ELECTROENCEPHALOGRAPHY	215					247735		247735	54
55	MEDICAL SUPPLIES CHARGED TO PAT						228024		228024	55
56	DRUGS CHARGED TO PATIENTS						663437		663437	56
57	RENAL DIALYSIS	528					429972		429972	57
59	PULMONARY LABS	414					105026		105026	59
59.01	OCCUPATIONAL HEALTH						67882		67882	59.01
59.03	HYPERALIMENTATION	128					1527		1527	59.03
59.04	PERIPHERAL VASCULAR	15					290915		290915	59.04
59.05	PEDIATRIC ENDO NUTRITION									59.05
59.06	CARDIAC CATHETER LAB	727					1397029		1397029	59.06
59.07	GASTROINTESTINAL SERVICE	292					489533		489533	59.07
59.08	BIOPSY/RIGHT CARDIAC CATH LAB									59.08
59.09	BONE MARROW PROCUREMENT						11685		11685	59.09
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC						72539		72539	60
60.01	CARDIAC REHABILITATION						4212		4212	60.01
60.02	CANCER CENTER	624					1583845		1583845	60.02
60.03	PSYCH SOCIAL REHAB	56					139734		139734	60.03
60.04	WELLNESS ASSESSMENT									60.04
60.06	HEART FAILURE CLINIC									60.06
60.07	LOC OUTPATIENT CENTER	2017					5325006		5325006	60.07
60.08	OBT OUTPATIENT CENTER	56					517706		517706	60.08
60.09	ELMHURST IMMEDIATE CARE						68807		68807	60.09
60.10	LAGRANGE FAMILY PCC	61					129652		129652	60.10
60.12	NORTH RIVERSIDE PCC						94015		94015	60.12
60.13	GLENDALE HEIGHTS PCC						22449		22449	60.13
60.14	WHEATON PCC						92593		92593	60.14
60.15	OBT II PCC						80843		80843	60.15
60.16	HICKORY HILLS PCC						229565		229565	60.16
60.18	DARIEN PCC						60774		60774	60.18
60.20	ORLANAD PARK - FP						61687		61687	60.20
60.21	FAMILY PRACTICE MAYWOOD PCC	64					98298		98298	60.21
60.22	HOMER GLEN PCC						382276		382276	60.22
60.23	OAK PARK PCC						45327		45327	60.23
60.24	PARK RIDGE PCC						82791		82791	60.24
61	EMERGENCY	392					1161230		1161230	61
62	OBSERVATION BEDS (NON-DISTINCT									62
62.01	OBSERVATION BEDS-DISTINCT						49389		49389	62.01
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES	148					10015		10015	65
67	DURABLE MEDICAL EQUIP-SOLD						15284		15284	67
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY	235					150162		150162	71
	SPECIAL PURPOSE COST CENTERS									
82	LUNG ACQUISITION	182					51910		51910	82
83	KIDNEY ACQUISITION	499					36968		36968	83
84	LIVER ACQUISITION	204					13962		13962	84
85	HEART ACQUISITION	3					52851		52851	85
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02
86	OTHER ORGAN ACQUISITION (SPECIF	14					198		198	86
93	HOSPICE	76					21032		21032	93
95	SUBTOTALS	27971					39662686		39662686	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN						25207		25207	96
96.01	HINES RADIATION THERAPY						34973		34973	96.01
96.02	HOME INFUSION THERAPY						71413		71413	96.02
96.03	OP HOSPITAL PHARMACY						45049		45049	96.03
96.04	HOSPITALIST	128					2383		2383	96.04
98	PHYSICIANS' PRIVATE OFFICES	1					229		229	98
101	CROSS FOOT ADJUSTMENTS		785	196203	79414	73715	350117		350117	101
102	NEGATIVE COST CENTER									102
103	TOTAL	28100	785	196203	79414	73715	40192057		40192057	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	OLD CAP BLDGS & FIXTURES SQUARE FEET 1	NEW CAP BLDGS & FIXTURES SQUARE FEET 3	NEW CPTL BLG INTRST SQUARE FEET 3.01	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE 4	EMPLOYEE BENEFITS GROSS SALARIES 5	COMMUNICTN PHONE COST 6.01	SYSTEM + COMPUTERS GROSS REVENUE 6.02	
	GENERAL SERVICE COST CENTERS								
1	OLD CAP REL COSTS-BLDG & FIXT	1638407							1
3	NEW CAP REL COSTS-BLDG & FIXT		1638407						3
3.01	NEW CAPITAL-BLDG INTEREST			1638407					3.01
4	NEW CAP REL COSTS-MVBLE EQUIP				21400064				4
5	EMPLOYEE BENEFITS	9720	9720	9720	27171	295665590			5
6.01	COMMUNICATION	1534	1534	1534	101150	1226635	153325		6.01
6.02	SYSTEM & COMPUTERS	27015	27015	27015	1922218	6184904	2852	1532513030	6.02
6.03	PURCHASING	22859	22859	22859	28278	1410692	1427		6.03
6.04	OPC STORES	6887	6887	6887	13268	171300	17		6.04
6.05	PATIENT AFFAIRS	4434	4434	4434	26569	1260824	1158		6.05
6.06	PATIENT ADMITTING				19475	1262435	888		6.06
6.07	PATIENT ACCOUNTS	13805	13805	13805	48471	4076227	4983		6.07
6.08	ACCOUNTING	9333	9333	9333	175179	2406967	1779		6.08
6.09	EMPLOYEE HEALTH SERVICES	5426	5426	5426	243	710395	179		6.09
6.10	PASTORAL CARE	16660	16660	16660	8467	1321178	1016		6.10
6.11	HOSPITAL ADMINSTRATION	80738	80738	80738	472236	24000628	9652		6.11
6.12	AMBULATORY ADMINISTRATION	3381	3381	3381	20583	3126349	340		6.12
6.14	PRIMARY CARE ADMINISTRATION				268	96542			6.14
7	MAINTENANCE & REPAIRS								7
8	OPERATION OF PLANT	118607	118607	118607	329176	9051407	2960		8
8.01	SAFETY AND SECURITY	6753	6753	6753	115017	2780863	923		8.01
9	LAUNDRY & LINEN SERVICE	8535	8535	8535	1889	282210			9
10	HOUSEKEEPING	11831	11831	11831	3341		1994		10
11	DIETARY	28159	28159	28159	48319	2653385	1387		11
12	CAFETERIA	12093	12093	12093	9539	799407			12
13	MAINTENANCE OF PERSONNEL								13
13.01	PATIENT TRANSPORTATION	954	954	954	31689	1217597	612		13.01
14	NURSING ADMINISTRATION	7799	7799	7799	58088	3632790	1313	12482	14
15	CENTRAL SERVICES & SUPPLY	15310	15310	15310	156595	1079036	104		15
15.01	CENTRAL PROCESSING	4304	4304	4304		112953	39		15.01
16	PHARMACY	20529	20529	20529	251343	6708476	1190		16
17	MEDICAL RECORDS & LIBRARY	26623	26623	26623	2470657	3275569	2899		17
18	SOCIAL SERVICE	3225	3225	3225	9869	1434216	2191	2829	18
18.01	HOSPITAL MEDICAL ADMIN								18.01
20	NONPHYSICIAN ANESTHETISTS					1602084			20
21	NURSING SCHOOL								21
22	I&R SERVICES-SALARY & FRINGES	7181	7181	7181	984	17003515	296		22
23	I&R SERVICES-OTHER PRGM COSTS								23
24	PARAMED ED PRGM-(SPECIFY)								24
24.01	PARAMEDICAL ED-MICU	5190	5190	5190	296	418047			24.01
24.02	PARAMEDICAL ED-SOCIAL WORK								24.02
	INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	202274	202274	202274	721737	31955231	18202	126918542	25
26	INTENSIVE CARE UNIT	51672	51672	51672	224850	13172449	3541	50003986	26
28	BURN INTENSIVE CARE UNIT	9277	9277	9277	50242	1941937	371	8420042	28
30	NEONATAL INTENSIVE CARE	28537	28537	28537	154693	8340767	2086	33307311	30
30.01	PEDIATRIC INTENSIVE CARE	5348	5348	5348	24092	1886796	1054	6835121	30.01
30.03	HEART TRANSPLANT ICU	12340	12340	12340	36205	2046583	539	9441347	30.03
30.04	BONE INTENSIVE CARE	4891	4891	4891	30623	2360252	771	9659806	30.04
31.01	SUBPROVIDER II-REHAB	22005	22005	22005	28557	2129458	1522	7371065	31.01
33	NURSERY					717425		2237566	33
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	153115	153115	153115	1919101	11062612	3685	120535624	37
37.01	AMBULATORY SURGERY CENTER	31859	31859	31859	692877	2719444		36936027	37.01
38	RECOVERY ROOM	15205	15205	15205	34582	2133689	368	32430467	38
39	DELIVERY ROOM & LABOR ROOM	9699	9699	9699	115055	2411339	967	12462628	39
40	ANESTHESIOLOGY	2144	2144	2144	97658	777406		56634162	40
41	RADIOLOGY-DIAGNOSTIC	68192	68192	68192	1435214	6703409	6622	47030088	41
41.01	RADIOLOGY-ULTRASOUND	4317	4317	4317	167250	865729		8913167	41.01
41.02	RADIOLOGY-MRI	14672	14672	14672	451036	1613250	468	32313410	41.02
41.03	RADIOLOGY-CAT SCAN	6658	6658	6658	357802	2394702		69483409	41.03
42	RADIOLOGY-THERAPEUTIC								42
43	RADIOISOTOPE	16314	16314	16314	423880	1654134	961	18136342	43
44	LABORATORY	32669	32669	32669	333488	7248550	3203	170975030	44
44.01	LABORATORY-SURGICAL PATHOLOGY	24539	24539	24539	90382	1505201	2902	21489610	44.01
44.02	LABORATORY-NEUROSURGICAL								44.02
44.03	LABORATORY-HLA	3509	3509	3509	16774	310948	113	2543238	44.03
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
47	BLOOD STORING, PROCESSING & T	6925	6925	6925	27965	1338350	434	22865121	47
49	RESPIRATORY THERAPY	12486	12486	12486	124561	5464717	389	35275518	49
50	PHYSICAL THERAPY	15571	15571	15571	20688	2667204	1801	12858224	50
51	OCCUPATIONAL THERAPY	6405	6405	6405	2318	932601		6346735	51

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	OLD CAP BLDGS & FIXTURES SQUARE FEET 1	NEW CAP BLDGS & FIXTURES SQUARE FEET 3	NEW CPTL BLG INTRST SQUARE FEET 3.01	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE 4	EMPLOYEE BENEFITS GROSS SALARIES 5	COMMUNICTN PHONE COST 6.01	SYSTEM + COMPUTERS GROSS REVENUE 6.02	
52	SPEECH PATHOLOGY	1207	1207	1207	26855	452310	349	1508295	52
53	ELECTROCARDIOLOGY	22435	22435	22435	1224853	3095894	1715	63402600	53
54	ELECTROENCEPHALOGRAPHY	8595	8595	8595	106169	1168957	1039	4734536	54
55	MEDICAL SUPPLIES CHARGED TO P							13587956	55
56	DRUGS CHARGED TO PATIENTS							111127967	56
57	RENAL DIALYSIS	11734	11734	11734	141386	2767555	620	22407310	57
59	PULMONARY LABS	3338	3338	3338	45291	324144	948	3063585	59
59.01	OCCUPATIONAL HEALTH	3661	3661	3661	15673	261167		737224	59.01
59.03	HYPERALIMENTATION					9417	556	215692	59.03
59.04	PERIPHERAL VASCULAR	1311	1311	1311	248603	641442	285	5011193	59.04
59.05	PEDIATRIC ENDO NUTRITION								59.05
59.06	CARDIAC CATHETER LAB	20404	20404	20404	919866	1602484	865	48608645	59.06
59.07	GASTROINTESTINAL SERVICE	7633	7633	7633	313554	1825908		15224298	59.07
59.08	BIOPSY/RIGHT CARDIAC CATH LAB								59.08
59.09	BONE MARROW PROCUREMENT							1801145	59.09
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC	3701	3701	3701	3570	193652		341800	60
60.01	CARDIAC REHABILITATION				1613	254601	28	248840	60.01
60.02	CANCER CENTER	56219	56219	56219	255551	4909599	10639	69904822	60.02
60.03	PSYCH SOCIAL REHAB	9985	9985	9985	4563	297311	960	106003	60.03
60.04	WELLNESS ASSESSMENT								60.04
60.06	HEART FAILURE CLINIC								60.06
60.07	LOC OUTPATIENT CENTER	189882	189882	189882	2278203	16889633	19066	74082809	60.07
60.08	OBT OUTPATIENT CENTER				413822	3191819	1627	16742191	60.08
60.09	ELMHURST IMMEDIATE CARE				52213	1399606		1337350	60.09
60.10	LAGRANGE FAMILY PCC				105143	1302901	1678	2594838	60.10
60.12	NORTH RIVERSIDE PCC				57795	3199753	1507	2882153	60.12
60.13	GLENDALE HEIGHTS PCC				14137	829578	729	317827	60.13
60.14	WHEATON PCC				57212	1179345	932	3053250	60.14
60.15	OBT II PCC				49351	2946829	1954	2433078	60.15
60.16	HICKORY HILLS PCC				173515	2591871	1714	6768534	60.16
60.18	DARIEN PCC				39219	1744160	1015	1642696	60.18
60.20	ORLANAD PARK - FP				30883	2287196	1985	1933578	60.20
60.21	FAMILY PRACTICE MAYWOOD PCC	3211	3211	3211	44941	504921		1050112	60.21
60.22	HOMER GLEN PCC				270520	2633563	83	13351006	60.22
60.23	OAK PARK PCC				34045	1197331		632003	60.23
60.24	PARK RIDGE PCC				78623	179786	69	474817	60.24
61	EMERGENCY	37345	37345	37345	375906	10467983	9284	51317886	61
62	OBSERVATION BEDS (NON-DISTINC								62
62.01	OBSERVATION BEDS-DISTINCT	1770	1770	1770	21669	246626		535391	62.01
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES				6102	91537	221	320539	65
67	DURABLE MEDICAL EQUIP-SOLD					34856		2521423	67
69.10	CMHC								69.10
69.20	OUTPATIENT PHYSICAL THERAPY								69.20
69.30	OUTPATIENT OCCUPATIONAL THERA								69.30
69.40	OUTPATIENT SPEECH PATHOLOGY								69.40
71	HOME HEALTH AGENCY	7364	7364	7364	3412	4027703	1935	5594365	71
82	LUNG ACQUISITION	2622	2622	2622	432	396596		2436114	82
	SPECIAL PURPOSE COST CENTERS								
83	KIDNEY ACQUISITION	753	753	753	2938	263898	650	3881903	83
84	LIVER ACQUISITION	554	554	554	1546	339676		467197	84
85	HEART ACQUISITION	3125	3125	3125	4065	336158	361	903393	85
85.01	PANCREAS ACQUISITION								85.01
85.02	INTESTINAL ACQUISITION								85.02
86	OTHER ORGAN ACQUISITION (SPEC	12	12	12	15			3367	86
93	HOSPICE	558	558	558	3138	597525	214	1171380	93
95	SUBTOTALS	1636927	1636927	1636927	21358400	292346105	153226	1521920008	95
	NONREIMBURSABLE COST CENTERS								
96	GIFT, FLOWER, COFFEE SHOP & C	1480	1480	1480	4018	93534	99	370	96
96.01	HINES RADIATION THERAPY				30767	788344			96.01
96.02	HOME INFUSION THERAPY				3620	888365		10592652	96.02
96.03	OP HOSPITAL PHARMACY				3259	150197			96.03
96.04	HOSPITALIST					1399045			96.04
98	PHYSICIANS' PRIVATE OFFICES								98

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	OLD CAP BLDGS & FIXTURES SQUARE FEET 1	NEW CAP BLDGS & FIXTURES SQUARE FEET 3	NEW CPTL BLG INTRST SQUARE FEET 3.01	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE 4	EMPLOYEE BENEFITS GROSS SALARIES 5	COMMUNICTN PHONE COST 6.01	SYSTEM + COMPUTERS GROSS REVENUE 6.02	
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	COST TO BE ALLOC PER B PT I		11457567	7357724	21376766	1892316	2439226	11264166	103
104	UNIT COST MULT-WS B PT I		6.993114		.998911		15.908860		104
104	UNIT COST MULT-WS B PT I			4.490779		.006400		.007350	104
105	COST TO BE ALLOC PER B PT II								105
106	UNIT COST MULT-WS B PT II								106
106	UNIT COST MULT-WS B PT II								106
107	COST TO BE ALLOC PER B PT III					138764	119231	2235481	107
108	UNIT COST MULT-WS B PT III						.777636		108
108	UNIT COST MULT-WS B PT III					.000469		.001459	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	PURCHASING NUMBER OF ISSUES 6.03	OPC STORES NUMBER OF ISSUES 6.04	PATIENT AFFAIRS NUMBER OF VISITS 6.05	PATIENT ADMITTING INPATIENT REVENUE 6.06	PATIENT ACCOUNTS GROSS REVENUE 6.07	RECON-CILIATION 6A.08	ACCOUNTING ACCUM COST 6.08	EMPLOYEE HEALTH SERVICES FTES 6.09	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
3	NEW CAP REL COSTS-BLDG & FIXT									3
3.01	NEW CAPITAL-BLDG INTEREST									3.01
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6.01	COMMUNICATION									6.01
6.02	SYSTEM & COMPUTERS									6.02
6.03	PURCHASING	235432000								6.03
6.04	OPC STORES	179000	22240							6.04
6.05	PATIENT AFFAIRS	49000	3	6719						6.05
6.06	PATIENT ADMITTING	165000			922921665					6.06
6.07	PATIENT ACCOUNTS	66000				1532513030				6.07
6.08	ACCOUNTING	183000					-3339358	653471999		6.08
6.09	EMPLOYEE HEALTH SERVICES	25000	2					1030958	4612	6.09
6.10	PASTORAL CARE	16000						1541745	27	6.10
6.11	HOSPITAL ADMINSTRATION	1376000	8					69910237	236	6.11
6.12	AMBULATORY ADMINISTRATION	64000	3					5676377	37	6.12
6.14	PRIMARY CARE ADMINISTRATION							2044378	3	6.14
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT	7539000						22908491	169	8
8.01	SAFETY AND SECURITY	198000	15					3358265	72	8.01
9	LAUNDRY & LINEN SERVICE	347000						1088402	10	9
10	HOUSEKEEPING	37000	42					7815339	54	10
11	DIETARY	10600000						6454200	117	11
12	CAFETERIA							153520	15	12
13	MAINTENANCE OF PERSONNEL									13
13.01	PATIENT TRANSPORTATION	23000	2					1530991	51	13.01
14	NURSING ADMINISTRATION	270000			12482	12482		4854904	47	14
15	CENTRAL SERVICES & SUPPLY	94000						1526451	35	15
15.01	CENTRAL PROCESSING	580000						188441	4	15.01
16	PHARMACY	907000						10674964	99	16
17	MEDICAL RECORDS & LIBRARY	484000						8963236	89	17
18	SOCIAL SERVICE	66000				2829		1814819	26	18
18.01	HOSPITAL MEDICAL ADMIN							8185240		18.01
20	NONPHYSICIAN ANESTHETISTS							10253		20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES	14000						20674157	374	22
23	I&R SERVICES-OTHER PRGM COSTS							23132955		23
24	PARAMED ED PRGM-(SPECIFY)									24
24.01	PARAMEDICAL ED-MICU	30000						592019	7	24.01
24.02	PARAMEDICAL ED-SOCIAL WORK									24.02
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	40019002	1		126918542	126918542		49315216	563	25
26	INTENSIVE CARE UNIT	20257000			50003986	50003986		20076724	193	26
28	BURN INTENSIVE CARE UNIT	3190330			8420042	8420042		2685665	32	28
30	NEONATAL INTENSIVE CARE	3420000			33307311	33307311		11445250	113	30
30.01	PEDIATRIC INTENSIVE CARE	2420000			6835121	6835121		2707019	26	30.01
30.03	HEART TRANSPLANT ICU	2772000			9441347	9441347		3064860	29	30.03
30.04	BONE INTENSIVE CARE	2471000			9659806	9659806		3521629	35	30.04
31.01	SUBPROVIDER II-REHAB	2135000			7371065	7371065		3193828	49	31.01
33	NURSERY				2237566	2237566		1020202		33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	23695000			111334101	120535624		48832248	195	37
37.01	AMBULATORY SURGERY CENTER	10994000	9458		276576	36936027		8388916	48	37.01
38	RECOVERY ROOM	2236000			26976438	32430467		3954920	36	38
39	DELIVERY ROOM & LABOR ROOM	4359000			10348622	12462628		3838523	41	39
40	ANESTHESIOLOGY	672000			51309419	56634162		2763338	27	40
41	RADIOLOGY-DIAGNOSTIC	6271707	432		25817885	47030088		15308461	119	41
41.01	RADIOLOGY-ULTRASOUND	394000	50		2400615	8913167		1766484	10	41.01
41.02	RADIOLOGY-MRI	440000	617		8368250	32313410		4515782	18	41.02
41.03	RADIOLOGY-CAT SCAN	1592000	454		25067250	69483409		6122110	25	41.03
42	RADIOLOGY-THERAPEUTIC									42
43	RADIOISOTOPE	828293			2573381	18136342		4185268	18	43
44	LABORATORY	11426000	8		88347720	170975030		19653007	137	44
44.01	LABORATORY-SURGICAL PATHOLOGY	2672000			8690400	21489610		4816668	29	44.01
44.02	LABORATORY-NEUROSURGICAL									44.02
44.03	LABORATORY-HLA	506000			284027	2543238		1028364	5	44.03
46.30	BLOOD CLOTTING FACTORS ADMIN									46.30
47	BLOOD STORING, PROCESSING & T	1331000	88		16926902	22865121		7722569	21	47
49	RESPIRATORY THERAPY	3269000			34739302	35275518		9087748	89	49
50	PHYSICAL THERAPY	601000		312	5357657	12858224		4297279	40	50
51	OCCUPATIONAL THERAPY	745000		76	4149988	6346735		1853962	16	51

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	PURCHASING NUMBER OF ISSUES 6.03	OPC STORES NUMBER OF ISSUES 6.04	PATIENT AFFAIRS NUMBER OF VISITS 6.05	PATIENT ADMITTING INPATIENT REVENUE 6.06	PATIENT ACCOUNTS GROSS REVENUE 6.07	RECON-CILIATION 6A.08	ACCOUNTING ACCUM COST 6.08	EMPLOYEE HEALTH SERVICES FTES 6.09	
52	SPEECH PATHOLOGY	210000			1484791	1508295		641786	6	52
53	ELECTROCARDIOLOGY	2208000			45763223	63402600		15227584	49	53
54	ELECTROENCEPHALOGRAPHY	496000			2013659	4734536		1881461	22	54
55	MEDICAL SUPPLIES CHARGED TO P				12804719	13587956		7126883		55
56	DRUGS CHARGED TO PATIENTS				105330676	111127967		22283163		56
57	RENAL DIALYSIS	2229000	8		2873120	22407310		6807771	51	57
59	PULMONARY LABS	145000			870851	3063585		613923	6	59
59.01	OCCUPATIONAL HEALTH	333000	3	40		737224		377826	4	59.01
59.03	HYPERALIMENTATION	20000			196063	215692		50166		59.03
59.04	PERIPHERAL VASCULAR	47000			2589945	5011193		1213427	10	59.04
59.05	PEDIATRIC ENDO NUTRITION									59.05
59.06	CARDIAC CATHETER LAB	1176000			35064373	48608645		9344200	24	59.06
59.07	GASTROINTESTINAL SERVICE	1759000			2819145	15224298		3948162	29	59.07
59.08	BIOPSY/RIGHT CARDIAC CATH LAB									59.08
59.09	BONE MARROW PROCUREMENT				1758270	1801145		1576574		59.09
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	218000			4468	341800		339603	4	60
60.01	CARDIAC REHABILITATION	16000			243160	248840		309879	3	60.01
60.02	CANCER CENTER	13106000	920	462	526349	69904822		26819601	87	60.02
60.03	PSYCH SOCIAL REHAB	124000	4	85	110	106003		535857	7	60.03
60.04	WELLNESS ASSESSMENT									60.04
60.06	HEART FAILURE CLINIC									60.06
60.07	LOC OUTPATIENT CENTER	10316000	9468	2639	1705511	74082809		33702983	321	60.07
60.08	OBT OUTPATIENT CENTER	3315000	414	566	53082	16742191		6899343	61	60.08
60.09	ELMHURST IMMEDIATE CARE	751000	6	150	3602	1337350		1510969	18	60.09
60.10	LAGRANGE FAMILY PCC	969000		163	4850	2594838		2154928	21	60.10
60.12	NORTH RIVERSIDE PCC	1250000	1	349	7401	2882153		2858526	33	60.12
60.13	GLENDALE HEIGHTS PCC	366000	50	91	781	317827		821024	10	60.13
60.14	WHEATON PCC	1568000		122	5332	3053250		2708088	17	60.14
60.15	OBT II PCC	1174000	12	293	8763	2433078		2527513	33	60.15
60.16	HICKORY HILLS PCC	1919000	16	358	16764	6768534		4184534	42	60.16
60.18	DARIEN PCC	1096000		232	6418	1642696		1758288	22	60.18
60.20	ORLANAD PARK - FP	1045000	82	262	2213	1933578		2652979	27	60.20
60.21	FAMILY PRACTICE MAYWOOD PCC	652000	1	183	4043	1050112		941703	12	60.21
60.22	HOMER GLEN PCC	3838000	31	208	13996	13351006		6889174	38	60.22
60.23	OAK PARK PCC	646000	29	121	5154	632003		1108329	15	60.23
60.24	PARK RIDGE PCC	220000	11	7	2550	474817		454141	3	60.24
61	EMERGENCY	4769000			21514659	51317886		10105482	111	61
62	OBSERVATION BEDS (NON-DISTINC									62
62.01	OBSERVATION BEDS-DISTINCT	143000			63385	535391		369752	3	62.01
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES	12000			287516	320539		631631	2	65
67	DURABLE MEDICAL EQUIP-SOLD					2521423		1889581	1	67
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERA									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY	133000			670	5594365		5727955	62	71
82	LUNG ACQUISITION	798			2435944	2436114		2152348	8	82
	SPECIAL PURPOSE COST CENTERS									
83	KIDNEY ACQUISITION	20957			3881903	3881903		2312372	6	83
84	LIVER ACQUISITION	6958			467197	467197		743743	6	84
85	HEART ACQUISITION	3940			903393	903393		1128079	6	85
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02
86	OTHER ORGAN ACQUISITION (SPEC	15			3367	3367		206		86
93	HOSPICE	3000			4448	1171380		1011318	10	93
95	SUBTOTALS	228333000	22239	6719	922921665	1521920008	-3339358	645639237	4576	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & C					370		337906	2	96
96.01	HINES RADIATION THERAPY	10000						968459	9	96.01
96.02	HOME INFUSION THERAPY	1887000				10592652		3335333	12	96.02
96.03	OP HOSPITAL PHARMACY	5202000						2897352	2	96.03
96.04	HOSPITALIST							293693	10	96.04
98	PHYSICIANS' PRIVATE OFFICES		1					19	1	98

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	PURCHASING NUMBER OF ISSUES 6.03	OPC STORES NUMBER OF ISSUES 6.04	PATIENT AFFAIRS NUMBER OF VISITS 6.05	PATIENT ADMITTING INPATIENT REVENUE 6.06	PATIENT ACCOUNTS GROSS REVENUE 6.07	RECON-CILIATION 6A.08	ACCOUNTING ACCUM COST 6.08	EMPLOYEE HEALTH SERVICES FTES 6.09	
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	COST TO BE ALLOC PER B PT I	2789306	427992	1804371	1655634	9860065		3339358	1036226	103
104	UNIT COST MULT-WS B PT I	.011848		268.547552		.006434		.005110		104
104	UNIT COST MULT-WS B PT I		19.244245		.001794				224.680399	104
105	COST TO BE ALLOC PER B PT II									105
106	UNIT COST MULT-WS B PT II									106
106	UNIT COST MULT-WS B PT II									106
107	COST TO BE ALLOC PER B PT III	292530	92659	79024	20942	212822		284906	63515	107
108	UNIT COST MULT-WS B PT III	.001243		11.761274		.000139		.000436		108
108	UNIT COST MULT-WS B PT III		4.166322		.000023				13.771683	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	RECON-CILIATION	PASTORAL CARE ACCUM COST 6.10	RECON-CILIATION	HOSPITAL ADMINSTRTN ACCUM COST 6.11	RECON-CILIATION	AMBULATORY ADMIN ACCUM COST 6.12	RECON-CILIATION	PRIMARY CARE ADMIN ACCUM COST 6.14	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
3	NEW CAP REL COSTS-BLDG & FIXT									3
3.01	NEW CAPITAL-BLDG INTEREST									3.01
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6.01	COMMUNICATION									6.01
6.02	SYSTEM & COMPUTERS									6.02
6.03	PURCHASING									6.03
6.04	OPC STORES									6.04
6.05	PATIENT AFFAIRS									6.05
6.06	PATIENT ADMITTING									6.06
6.07	PATIENT ACCOUNTS									6.07
6.08	ACCOUNTING									6.08
6.09	EMPLOYEE HEALTH SERVICES									6.09
6.10	PASTORAL CARE	-1555689	655255668							6.10
6.11	HOSPITAL ADMINSTRATION		70320620	-70487678	586323679					6.11
6.12	AMBULATORY ADMINISTRATION		5713696		5727260	-6415791	650395566			6.12
6.14	PRIMARY CARE ADMINISTRATION		2055499		2060379		2308078	-2330845	654480512	6.14
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT		23063524		23118277		25897556		26153009	8
8.01	SAFETY AND SECURITY		3391603		3399655		3808362		3845928	8.01
9	LAUNDRY & LINEN SERVICE		1096211		1098813		1230912		1243054	9
10	HOUSEKEEPING		7867408		7886085		8834150		8921290	10
11	DIETARY		6513469		6528932		7313840		7385984	11
12	CAFETERIA		157674		158048		177049		178795	12
13	MAINTENANCE OF PERSONNEL									13
13.01	PATIENT TRANSPORTATION		1550273		1553953		1740769		1757940	13.01
14	NURSING ADMINISTRATION		4890273		4901883		5491187		5545352	14
15	CENTRAL SERVICES & SUPPLY		1542115		1545776		1731609		1748690	15
15.01	CENTRAL PROCESSING		190303		190755		213688		215796	15.01
16	PHARMACY		10751756		10777281		12072926		12192013	16
17	MEDICAL RECORDS & LIBRARY		9029035		9050470		10138518		10238524	17
18	SOCIAL SERVICE		1829935		1834279		2054796		2075065	18
18.01	HOSPITAL MEDICAL ADMIN		8227067		8246598		9238004		9329128	18.01
20	NONPHYSICIAN ANESTHETISTS		10305		10329		11571		11685	20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES		20863832		20913363		23427567		23658657	22
23	I&R SERVICES-OTHER PRGM COSTS		23251164		23306362		26108253		26365785	23
24	PARAMED ED PRGM-(SPECIFY)									24
24.01	PARAMEDICAL ED-MICU		596617		598033		669929		676537	24.01
24.02	PARAMEDICAL ED-SOCIAL WORK									24.02
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS		49693712		49811685		55799894		56350590	25
26	INTENSIVE CARE UNIT		20222679		20270688		22707630		22931618	26
28	BURN INTENSIVE CARE UNIT		2706579		2713004		3039161		3069139	28
30	NEONATAL INTENSIVE CARE		11529124		11556494		12945816		13073514	30
30.01	PEDIATRIC INTENSIVE CARE		2726694		2733167		3061748		3091949	30.01
30.03	HEART TRANSPLANT ICU		3087037		3094366		3466371		3500563	30.03
30.04	BONE INTENSIVE CARE		3547489		3555911		3983403		4022695	30.04
31.01	SUBPROVIDER II-REHAB		3221157		3228804		3616971		3652649	31.01
33	NURSERY		1025415		1027849		1151417		1162775	33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		49125594		49242218		55162117		55706236	37
37.01	AMBULATORY SURGERY CENTER		8442568		8462611		9479986		9573497	37.01
38	RECOVERY ROOM		3983218		3992674		4472673		4516791	38
39	DELIVERY ROOM & LABOR ROOM		3867350		3876531		4342568		4385403	39
40	ANESTHESIOLOGY		2783525		2790133		3125563		3156394	40
41	RADIOLOGY-DIAGNOSTIC		15413424		15450015		17307416		17478136	41
41.01	RADIOLOGY-ULTRASOUND		1777758		1781978		1996207		2015898	41.01
41.02	RADIOLOGY-MRI		4542902		4553687		5101131		5151449	41.02
41.03	RADIOLOGY-CAT SCAN		6159011		6173632		6915826		6984044	41.03
42	RADIOLOGY-THERAPEUTIC									42
43	RADIOISOTOPE		4210699		4220695		4728107		4774745	43
44	LABORATORY		19784215		19831183		22215288		22434420	44
44.01	LABORATORY-SURGICAL PATHOLOGY		4847797		4859306		5443492		5497187	44.01
44.02	LABORATORY-NEUROSURGICAL									44.02
44.03	LABORATORY-HLA		1034742		1037198		1161890		1173351	44.03
46.30	BLOOD CLOTTING FACTORS ADMIN									46.30
47	BLOOD STORING, PROCESSING & T		7766749		7785187		8721122		8807147	47
49	RESPIRATORY THERAPY		9154183		9175915		10279044		10380436	49
50	PHYSICAL THERAPY		4328225		4338500		4860074		4908014	50
51	OCCUPATIONAL THERAPY		1867031		1871463		2096450		2117129	51

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	RECON-CILIATION	PASTORAL CARE ACCUM COST 6.10	RECON-CILIATION	HOSPITAL ADMINSTRTN ACCUM COST 6.11	RECON-CILIATION	AMBULATORY ADMIN ACCUM COST 6.12	RECON-CILIATION	PRIMARY CARE ADMIN ACCUM COST 6.14	
52	SPEECH PATHOLOGY		646414		647949		725845		733005	52
53	ELECTROCARDIOLOGY		15316406		15352767		17198477		17368123	53
54	ELECTROENCEPHALOGRAPHY		1896018		1900519		2128999		2149999	54
55	MEDICAL SUPPLIES CHARGED TO P		7163301		7180307		8043524		8122865	55
56	DRUGS CHARGED TO PATIENTS		22397030		22450201		25149164		25397235	56
57	RENAL DIALYSIS		6854018		6870289		7696235		7772151	57
59	PULMONARY LABS		618408		619876		694397		701247	59
59.01	OCCUPATIONAL HEALTH		380656		381560		427431		431647	59.01
59.03	HYPERALIMENTATION		50422		50542		56618		57176	59.03
59.04	PERIPHERAL VASCULAR		1221875		1224776		1372019		1385553	59.04
59.05	PEDIATRIC ENDO NUTRITION									59.05
59.06	CARDIAC CATHETER LAB		9397341		9419650		10552080		10656166	59.06
59.07	GASTROINTESTINAL SERVICE		3974853		3984289		4463280		4507306	59.07
59.08	BIOPSY/RIGHT CARDIAC CATH LAB									59.08
59.09	BONE MARROW PROCUREMENT		1584630		1588392		1779348		1796899	59.09
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC		342237		343049		384290		388081	60
60.01	CARDIAC REHABILITATION		312136		312877		350491		353948	60.01
60.02	CANCER CENTER		26976196		27040237		30291014		30589805	60.02
60.03	PSYCH SOCIAL REHAB		540168		541450		606543		612526	60.03
60.04	WELLNESS ASSESSMENT									60.04
60.06	HEART FAILURE CLINIC									60.06
60.07	LOC OUTPATIENT CENTER		33947327		34027918		38118754		38494757	60.07
60.08	OBT OUTPATIENT CENTER		6948305		6964800		7802108		7879068	60.08
60.09	ELMHURST IMMEDIATE CARE		1522734		1526349		1709847		1726713	60.09
60.10	LAGRANGE FAMILY PCC		2170658		2175811		2437387		2461429	60.10
60.12	NORTH RIVERSIDE PCC		2880547		2887385		3234506		3266411	60.12
60.13	GLENDALE HEIGHTS PCC		827466		829430		929144		938309	60.13
60.14	WHEATON PCC		2725746		2732217		3060684		3090875	60.14
60.15	OBT II PCC		2547843		2553892		2860921		2889141	60.15
60.16	HICKORY HILLS PCC		4215354		4225361		4733334		4780024	60.16
60.18	DARIEN PCC		1772216		1776423		1989985		2009614	60.18
60.20	ORLANAD PARK - FP		2672602		2678947		3001010		3030612	60.20
60.21	FAMILY PRACTICE MAYWOOD PCC		949211		951464		1065849		1076363	60.21
60.22	HOMER GLEN PCC		6932916		6949375		7784829		7861619	60.22
60.23	OAK PARK PCC		1117363		1120016		1254664		1267040	60.23
60.24	PARK RIDGE PCC		457136		458221		513308		518371	60.24
61	EMERGENCY		10182061		10206233		11433226		11546003	61
62	OBSERVATION BEDS (NON-DISTINC									62
62.01	OBSERVATION BEDS-DISTINCT		372315		373199		418065		422189	62.01
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES		635308		636816		713374		720411	65
67	DURABLE MEDICAL EQUIP-SOLD		1899462		1903971		2132866		2153905	67
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERA									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY		5771155		5784856		6480311		6544233	71
82	LUNG ACQUISITION		2165143		2170283		2431194		2455175	82
	SPECIAL PURPOSE COST CENTERS									
83	KIDNEY ACQUISITION		2325536		2331057		2611297		2637055	83
84	LIVER ACQUISITION		748892		750670		840916		849211	84
85	HEART ACQUISITION		1135191		1137886		1274683		1287256	85
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02
86	OTHER ORGAN ACQUISITION (SPEC		207		207		232		234	86
93	HOSPICE		1018733		1021151		1143914		1155198	93
95	SUBTOTALS	-1555689	647374792	-70487678	578424093	-6415791	641546292	-2330845	645543949	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & C		340082		340889		381871		385638	96
96.01	HINES RADIATION THERAPY		975430		977746		1095291		1106095	96.01
96.02	HOME INFUSION THERAPY		3355073		3363038		3767342		3804503	96.02
96.03	OP HOSPITAL PHARMACY		2912606		2919521		3270506		3302766	96.03
96.04	HOSPITALIST		297441		298147		333990		337284	96.04
98	PHYSICIANS' PRIVATE OFFICES		244		245		274		277	98

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	RECON-CILIATION	PASTORAL CARE ACCUM COST 6.10	RECON-CILIATION	HOSPITAL ADMINSTRTN ACCUM COST 6.11	RECON-CILIATION	AMBULATORY ADMIN ACCUM COST 6.12	RECON-CILIATION	PRIMARY CARE ADMIN ACCUM COST 6.14	
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	COST TO BE ALLOC PER B PT I		1555689		70487678		6415791		2330845	103
104	UNIT COST MULT-WS B PT I									104
104	UNIT COST MULT-WS B PT I		.002374		.120220		.009864		.003561	104
105	COST TO BE ALLOC PER B PT II									105
106	UNIT COST MULT-WS B PT II									106
106	UNIT COST MULT-WS B PT II									106
107	COST TO BE ALLOC PER B PT III		202253		1474647		80365		7348	107
108	UNIT COST MULT-WS B PT III									108
108	UNIT COST MULT-WS B PT III		.000309		.002515		.000124		.000011	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	OPERATION OF PLANT SQUARE FEET 8	SAFETY & SECURITY HOURS OF SERVICES 8.01	LAUNDRY + LINEN SERVICE LAUNDRY COST 9	HOUSE-KEEPING HOURS OF SERVICE 10	DIETARY MEALS SERVED 11	CAFETERIA PAID HOURS 12	PATIENT TRNSPRTN NUMBER OF TRIPS 13.01	NURSING ADMINIS-TRATION RN FTES 14	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
3	NEW CAP REL COSTS-BLDG & FIXT									3
3.01	NEW CAPITAL-BLDG INTEREST									3.01
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6.01	COMMUNICATION									6.01
6.02	SYSTEM & COMPUTERS									6.02
6.03	PURCHASING									6.03
6.04	OPC STORES									6.04
6.05	PATIENT AFFAIRS									6.05
6.06	PATIENT ADMITTING									6.06
6.07	PATIENT ACCOUNTS									6.07
6.08	ACCOUNTING									6.08
6.09	EMPLOYEE HEALTH SERVICES									6.09
6.10	PASTORAL CARE									6.10
6.11	HOSPITAL ADMINSTRATION									6.11
6.12	AMBULATORY ADMINISTRATION									6.12
6.14	PRIMARY CARE ADMINISTRATION									6.14
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT	1318008								8
8.01	SAFETY AND SECURITY	6753	76772							8.01
9	LAUNDRY & LINEN SERVICE	8535		1382733						9
10	HOUSEKEEPING	11831		28	414341					10
11	DIETARY	28159	2540		17525	286465				11
12	CAFETERIA	12093	298		1423		8023315			12
13	MAINTENANCE OF PERSONNEL									13
13.01	PATIENT TRANSPORTATION	954	86		597		106309	194190		13.01
14	NURSING ADMINISTRATION	7799	296		977		97989		129445	14
15	CENTRAL SERVICES & SUPPLY	15310	1011		8067		71926			15
15.01	CENTRAL PROCESSING	4304	595		4125		7509			15.01
16	PHARMACY	20529	1575		5844		206357		17	16
17	MEDICAL RECORDS & LIBRARY	26623	580		2811		182437		71	17
18	SOCIAL SERVICE	3225	136		536		54080			18
18.01	HOSPITAL MEDICAL ADMIN									18.01
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES	7181	167	9360	1493		765149			22
23	I&R SERVICES-OTHER PRGM COSTS									23
24	PARAMED ED PRGM-(SPECIFY)									24
24.01	PARAMEDICAL ED-MICU	5190	969		1797		15246		7	24.01
24.02	PARAMEDICAL ED-SOCIAL WORK									24.02
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	202274	11049	468822	96066	206566	1181759	61793	35267	25
26	INTENSIVE CARE UNIT	51672	2986	127444	14279	21824	400192	14150	16810	26
28	BURN INTENSIVE CARE UNIT	9277	1426	41265	7886	7775	66768	309	2205	28
30	NEONATAL INTENSIVE CARE	28537	2303	25410	7798		233958	181	9747	30
30.01	PEDIATRIC INTENSIVE CARE	5348	483	9285	3350		54226	807	2383	30.01
30.03	HEART TRANSPLANT ICU	12340	375	22080	3421	7554	61152	1581	2409	30.03
30.04	BONE INTENSIVE CARE	4891	442	15115	3064	8628	73466	540	2612	30.04
31.01	SUBPROVIDER II-REHAB	22005	1927	25673	13233	23866	101899	1989	1765	31.01
33	NURSERY									33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	153115	6939	138448	44558		402958	418	8248	37
37.01	AMBULATORY SURGERY CENTER	31859	1206	41306	7525		99341	79	2660	37.01
38	RECOVERY ROOM	15205	9	44041	4557		73694	55	2628	38
39	DELIVERY ROOM & LABOR ROOM	9699	295	35684	2689		84094	305	2546	39
40	ANESTHESIOLOGY	2144	140	4555	588		54974		1018	40
41	RADIOLOGY-DIAGNOSTIC	68192	4771	18071	19783		247550	28478	1759	41
41.01	RADIOLOGY-ULTRASOUND	4317	312	10244	1148		20654	1411	1	41.01
41.02	RADIOLOGY-MRI	14672	360	12989	3983		36483	4347		41.02
41.03	RADIOLOGY-CAT SCAN	6658	226	16828	1719		52562	19055		41.03
42	RADIOLOGY-THERAPEUTIC									42
43	RADIOISOTOPE	16314	1473	8943	4193		36786	903	3	43
44	LABORATORY	32669	1700		10168		284544		1	44
44.01	LABORATORY-SURGICAL PATHOLOGY	24539	4576		8298		60570	670		44.01
44.02	LABORATORY-NEUROSURGICAL									44.02
44.03	LABORATORY-HLA	3509	107		973		11107			44.03
46.30	BLOOD CLOTTING FACTORS ADMIN									46.30
47	BLOOD STORING, PROCESSING & T	6925	451	1141	3323		43264	410	348	47
49	RESPIRATORY THERAPY	12486	1008	32	3412		184309			49
50	PHYSICAL THERAPY	15571	792	13957	5537		83013	6500	2	50
51	OCCUPATIONAL THERAPY	6405	502		3485		29744	6505	2	51

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	OPERATION OF PLANT SQUARE FEET 8	SAFETY & SECURITY HOURS OF SERVICES 8.01	LAUNDRY + LINEN SERVICE LAUNDRY COST 9	HOUSE-KEEPING HOURS OF SERVICE 10	DIETARY MEALS SERVED 11	CAFETERIA PAID HOURS 12	PATIENT TRNSPRTN NUMBER OF TRIPS 13.01	NURSING ADMINIS-TRATION RN FTES 14	
52	SPEECH PATHOLOGY	1207	38		327		11461	44		52
53	ELECTROCARDIOLOGY	22435	1174	12122	6276		101109	6004	1662	53
54	ELECTROENCEPHALOGRAPHY	8595	776	2826	5385		45448		2	54
55	MEDICAL SUPPLIES CHARGED TO P									55
56	DRUGS CHARGED TO PATIENTS									56
57	RENAL DIALYSIS	11734	60	17716	446		105664	7645	2052	57
59	PULMONARY LABS	3338	302	718	2091		11960	929	31	59
59.01	OCCUPATIONAL HEALTH	3661					7717		87	59.01
59.03	HYPERALIMENTATION						624			59.03
59.04	PERIPHERAL VASCULAR	1311	118	3185	821		20259	6141	201	59.04
59.05	PEDIATRIC ENDO NUTRITION									59.05
59.06	CARDIAC CATHETER LAB	20404	692	13228	6432		50523	4420	927	59.06
59.07	GASTROINTESTINAL SERVICE	7633	232	13306	2116		59987	3857	1767	59.07
59.08	BIOPSY/RIGHT CARDIAC CATH LAB									59.08
59.09	BONE MARROW PROCUREMENT									59.09
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	3701	308	637	2167	9590	8278		200	60
60.01	CARDIAC REHABILITATION						7134		223	60.01
60.02	CANCER CENTER	56219	5188	22917	9187	662	181230	26	2588	60.02
60.03	PSYCH SOCIAL REHAB	9985	647		651		14227		81	60.03
60.04	WELLNESS ASSESSMENT									60.04
60.06	HEART FAILURE CLINIC									60.06
60.07	LOC OUTPATIENT CENTER	189882	6652	33634	42301		665642	11	9696	60.07
60.08	OBT OUTPATIENT CENTER			11966			125216		1264	60.08
60.09	ELMHURST IMMEDIATE CARE			455			37253		350	60.09
60.10	LAGRANGE FAMILY PCC			2347			44283		477	60.10
60.12	NORTH RIVERSIDE PCC			4684			68723		769	60.12
60.13	GLENDALE HEIGHTS PCC			797			21549		161	60.13
60.14	WHEATON PCC			883			35256		355	60.14
60.15	OBT II PCC			4148			68952		624	60.15
60.16	HICKORY HILLS PCC			5792			86778		881	60.16
60.18	DARIEN PCC			1026			46114		357	60.18
60.20	ORLANAD PARK - FP			2191			56659		487	60.20
60.21	FAMILY PRACTICE MAYWOOD PCC	3211		3148			25210		240	60.21
60.22	HOMER GLEN PCC			5781			78666		1040	60.22
60.23	OAK PARK PCC						30368		229	60.23
60.24	PARK RIDGE PCC			660			6885		131	60.24
61	EMERGENCY	37345	5320	123470	13382		229902	14013	5726	61
62	OBSERVATION BEDS (NON-DISTINC									62
62.01	OBSERVATION BEDS-DISTINCT	1770	54	3750	491		6656	182	322	62.01
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES			625			3931		55	65
67	DURABLE MEDICAL EQUIP-SOLD						2080			67
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERA									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY	7364	425		428		128502		3100	71
82	LUNG ACQUISITION	2622	140		212		11263		57	82
	SPECIAL PURPOSE COST CENTERS									
83	KIDNEY ACQUISITION	753	48		49		14754		21	83
84	LIVER ACQUISITION	554	104		96		10729		74	84
85	HEART ACQUISITION	3125	201		277		10096	432	62	85
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02
86	OTHER ORGAN ACQUISITION (SPEC	12	1		1					86
93	HOSPICE	558	47		47		19781		364	93
95	SUBTOTALS	1316528	76638	1382733	413414	286465	7946938	194190	129172	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & C	1480	134		927		4181			96
96.01	HINES RADIATION THERAPY						19344			96.01
96.02	HOME INFUSION THERAPY						25480		159	96.02
96.03	OP HOSPITAL PHARMACY						4243			96.03
96.04	HOSPITALIST						20758			96.04
98	PHYSICIANS' PRIVATE OFFICES						2371		114	98

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	OPERATION OF PLANT SQUARE FEET 8	SAFETY & SECURITY HOURS OF SERVICES 8.01	LAUNDRY + LINEN SERVICE LAUNDRY COST 9	HOUSE-KEEPING HOURS OF SERVICE 10	DIETARY MEALS SERVED 11	CAFETERIA PAID HOURS 12	PATIENT TRNSPRTN NUMBER OF TRIPS 13.01	NURSING ADMINIS-TRATION RN FTES 14	
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	COST TO BE ALLOC PER B PT I	26246140	3994099	1417443	9188685	8493819	467307	1807102	5763178	103
104	UNIT COST MULT-WS B PT I	19.913491		1.025102		29.650460		9.305845		104
104	UNIT COST MULT-WS B PT I		52.025465		22.176625		.058244		44.522214	104
105	COST TO BE ALLOC PER B PT II									105
106	UNIT COST MULT-WS B PT II									106
106	UNIT COST MULT-WS B PT II									106
107	COST TO BE ALLOC PER B PT III	1787889	216500	115926	184635	464156	167401	53706	181907	107
108	UNIT COST MULT-WS B PT III	1.356508		.083838		1.620289		.276564		108
108	UNIT COST MULT-WS B PT III		2.820039		.445611		.020864		1.405284	108

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	CENTRAL PROCESSING NUMBER OF INSTRUMENT 15.01	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS + LIBRARY GROSS REVENUE 17	SOCIAL SERVICE TIME SPENT 18	HOSPITAL MEDICAL ADMIN MED ADMIN COMPNSTN 18.01	NONPHYSIC. ANESTHET. ASSIGNED TIME 20	NURSING SCHOOL PATIENT DAYS 21	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
3	NEW CAP REL COSTS-BLDG & FIXT									3
3.01	NEW CAPITAL-BLDG INTEREST									3.01
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6.01	COMMUNICATION									6.01
6.02	SYSTEM & COMPUTERS									6.02
6.03	PURCHASING									6.03
6.04	OPC STORES									6.04
6.05	PATIENT AFFAIRS									6.05
6.06	PATIENT ADMITTING									6.06
6.07	PATIENT ACCOUNTS									6.07
6.08	ACCOUNTING									6.08
6.09	EMPLOYEE HEALTH SERVICES									6.09
6.10	PASTORAL CARE									6.10
6.11	HOSPITAL ADMINSTRATION									6.11
6.12	AMBULATORY ADMINISTRATION									6.12
6.14	PRIMARY CARE ADMINISTRATION									6.14
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT									8
8.01	SAFETY AND SECURITY									8.01
9	LAUNDRY & LINEN SERVICE									9
10	HOUSEKEEPING									10
11	DIETARY									11
12	CAFETERIA									12
13	MAINTENANCE OF PERSONNEL									13
13.01	PATIENT TRANSPORTATION									13.01
14	NURSING ADMINISTRATION									14
15	CENTRAL SERVICES & SUPPLY	16281264								15
15.01	CENTRAL PROCESSING	5408	110321							15.01
16	PHARMACY	20241		58410814						16
17	MEDICAL RECORDS & LIBRARY				1532500548					17
18	SOCIAL SERVICE				2829	41620				18
18.01	HOSPITAL MEDICAL ADMIN						8411932			18.01
20	NONPHYSICIAN ANESTHETISTS							100		20
21	NURSING SCHOOL								134800	21
22	I&R SERVICES-SALARY & FRINGES						159275			22
23	I&R SERVICES-OTHER PRGM COSTS									23
24	PARAMED ED PRGM-(SPECIFY)									24
24.01	PARAMEDICAL ED-MICU	2148		2986		318				24.01
24.02	PARAMEDICAL ED-SOCIAL WORK									24.02
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	3319319	39377	23209	126918542	12819	605860		84875	25
26	INTENSIVE CARE UNIT	1764830	12488	47318	50003986	797	144874		16987	26
28	BURN INTENSIVE CARE UNIT	483440	2114	2245	8420042	902			3269	28
30	NEONATAL INTENSIVE CARE	335037	3966	3943	33307311	1627	203899		12604	30
30.01	PEDIATRIC INTENSIVE CARE	204289	1796	298	6835121	873	70400		2650	30.01
30.03	HEART TRANSPLANT ICU	257606	2047	21685	9441347	1074	51200			30.03
30.04	BONE INTENSIVE CARE	208832	2371	8064	9659806	1251	38401		3356	30.04
31.01	SUBPROVIDER II-REHAB	145602	632	1181	7371065	374	102400		8311	31.01
33	NURSERY				2237566				2748	33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	270651	317	73385	120535624	1070	144640	100		37
37.01	AMBULATORY SURGERY CENTER	36144	228	508806	36936027	8	402541			37.01
38	RECOVERY ROOM	276696	3998	22	32430467		19200			38
39	DELIVERY ROOM & LABOR ROOM	172007	22677	4230	12462628					39
40	ANESTHESIOLOGY	3945	1688	513	56634162		1676966			40
41	RADIOLOGY-DIAGNOSTIC	54968	175	25667	47030088		347158			41
41.01	RADIOLOGY-ULTRASOUND	6676		2489	8913167		48365			41.01
41.02	RADIOLOGY-MRI	2964		4600	32313410		170955			41.02
41.03	RADIOLOGY-CAT SCAN	16251	7	790	69483409		331448			41.03
42	RADIOLOGY-THERAPEUTIC									42
43	RADIOISOTOPE	12988	121	19318	18136342		138485			43
44	LABORATORY	20150		13815	170975030	630	1128848			44
44.01	LABORATORY-SURGICAL PATHOLOGY			15965	21489610		129655			44.01
44.02	LABORATORY-NEUROSURGICAL									44.02
44.03	LABORATORY-HLA	8		208	2543238		17218			44.03
46.30	BLOOD CLOTTING FACTORS ADMIN									46.30
47	BLOOD STORING, PROCESSING & T	6967		3707	22865121		211361			47
49	RESPIRATORY THERAPY	1414	2	810095	35275518		56854			49
50	PHYSICAL THERAPY	7061	1	213	12858224		16000			50
51	OCCUPATIONAL THERAPY	748		4	6346735					51

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	CENTRAL PROCESSING NUMBER OF INSTRUMENT 15.01	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS + LIBRARY GROSS REVENUE 17	SOCIAL SERVICE TIME SPENT 18	HOSPITAL MEDICAL ADMIN MED ADMIN COMPNSTN 18.01	NONPHYSIC. ANESTHET. ASSIGNED TIME 20	NURSING SCHOOL PATIENT DAYS 21	
52	SPEECH PATHOLOGY	8650			1508295	391				52
53	ELECTROCARDIOLOGY	27104	820	15366	63402600	1974	76693			53
54	ELECTROENCEPHALOGRAPHY	6627			4734536		64480			54
55	MEDICAL SUPPLIES CHARGED TO P	6923935			13587956					55
56	DRUGS CHARGED TO PATIENTS			20506193	111127967					56
57	RENAL DIALYSIS	61853	202	1870244	22407310	1643	158106			57
59	PULMONARY LABS	10056		319	3063585		123904			59
59.01	OCCUPATIONAL HEALTH	382			737224					59.01
59.03	HYPERALIMENTATION				215692		38400			59.03
59.04	PERIPHERAL VASCULAR	1778	66		5011193		4388			59.04
59.05	PEDIATRIC ENDO NUTRITION									59.05
59.06	CARDIAC CATHETER LAB	11960	1815	37802	48608645		217600			59.06
59.07	GASTROINTESTINAL SERVICE	15224	19	33319	15224298	47	87400			59.07
59.08	BIOPSY/RIGHT CARDIAC CATH LAB									59.08
59.09	BONE MARROW PROCUREMENT				1801145					59.09
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	29391		11996	341800	14				60
60.01	CARDIAC REHABILITATION	102			248840	2				60.01
60.02	CANCER CENTER	431436	5678	19753108	69904822	29	186722			60.02
60.03	PSYCH SOCIAL REHAB	70		1658	106003		16640			60.03
60.04	WELLNESS ASSESSMENT									60.04
60.06	HEART FAILURE CLINIC									60.06
60.07	LOC OUTPATIENT CENTER	67319		3793688	74082809	13326	603916			60.07
60.08	OBT OUTPATIENT CENTER	10155		92114	16742191		16896			60.08
60.09	ELMHURST IMMEDIATE CARE	1584		190190	1337350					60.09
60.10	LAGRANGE FAMILY PCC	6516		93057	2594838		18150			60.10
60.12	NORTH RIVERSIDE PCC	3912		480648	2882153					60.12
60.13	GLENDALE HEIGHTS PCC	1697		81383	317827					60.13
60.14	WHEATON PCC	8570	652	903579	3053250					60.14
60.15	OBT II PCC	5170		342060	2433078					60.15
60.16	HICKORY HILLS PCC	12201	638	458821	6768534					60.16
60.18	DARIEN PCC	7865		218727	1642696					60.18
60.20	ORLANAD PARK - FP	5296		527049	1933578					60.20
60.21	FAMILY PRACTICE MAYWOOD PCC	4147		66452	1050112		19200			60.21
60.22	HOMER GLEN PCC	43256	652	2879639	13351006					60.22
60.23	OAK PARK PCC	928		125479	632003					60.23
60.24	PARK RIDGE PCC	1441		5526	474817					60.24
61	EMERGENCY	897900	5774	10044	51317886	1235	117348			61
62	OBSERVATION BEDS (NON-DISTINC									62
62.01	OBSERVATION BEDS-DISTINCT	9615		1260	535391					62.01
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES	527		536	320539		44406			65
67	DURABLE MEDICAL EQUIP-SOLD				2521423					67
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERA									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY	2678		61	5594365		70400			71
82	LUNG ACQUISITION	136			2436114	433	54611			82
	SPECIAL PURPOSE COST CENTERS									
83	KIDNEY ACQUISITION	20			3881903	783	149253			83
84	LIVER ACQUISITION	38			467197		61047			84
85	HEART ACQUISITION	122			903393		752			85
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02
86	OTHER ORGAN ACQUISITION (SPEC				3367		4136			86
93	HOSPICE	14		149384	1171380		22641			93
95	SUBTOTALS	16256065	110321	54244458	1521907526	41620	8373092	100	134800	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & C	9			370					96
96.01	HINES RADIATION THERAPY									96.01
96.02	HOME INFUSION THERAPY	24516		1584000	10592652					96.02
96.03	OP HOSPITAL PHARMACY	89		2582356						96.03
96.04	HOSPITALIST	585					38396			96.04
98	PHYSICIANS' PRIVATE OFFICES						444			98

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	CENTRAL PROCESSING NUMBER OF INSTRUMENT 15.01	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS + LIBRARY GROSS REVENUE 17	SOCIAL SERVICE TIME SPENT 18	HOSPITAL MEDICAL ADMIN MED ADMIN COMPNSTN 18.01	NONPHYSIC. ANESTHET. ASSIGNED TIME 20	NURSING SCHOOL PATIENT DAYS 21	
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	COST TO BE ALLOC PER B PT I	2295479	425905	12871403	10911440	2168807	9362349	11727		103
104	UNIT COST MULT-WS B PT I	.140989		.220360		52.109731		117.270000		104
104	UNIT COST MULT-WS B PT I		3.860598		.007120		1.112984			104
105	COST TO BE ALLOC PER B PT II									105
106	UNIT COST MULT-WS B PT II									106
106	UNIT COST MULT-WS B PT II									106
107	COST TO BE ALLOC PER B PT III	367409	60567	569775	2853067	62093	28100	785		107
108	UNIT COST MULT-WS B PT III	.022566		.009755		1.491903		7.850000		108
108	UNIT COST MULT-WS B PT III		.549007		.001862		.003340			108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	I&R SALARY & FRINGES ASSIGNED TIME 22	I&R PROGRAM COSTS ASSIGNED TIME 23	PARAMED ED-MICU TIME SPENT 24.01	PARAMED ED-SOCIAL WORK TIME SPENT 24.02	
	GENERAL SERVICE COST CENTERS					
1	OLD CAP REL COSTS-BLDG & FIXT					1
3	NEW CAP REL COSTS-BLDG & FIXT					3
3.01	NEW CAPITAL-BLDG INTEREST					3.01
4	NEW CAP REL COSTS-MVBLE EQUIP					4
5	EMPLOYEE BENEFITS					5
6.01	COMMUNICATION					6.01
6.02	SYSTEM & COMPUTERS					6.02
6.03	PURCHASING					6.03
6.04	OPC STORES					6.04
6.05	PATIENT AFFAIRS					6.05
6.06	PATIENT ADMITTING					6.06
6.07	PATIENT ACCOUNTS					6.07
6.08	ACCOUNTING					6.08
6.09	EMPLOYEE HEALTH SERVICES					6.09
6.10	PASTORAL CARE					6.10
6.11	HOSPITAL ADMINSTRATION					6.11
6.12	AMBULATORY ADMINISTRATION					6.12
6.14	PRIMARY CARE ADMINISTRATION					6.14
7	MAINTENANCE & REPAIRS					7
8	OPERATION OF PLANT					8
8.01	SAFETY AND SECURITY					8.01
9	LAUNDRY & LINEN SERVICE					9
10	HOUSEKEEPING					10
11	DIETARY					11
12	CAFETERIA					12
13	MAINTENANCE OF PERSONNEL					13
13.01	PATIENT TRANSPORTATION					13.01
14	NURSING ADMINISTRATION					14
15	CENTRAL SERVICES & SUPPLY					15
15.01	CENTRAL PROCESSING					15.01
16	PHARMACY					16
17	MEDICAL RECORDS & LIBRARY					17
18	SOCIAL SERVICE					18
18.01	HOSPITAL MEDICAL ADMIN					18.01
20	NONPHYSICIAN ANESTHETISTS					20
21	NURSING SCHOOL					21
22	I&R SERVICES-SALARY & FRINGES	33061				22
23	I&R SERVICES-OTHER PRGM COSTS		33061			23
24	PARAMED ED PRGM-(SPECIFY)					24
24.01	PARAMEDICAL ED-MICU			100		24.01
24.02	PARAMEDICAL ED-SOCIAL WORK				41302	24.02
	INPATIENT ROUTINE SERV COST CENTERS					
25	ADULTS & PEDIATRICS	7494	7494		12819	25
26	INTENSIVE CARE UNIT	2088	2088		797	26
28	BURN INTENSIVE CARE UNIT	691	691		902	28
30	NEONATAL INTENSIVE CARE	327	327		1627	30
30.01	PEDIATRIC INTENSIVE CARE	319	319		873	30.01
30.03	HEART TRANSPLANT ICU	319	319		1074	30.03
30.04	BONE INTENSIVE CARE	936	936		1251	30.04
31.01	SUBPROVIDER II-REHAB				374	31.01
33	NURSERY					33
	ANCILLARY SERVICE COST CENTERS					
37	OPERATING ROOM	4019	4019		1070	37
37.01	AMBULATORY SURGERY CENTER	792	792		8	37.01
38	RECOVERY ROOM					38
39	DELIVERY ROOM & LABOR ROOM	329	329			39
40	ANESTHESIOLOGY	3214	3214			40
41	RADIOLOGY-DIAGNOSTIC	1090	1090			41
41.01	RADIOLOGY-ULTRASOUND	290	290			41.01
41.02	RADIOLOGY-MRI	469	469			41.02
41.03	RADIOLOGY-CAT SCAN	290	290			41.03
42	RADIOLOGY-THERAPEUTIC					42
43	RADIOISOTOPE	403	403			43
44	LABORATORY				630	44
44.01	LABORATORY-SURGICAL PATHOLOGY	1386	1386			44.01
44.02	LABORATORY-NEUROSURGICAL					44.02
44.03	LABORATORY-HLA					44.03
46.30	BLOOD CLOTTING FACTORS ADMIN					46.30
47	BLOOD STORING, PROCESSING & T					47
49	RESPIRATORY THERAPY					49
50	PHYSICAL THERAPY					50
51	OCCUPATIONAL THERAPY					51

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	I&R SALARY & FRINGES ASSIGNED TIME 22	I&R PROGRAM COSTS ASSIGNED TIME 23	PARAMED ED-MICU TIME SPENT 24.01	PARAMED ED-SOCIAL WORK TIME SPENT 24.02	
52	SPEECH PATHOLOGY				391	52
53	ELECTROCARDIOLOGY				1974	53
54	ELECTROENCEPHALOGRAPHY					54
55	MEDICAL SUPPLIES CHARGED TO P					55
56	DRUGS CHARGED TO PATIENTS					56
57	RENAL DIALYSIS				1643	57
59	PULMONARY LABS	234	234			59
59.01	OCCUPATIONAL HEALTH					59.01
59.03	HYPERALIMENTATION					59.03
59.04	PERIPHERAL VASCULAR					59.04
59.05	PEDIATRIC ENDO NUTRITION					59.05
59.06	CARDIAC CATHETER LAB					59.06
59.07	GASTROINTESTINAL SERVICE				47	59.07
59.08	BIOPSY/RIGHT CARDIAC CATH LAB					59.08
59.09	BONE MARROW PROCUREMENT					59.09
	OUTPATIENT SERVICE COST CENTERS					
60	CLINIC				14	60
60.01	CARDIAC REHABILITATION				2	60.01
60.02	CANCER CENTER	35	35		29	60.02
60.03	PSYCH SOCIAL REHAB	465	465			60.03
60.04	WELLNESS ASSESSMENT					60.04
60.06	HEART FAILURE CLINIC					60.06
60.07	LOC OUTPATIENT CENTER	5346	5346		13326	60.07
60.08	OBT OUTPATIENT CENTER	622	622			60.08
60.09	ELMHURST IMMEDIATE CARE					60.09
60.10	LAGRANGE FAMILY PCC					60.10
60.12	NORTH RIVERSIDE PCC					60.12
60.13	GLENDALE HEIGHTS PCC					60.13
60.14	WHEATON PCC					60.14
60.15	OBT II PCC	114	114			60.15
60.16	HICKORY HILLS PCC					60.16
60.18	DARIEN PCC					60.18
60.20	ORLANAD PARK - FP					60.20
60.21	FAMILY PRACTICE MAYWOOD PCC					60.21
60.22	HOMER GLEN PCC					60.22
60.23	OAK PARK PCC					60.23
60.24	PARK RIDGE PCC					60.24
61	EMERGENCY	1789	1789	100	1235	61
62	OBSERVATION BEDS (NON-DISTINC					62
62.01	OBSERVATION BEDS-DISTINCT					62.01
63.50	RHC					63.50
63.60	FQHC					63.60
	OTHER REIMBURSABLE COST CENTERS					
65	AMBULANCE SERVICES					65
67	DURABLE MEDICAL EQUIP-SOLD					67
69.10	CMHC					69.10
69.20	OUTPATIENT PHYSICAL THERAPY					69.20
69.30	OUTPATIENT OCCUPATIONAL THERA					69.30
69.40	OUTPATIENT SPEECH PATHOLOGY					69.40
71	HOME HEALTH AGENCY					71
82	LUNG ACQUISITION				433	82
	SPECIAL PURPOSE COST CENTERS					
83	KIDNEY ACQUISITION				783	83
84	LIVER ACQUISITION					84
85	HEART ACQUISITION					85
85.01	PANCREAS ACQUISITION					85.01
85.02	INTESTINAL ACQUISITION					85.02
86	OTHER ORGAN ACQUISITION (SPEC					86
93	HOSPICE					93
95	SUBTOTALS	33061	33061	100	41302	95
	NONREIMBURSABLE COST CENTERS					
96	GIFT, FLOWER, COFFEE SHOP & C					96
96.01	HINES RADIATION THERAPY					96.01
96.02	HOME INFUSION THERAPY					96.02
96.03	OP HOSPITAL PHARMACY					96.03
96.04	HOSPITALIST					96.04
98	PHYSICIANS' PRIVATE OFFICES					98

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	I&R SALARY & FRINGES ASSIGNED TIME 22	I&R PROGRAM COSTS ASSIGNED TIME 23	PARAMED ED-MICU TIME SPENT 24.01	PARAMED ED-SOCIAL WORK TIME SPENT 24.02	
101	CROSS FOOT ADJUSTMENTS					101
102	NEGATIVE COST CENTER					102
103	COST TO BE ALLOC PER B PT I	24159133	26459674	891293		103
104	UNIT COST MULT-WS B PT I	730.744170		8912.930000		104
104	UNIT COST MULT-WS B PT I		800.328907			104
105	COST TO BE ALLOC PER B PT II					105
106	UNIT COST MULT-WS B PT II					106
106	UNIT COST MULT-WS B PT II					106
107	COST TO BE ALLOC PER B PT III	196203	79414	73715		107
108	UNIT COST MULT-WS B PT III	5.934575		737.150000		108
108	UNIT COST MULT-WS B PT III		2.402045			108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
	INPATIENT ROUTINE SERV COST CENTERS						
25	ADULTS & PEDIATRICS	74975202		74975202		74975202	25
26	INTENSIVE CARE UNIT	27061656		27061656		27061656	26
28	BURN INTENSIVE CARE UNIT	4075417		4075417		4075417	28
30	NEONATAL INTENSIVE CARE	15068689		15068689		15068689	30
30.01	PEDIATRIC INTENSIVE CARE	3643473		3643473		3643473	30.01
30.03	HEART TRANSPLANT ICU	4455455		4455455		4455455	30.03
30.04	BONE INTENSIVE CARE	4839355		4839355		4839355	30.04
31.01	SUBPROVIDER II-REHAB	5543718		5543718		5543718	31.01
33	NURSERY	1182847		1182847		1182847	33
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM	61981547		61981547		61981547	37
37.01	AMBULATORY SURGERY CENTER	11468447		11468447		11468447	37.01
38	RECOVERY ROOM	5410867		5410867		5410867	38
39	DELIVERY ROOM & LABOR ROOM	5028275		5028275		5028275	39
40	ANESTHESIOLOGY	5560711		5560711		5560711	40
41	RADIOLOGY-DIAGNOSTIC	20696837		20696837		20696837	41
41.01	RADIOLOGY-ULTRASOUND	2294395		2294395		2294395	41.01
41.02	RADIOLOGY-MRI	6046688		6046688		6046688	41.02
41.03	RADIOLOGY-CAT SCAN	8255122		8255122		8255122	41.03
42	RADIOLOGY-THERAPEUTIC						42
43	RADIOISOTOPE	5595903		5595903		5595903	43
44	LABORATORY	26007895		26007895		26007895	44
44.01	LABORATORY-SURGICAL PATHOLO	6738101		6738101		6738101	44.01
44.02	LABORATORY-NEUROSURGICAL						44.02
44.03	LABORATORY-HLA	1312515		1312515		1312515	44.03
46.30	BLOOD CLOTTING FACTORS ADMI						46.30
47	BLOOD STORING, PROCESSING &	9496405		9496405		9496405	47
49	RESPIRATORY THERAPY	11298078		11298078		11298078	49
50	PHYSICAL THERAPY	5589685		5589685		5589685	50
51	OCCUPATIONAL THERAPY	2463268		2463268		2463268	51
52	SPEECH PATHOLOGY	802291		802291		802291	52
53	ELECTROCARDIOLOGY	18875194		18875194		18875194	53
54	ELECTROENCEPHALOGRAPHY	2600646		2600646		2600646	54
55	MEDICAL SUPPLIES CHARGED TO	9224735		9224735		9224735	55
56	DRUGS CHARGED TO PATIENTS	30797647		30797647		30797647	56
57	RENAL DIALYSIS	9076077		9076077		9076077	57
59	PULMONARY LABS	1004960		1004960		1004960	59
59.01	OCCUPATIONAL HEALTH	515712		515712		515712	59.01
59.03	HYPERALIMENTATION	101691		101691		101691	59.03
59.04	PERIPHERAL VASCULAR	1552551		1552551		1552551	59.04
59.05	PEDIATRIC ENDO NUTRITION						59.05
59.06	CARDIAC CATHETER LAB	11983279		11983279		11983279	59.06
59.07	GASTROINTESTINAL SERVICE	5083733		5083733		5083733	59.07
59.08	BIOPSY/RIGHT CARDIAC CATH L						59.08
59.09	BONE MARROW PROCUREMENT	1816122		1816122		1816122	59.09
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC	831582		831582		831582	60
60.01	CARDIAC REHABILITATION	367442		367442		367442	60.01
60.02	CANCER CENTER	37603634		37603634		37603634	60.02
60.03	PSYCH SOCIAL REHAB	885725		885725		885725	60.03
60.04	WELLNESS ASSESSMENT						60.04
60.06	HEART FAILURE CLINIC						60.06
60.07	LOC OUTPATIENT CENTER	46941753		46941753		46941753	60.07
60.08	OBT OUTPATIENT CENTER	8142699		8142699		8142699	60.08
60.09	ELMHURST IMMEDIATE CARE	1802736		1802736		1802736	60.09
60.10	LAGRANGE FAMILY PCC	2556517		2556517		2556517	60.10
60.12	NORTH RIVERSIDE PCC	3448075		3448075		3448075	60.12
60.13	GLENDALE HEIGHTS PCC	971326		971326		971326	60.13
60.14	WHEATON PCC	3345222		3345222		3345222	60.14
60.15	OBT II PCC	3028908		3028908		3028908	60.15
60.16	HICKORY HILLS PCC	5000742		5000742		5000742	60.16
60.18	DARIEN PCC	2097406		2097406		2097406	60.18
60.20	ORLANAD PARK - FP	3199287		3199287		3199287	60.20
60.21	FAMILY PRACTICE MAYWOOD PCC	1203592		1203592		1203592	60.21
60.22	HOMER GLEN PCC	8684657		8684657		8684657	60.22
60.23	OAK PARK PCC	1315799		1315799		1315799	60.23
60.24	PARK RIDGE PCC	531929		531929		531929	60.24
61	EMERGENCY	15032362		15032362		15032362	61
62	OBSERVATION BEDS (NON-DISTI	3324420		3324420		3324420	62
62.01	OBSERVATION BEDS-DISTINCT	498345		498345		498345	62.01
63.50	RHC						63.50
63.60	FQHC						63.60
	OTHER REIMBURSABLE COST CENTERS						
65	AMBULANCE SERVICES	778192		778192		778192	65

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
67	DURABLE MEDICAL EQUIP-SOLD	2179649		2179649		2179649	67
101	SUBTOTAL	583297188		583297188		583297188	101
102	LESS OBSERVATION BEDS	3324420		3324420		3324420	102
103	TOTAL	579972768		579972768		579972768	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I (CONT)

	COST CENTER DESCRIPTION	CHARGES INPATIENT 6	CHARGES OUTPATIENT 7	CHARGES TOTAL 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11	
	INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	126918542		126918542				25
26	INTENSIVE CARE UNIT	50003986		50003986				26
28	BURN INTENSIVE CARE UNIT	8420042		8420042				28
30	NEONATAL INTENSIVE CARE	33307311		33307311				30
30.01	PEDIATRIC INTENSIVE CARE	6835121		6835121				30.01
30.03	HEART TRANSPLANT ICU	9441347		9441347				30.03
30.04	BONE INTENSIVE CARE	9659806		9659806				30.04
31.01	SUBPROVIDER II-REHAB	7371065		7371065				31.01
33	NURSERY	2237566		2237566				33
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	111334101	9201523	120535624	.514218	.514218	.514218	37
37.01	AMBULATORY SURGERY CENTER	276576	36659451	36936027	.310495	.310495	.310495	37.01
38	RECOVERY ROOM	26976438	5454029	32430467	.166845	.166845	.166845	38
39	DELIVERY ROOM & LABOR ROOM	10348622	2114006	12462628	.403468	.403468	.403468	39
40	ANESTHESIOLOGY	51309419	5324743	56634162	.098187	.098187	.098187	40
41	RADIOLOGY-DIAGNOSTIC	25817885	21212203	47030088	.440077	.440077	.440077	41
41.01	RADIOLOGY-ULTRASOUND	2400615	6512552	8913167	.257416	.257416	.257416	41.01
41.02	RADIOLOGY-MRI	8368250	23945160	32313410	.187126	.187126	.187126	41.02
41.03	RADIOLOGY-CAT SCAN	25067250	44416159	69483409	.118807	.118807	.118807	41.03
42	RADIOLOGY-THERAPEUTIC							42
43	RADIOISOTOPE	2573381	15562961	18136342	.308546	.308546	.308546	43
44	LABORATORY	88347720	82627310	170975030	.152115	.152115	.152115	44
44.01	LABORATORY-SURGICAL PATHOLO	8690400	12799210	21489610	.313552	.313552	.313552	44.01
44.02	LABORATORY-NEUROSURGICAL							44.02
44.03	LABORATORY-HLA	284027	2259211	2543238	.516080	.516080	.516080	44.03
46.30	BLOOD CLOTTING FACTORS ADMI							46.30
47	BLOOD STORING, PROCESSING &	16926902	5938219	22865121	.415323	.415323	.415323	47
49	RESPIRATORY THERAPY	34739302	536216	35275518	.320281	.320281	.320281	49
50	PHYSICAL THERAPY	5357657	7500568	12858225	.434717	.434717	.434717	50
51	OCCUPATIONAL THERAPY	4149988	2196747	6346735	.388116	.388116	.388116	51
52	SPEECH PATHOLOGY	1484791	23504	1508295	.531919	.531919	.531919	52
53	ELECTROCARDIOLOGY	45763223	17639377	63402600	.297704	.297704	.297704	53
54	ELECTROENCEPHALOGRAPHY	2013659	2720878	4734537	.549293	.549293	.549293	54
55	MEDICAL SUPPLIES CHARGED TO	12804719	783237	13587956	.678891	.678891	.678891	55
56	DRUGS CHARGED TO PATIENTS	105330676	5797291	111127967	.277137	.277137	.277137	56
57	RENAL DIALYSIS	2873120	19534190	22407310	.405050	.405050	.405050	57
59	PULMONARY LABS	870851	2192734	3063585	.328034	.328034	.328034	59
59.01	OCCUPATIONAL HEALTH		737224	737224	.699532	.699532	.699532	59.01
59.03	HYPERALIMENTATION	196063	19629	215692	.471464	.471464	.471464	59.03
59.04	PERIPHERAL VASCULAR	2589945	2421248	5011193	.309817	.309817	.309817	59.04
59.05	PEDIATRIC ENDO NUTRITION							59.05
59.06	CARDIAC CATHETER LAB	35064373	13544272	48608645	.246526	.246526	.246526	59.06
59.07	GASTROINTESTINAL SERVICE	2819145	12405153	15224298	.333922	.333922	.333922	59.07
59.08	BIOPSY/RIGHT CARDIAC CATH L							59.08
59.09	BONE MARROW PROCUREMENT	1758270	42875	1801145	1.008315	1.008315	1.008315	59.09
	OUTPATIENT SERVICE COST CENTERS							
60	CLINIC	4468	337331	341799	2.432956	2.432956	2.432956	60
60.01	CARDIAC REHABILITATION	243160	5680	248840	1.476620	1.476620	1.476620	60.01
60.02	CANCER CENTER	526349	69378473	69904822	.537926	.537926	.537926	60.02
60.03	PSYCH SOCIAL REHAB	110	105893	106003	8.355660	8.355660	8.355660	60.03
60.04	WELLNESS ASSESSMENT							60.04
60.06	HEART FAILURE CLINIC							60.06
60.07	LOC OUTPATIENT CENTER	1705511	72377298	74082809	.633639	.633639	.633639	60.07
60.08	OBT OUTPATIENT CENTER	53082	16689109	16742191	.486358	.486358	.486358	60.08
60.09	ELMHURST IMMEDIATE CARE	3602	1333748	1337350	1.347991	1.347991	1.347991	60.09
60.10	LAGRANGE FAMILY PCC	4850	2589988	2594838	.985232	.985232	.985232	60.10
60.12	NORTH RIVERSIDE PCC	7401	2874752	2882153	1.196354	1.196354	1.196354	60.12
60.13	GLENDALE HEIGHTS PCC	781	317046	317827	3.056147	3.056147	3.056147	60.13
60.14	WHEATON PCC	5332	3047918	3053250	1.095627	1.095627	1.095627	60.14
60.15	OBT II PCC	8763	2424315	2433078	1.244887	1.244887	1.244887	60.15
60.16	HICKORY HILLS PCC	16764	6751770	6768534	.738822	.738822	.738822	60.16
60.18	DARIEN PCC	6418	1636278	1642696	1.276807	1.276807	1.276807	60.18
60.20	ORLANAD PARK - FP	2213	1931365	1933578	1.654594	1.654594	1.654594	60.20
60.21	FAMILY PRACTICE MAYWOOD PCC	4043	1046069	1050112	1.146156	1.146156	1.146156	60.21
60.22	HOMER GLEN PCC	13996	13337010	13351006	.650487	.650487	.650487	60.22
60.23	OAK PARK PCC	5154	626849	632003	2.081951	2.081951	2.081951	60.23
60.24	PARK RIDGE PCC	2550	472267	474817	1.120282	1.120282	1.120282	60.24
61	EMERGENCY	21514659	29803226	51317885	.292926	.292926	.292926	61
62	OBSERVATION BEDS (NON-DISTI		4693411	4693411	.708316	.708316	.708316	62
62.01	OBSERVATION BEDS-DISTINCT	63385	472006	535391	.930806	.930806	.930806	62.01
63.50	RHC							63.50
63.60	FQHC							63.60
	OTHER REIMBURSABLE COST CENTERS							
65	AMBULANCE SERVICES	287516	33023	320539	2.427761	2.427761	2.427761	65

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I (CONT)

	COST CENTER DESCRIPTION	CHARGES INPATIENT 6	CHARGES OUTPATIENT 7	CHARGES TOTAL 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11	
67	DURABLE MEDICAL EQUIP-SOLD		2521423	2521423	.864452	.864452	.864452	67
101	SUBTOTAL	915212261	596928128	1512140389				101
102	LESS OBSERVATION BEDS							102
103	TOTAL	915212261	596928128	1512140389				103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

CHECK APPLICABLE BOXES
[ ] TITLE V
[XX] TITLE XVIII-PT A
[ ] TITLE XIX

	COST CENTER DESCRIPTION	OLD CAPITAL CAPITAL RELATED COST 1	OLD CAPITAL SWING-BED ADJUSTMENT 2	OLD CAPITAL REDUCED CAPITAL RELATED COST 3	NEW CAPITAL CAPITAL RELATED COST 4	NEW CAPITAL SWING-BED ADJUSTMENT 5	NEW CAPITAL REDUCED CAPITAL RELATED COST 6	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS				4673382		4673382	25
26	INTENSIVE CARE UNIT				1313610		1313610	26
27	CORONARY CARE UNIT							27
28	BURN INTENSIVE CARE UNIT				255090		255090	28
29	SURGICAL INTENSIVE CARE UNIT							29
30	NEONATAL INTENSIVE CARE				731278		731278	30
30.01	PEDIATRIC INTENSIVE CARE				146397		146397	30.01
30.03	HEART TRANSPLANT ICU				273958		273958	30.03
30.04	BONE INTENSIVE CARE				175709		175709	30.04
31	SUBPROVIDER I							31
31.01	SUBPROVIDER II-REHAB				415116		415116	31.01
33	NURSERY				11632		11632	33
101	TOTAL				7996172		7996172	101

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	OLD CAPITAL INPATIENT PROGRAM CAPITAL COST 10	NEW CAPITAL PER DIEM 11	NEW CAPITAL INPATIENT PROGRAM CAPITAL COST 12	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS	88813	32051			52.62	1686524	25
26	INTENSIVE CARE UNIT	16987	8953			77.33	692335	26
27	CORONARY CARE UNIT							27
28	BURN INTENSIVE CARE UNIT	3269	771			78.03	60161	28
29	SURGICAL INTENSIVE CARE UNIT							29
30	NEONATAL INTENSIVE CARE	12604				58.02		30
30.01	PEDIATRIC INTENSIVE CARE	2650	44			55.24	2431	30.01
30.03	HEART TRANSPLANT ICU	3488	2017			78.54	158415	30.03
30.04	BONE INTENSIVE CARE	3356	433			52.36	22672	30.04
31	SUBPROVIDER I							31
31.01	SUBPROVIDER II-REHAB	8311	5367			49.95	268082	31.01
33	NURSERY	2748				4.23		33
101	TOTAL	142226	49636				2890620	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
PART II

CHECK APPLICABLE BOXES
[ ] TITLE V
[XX] TITLE XVIII-PT A
[ ] TITLE XIX
[XX] HOSPITAL (14-0276)
[ ] SUB I
[ ] SUB II
[ ] SUB III
[ ] SUB IV
[XX] PPS
[ ] TEFRA

	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPATIENT PROGRAM CHARGES 4	---- OLD CAPITAL ---- RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	---- NEW CAPITAL ---- RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	4590865	120535624	36036198				.038087	1372511	37
37.01	AMBULATORY SURGERY CENTER	1336158	36936027	112910				.036175	4085	37.01
38	RECOVERY ROOM	380273	32430467	8646929				.011726	101394	38
39	DELIVERY ROOM & LABOR ROOM	330709	12462628	359122				.026536	9530	39
40	ANESTHESIOLOGY	343534	56634162	17713955				.006066	107453	40
41	RADIOLOGY-DIAGNOSTIC	2586786	47030088	9349283				.055003	514239	41
41.01	RADIOLOGY-ULTRASOUND	264117	8913167	869360				.029632	25761	41.01
41.02	RADIOLOGY-MRI	777465	32313410	3235591				.024060	77848	41.02
41.03	RADIOLOGY-CAT SCAN	720932	69483409	8460653				.010376	87788	41.03
42	RADIOLOGY-THERAPEUTIC									42
43	RADIOISOTOPE	721693	18136342	1325357				.039793	52740	43
44	LABORATORY	1455241	170975030	33488167				.008511	285018	44
44.01	LABORATORY-SURGICAL PATHOLOGY	521805	21489610	2911899				.024282	70707	44.01
44.02	LABORATORY-NEUROSURGICAL									44.02
44.03	LABORATORY-HLA	76115	2543238	94070				.029928	2815	44.03
46.30	BLOOD CLOTTING FACTORS ADMIN									46.30
47	BLOOD STORING, PROCESSING & T	231410	22865121	5717463				.010121	57866	47
49	RESPIRATORY THERAPY	463350	35275518	12216935				.013135	160469	49
50	PHYSICAL THERAPY	297232	12858225	1591904				.023116	36798	50
51	OCCUPATIONAL THERAPY	120873	6346735	975501				.019045	18578	51
52	SPEECH PATHOLOGY	51894	1508295	369605				.034406	12717	52
53	ELECTROCARDIOLOGY	1808177	63402600	20761000				.028519	592083	53
54	ELECTROENCEPHALOGRAPHY	247735	4734537	566850				.052325	29660	54
55	MEDICAL SUPPLIES CHARGED TO P	228024	13587956	4159580				.016781	69802	55
56	DRUGS CHARGED TO PATIENTS	663437	111127967	33319733				.005970	198919	56
57	RENAL DIALYSIS	429972	22407310	1526870				.019189	29299	57
59	PULMONARY LABS	105026	3063585	337688				.034282	11577	59
59.01	OCCUPATIONAL HEALTH	67882	737224					.092078		59.01
59.03	HYPERALIMENTATION	1527	215692	99600				.007080	705	59.03
59.04	PERIPHERAL VASCULAR	290915	5011193	1179420				.058053	68469	59.04
59.05	PEDIATRIC ENDO NUTRITION									59.05
59.06	CARDIAC CATHETER LAB	1397029	48608645	19480079				.028740	559857	59.06
59.07	GASTROINTESTINAL SERVICE	489533	15224298	1310358				.032155	42135	59.07
59.08	BIOPSY/RIGHT CARDIAC CATH LAB									59.08
59.09	BONE MARROW PROCUREMENT	11685	1801145	230522				.006488	1496	59.09
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	72539	341799	1244				.212227	264	60
60.01	CARDIAC REHABILITATION	4212	248840	115243				.016927	1951	60.01
60.02	CANCER CENTER	1583845	69904822	458341				.022657	10385	60.02
60.03	PSYCH SOCIAL REHAB	139734	106003	53				1.318208	70	60.03
60.04	WELLNESS ASSESSMENT									60.04
60.06	HEART FAILURE CLINIC									60.06
60.07	LOC OUTPATIENT CENTER	5325006	74082809	655393				.071879	47109	60.07
60.08	OBT OUTPATIENT CENTER	517706	16742191	37220				.030922	1151	60.08
60.09	ELMHURST IMMEDIATE CARE	68807	1337350	2645				.051450	136	60.09
60.10	LAGRANGE FAMILY PCC	129652	2594838	3522				.049965	176	60.10
60.12	NORTH RIVERSIDE PCC	94015	2882153	5877				.032620	192	60.12
60.13	GLENDALE HEIGHTS PCC	22449	317827	557				.070633	39	60.13
60.14	WHEATON PCC	92593	3053250	1104				.030326	33	60.14
60.15	OBT II PCC	80843	2433078	6619				.033227	220	60.15
60.16	HICKORY HILLS PCC	229565	6768534	16074				.033917	545	60.16
60.18	DARIEN PCC	60774	1642696	5110				.036996	189	60.18
60.20	ORLANAD PARK - FP	61687	1933578	1615				.031903	52	60.20
60.21	FAMILY PRACTICE MAYWOOD PCC	98298	1050112	3135				.093607	293	60.21
60.22	HOMER GLEN PCC	382276	13351006	13046				.028633	374	60.22
60.23	OAK PARK PCC	45327	632003	4037				.071720	290	60.23
60.24	PARK RIDGE PCC	82791	474817	2423				.174364	422	60.24
61	EMERGENCY	1161230	51317885	7378411				.022628	166959	61
62	OBSERVATION BEDS (NON-DISTINC	207218	4693411					.044151		62
62.01	OBSERVATION BEDS-DISTINCT	49389	535391	32705				.092248	3017	62.01
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES									65
67	DURABLE MEDICAL EQUIP-SOLD	15284	2521423					.006062		67
101	TOTAL	31536634	1257625064	235190976					4836186	101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK APPLICABLE BOXES
[ ] TITLE V
[XX] TITLE XVIII-PT A
[ ] TITLE XIX

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL COST 2	ALLIED HEALTH COSTS 2.01	ALL OTHER MEDICAL EDUCATION COSTS 2.02	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS							25
26	INTENSIVE CARE UNIT							26
27	CORONARY CARE UNIT							27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
30	NEONATAL INTENSIVE CARE							30
30.01	PEDIATRIC INTENSIVE CARE							30.01
30.03	HEART TRANSPLANT ICU							30.03
30.04	BONE INTENSIVE CARE							30.04
31	SUBPROVIDER I							31
31.01	SUBPROVIDER II-REHAB							31.01
33	NURSERY							33
34	SKILLED NURSING FACILITY							34
35	NURSING FACILITY							35
101	TOTAL							101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK APPLICABLE BOXES
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[XX] TITLE XVIII-PT A
[ ] TITLE XIX

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
	INPAT ROUTINE SERV COST CTRS					
25	ADULTS & PEDIATRICS	88813		32051		25
26	INTENSIVE CARE UNIT	16987		8953		26
27	CORONARY CARE UNIT					27
28	BURN INTENSIVE CARE UNIT	3269		771		28
29	SURGICAL INTENSIVE CARE UNIT					29
30	NEONATAL INTENSIVE CARE	12604				30
30.01	PEDIATRIC INTENSIVE CARE	2650		44		30.01
30.03	HEART TRANSPLANT ICU	3488		2017		30.03
30.04	BONE INTENSIVE CARE	3356		433		30.04
31	SUBPROVIDER I					31
31.01	SUBPROVIDER II-REHAB	8311		5367		31.01
33	NURSERY	2748				33
34	SKILLED NURSING FACILITY					34
35	NURSING FACILITY					35
101	TOTAL	142226		49636		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK APPLICABLE BOXES

[ ] TITLE V
[XX] TITLE XVIII-PT A
[ ] TITLE XIX

[XX] HOSPITAL (14-0276)
[ ] SUB I
[ ] SUB II
[ ] SUB III

[ ] SUB IV
[ ] SNF
[ ] NF
[ ] ICF/MR

[ ] PPS
[ ] TEFRA

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	OUTPATIENT NONPHYSICIAN ANESTHETIST COST 1.01	NURSING SCHOOL COST 2	ALLIED HEALTH COSTS 2.01	ALL OTHER MEDICAL EDUCATION COSTS 2.02	ADMINISTERING BLOOD CLOTTING FACTORS COST 2.03	TOTAL COSTS 3	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM								37
37.01	AMBULATORY SURGERY CENTER								37.01
38	RECOVERY ROOM								38
39	DELIVERY ROOM & LABOR ROOM								39
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC								41
41.01	RADIOLOGY-ULTRASOUND								41.01
41.02	RADIOLOGY-MRI								41.02
41.03	RADIOLOGY-CAT SCAN								41.03
42	RADIOLOGY-THERAPEUTIC								42
43	RADIOISOTOPE								43
44	LABORATORY								44
44.01	LABORATORY-SURGICAL PATHOLOGY								44.01
44.02	LABORATORY-NEUROSURGICAL								44.02
44.03	LABORATORY-HLA								44.03
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
47	BLOOD STORING, PROCESSING & T								47
49	RESPIRATORY THERAPY								49
50	PHYSICAL THERAPY								50
51	OCCUPATIONAL THERAPY								51
52	SPEECH PATHOLOGY								52
53	ELECTROCARDIOLOGY								53
54	ELECTROENCEPHALOGRAPHY								54
55	MEDICAL SUPPLIES CHARGED TO P								55
56	DRUGS CHARGED TO PATIENTS								56
57	RENAL DIALYSIS								57
59	PULMONARY LABS								59
59.01	OCCUPATIONAL HEALTH								59.01
59.03	HYPERALIMENTATION								59.03
59.04	PERIPHERAL VASCULAR								59.04
59.05	PEDIATRIC ENDO NUTRITION								59.05
59.06	CARDIAC CATHETER LAB								59.06
59.07	GASTROINTESTINAL SERVICE								59.07
59.08	BIOPSY/RIGHT CARDIAC CATH LAB								59.08
59.09	BONE MARROW PROCUREMENT								59.09
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC								60
60.01	CARDIAC REHABILITATION								60.01
60.02	CANCER CENTER								60.02
60.03	PSYCH SOCIAL REHAB								60.03
60.04	WELLNESS ASSESSMENT								60.04
60.06	HEART FAILURE CLINIC								60.06
60.07	LOC OUTPATIENT CENTER								60.07
60.08	OBT OUTPATIENT CENTER								60.08
60.09	ELMHURST IMMEDIATE CARE								60.09
60.10	LAGRANGE FAMILY PCC								60.10
60.12	NORTH RIVERSIDE PCC								60.12
60.13	GLENDALE HEIGHTS PCC								60.13
60.14	WHEATON PCC								60.14
60.15	OBT II PCC								60.15
60.16	HICKORY HILLS PCC								60.16
60.18	DARIEN PCC								60.18
60.20	ORLANAD PARK - FP								60.20
60.21	FAMILY PRACTICE MAYWOOD PCC								60.21
60.22	HOMER GLEN PCC								60.22
60.23	OAK PARK PCC								60.23
60.24	PARK RIDGE PCC								60.24
61	EMERGENCY				891293			891293	61
62	OBSERVATION BEDS (NON-DISTINC								62
62.01	OBSERVATION BEDS-DISTINCT								62.01
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES								65
67	DURABLE MEDICAL EQUIP-SOLD								67
101	TOTAL				891293			891293	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK APPLICABLE BOXES

[ ] TITLE V
[XX] TITLE XVIII-PT A
[ ] TITLE XIX

[XX] HOSPITAL (14-0276)
[ ] SUB I
[ ] SUB II
[ ] SUB III
[ ] SUB IV
[ ] SNF
[ ] NF
[ ] ICF/MR
[ ] PPS
[ ] TEFRA

	COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM		120535624			36036198		2154893	37
37.01	AMBULATORY SURGERY CENTER		36936027			112910		7347566	37.01
38	RECOVERY ROOM		32430467			8646929		1186162	38
39	DELIVERY ROOM & LABOR ROOM		12462628			359122		97414	39
40	ANESTHESIOLOGY		56634162			17713955		1163373	40
41	RADIOLOGY-DIAGNOSTIC		47030088			9349283		6233632	41
41.01	RADIOLOGY-ULTRASOUND		8913167			869360		1311296	41.01
41.02	RADIOLOGY-MRI		32313410			3235591		6024328	41.02
41.03	RADIOLOGY-CAT SCAN		69483409			8460653		14433313	41.03
42	RADIOLOGY-THERAPEUTIC								42
43	RADIOISOTOPE		18136342			1325357		6191156	43
44	LABORATORY		170975030			33488167		1803280	44
44.01	LABORATORY-SURGICAL PATHOLOGY		21489610			2911899		2585011	44.01
44.02	LABORATORY-NEUROSURGICAL								44.02
44.03	LABORATORY-HLA		2543238			94070		25585	44.03
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
47	BLOOD STORING, PROCESSING & T		22865121			5717463		1521988	47
49	RESPIRATORY THERAPY		35275518			12216935		86095	49
50	PHYSICAL THERAPY		12858225			1591904			50
51	OCCUPATIONAL THERAPY		6346735			975501			51
52	SPEECH PATHOLOGY		1508295			369605			52
53	ELECTROCARDIOLOGY		63402600			20761000		7540039	53
54	ELECTROENCEPHALOGRAPHY		4734537			566850		653003	54
55	MEDICAL SUPPLIES CHARGED TO P		13587956			4159580		153827	55
56	DRUGS CHARGED TO PATIENTS		111127967			33319733		1780850	56
57	RENAL DIALYSIS		22407310			1526870			57
59	PULMONARY LABS		3063585			337688		793751	59
59.01	OCCUPATIONAL HEALTH		737224						59.01
59.03	HYPERALIMENTATION		215692			99600		5719	59.03
59.04	PERIPHERAL VASCULAR		5011193			1179420		1287635	59.04
59.05	PEDIATRIC ENDO NUTRITION								59.05
59.06	CARDIAC CATHETER LAB		48608645			19480079		6348290	59.06
59.07	GASTROINTESTINAL SERVICE		15224298			1310358		3809220	59.07
59.08	BIOPSY/RIGHT CARDIAC CATH LAB								59.08
59.09	BONE MARROW PROCUREMENT		1801145			230522			59.09
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC		341799			1244		47041	60
60.01	CARDIAC REHABILITATION		248840			115243		1309	60.01
60.02	CANCER CENTER		69904822			458341		26421014	60.02
60.03	PSYCH SOCIAL REHAB		106003			53		65399	60.03
60.04	WELLNESS ASSESSMENT								60.04
60.06	HEART FAILURE CLINIC								60.06
60.07	LOC OUTPATIENT CENTER		74082809			655393		26029268	60.07
60.08	OBT OUTPATIENT CENTER		16742191			37220		3527765	60.08
60.09	ELMHURST IMMEDIATE CARE		1337350			2645		490573	60.09
60.10	LAGRANGE FAMILY PCC		2594838			3522		696857	60.10
60.12	NORTH RIVERSIDE PCC		2882153			5877		398318	60.12
60.13	GLENDALE HEIGHTS PCC		317827			557		55945	60.13
60.14	WHEATON PCC		3053250			1104		774603	60.14
60.15	OBT II PCC		2433078			6619		230852	60.15
60.16	HICKORY HILLS PCC		6768534			16074		2019112	60.16
60.18	DARIEN PCC		1642696			5110		444183	60.18
60.20	ORLANAD PARK - FP		1933578			1615		914588	60.20
60.21	FAMILY PRACTICE MAYWOOD PCC		1050112			3135		231066	60.21
60.22	HOMER GLEN PCC		13351006			13046		4073382	60.22
60.23	OAK PARK PCC		632003			4037		271976	60.23
60.24	PARK RIDGE PCC		474817			2423		241156	60.24
61	EMERGENCY	891293	51317885	.017368	.017368	7378411	128148	4048318	61
62	OBSERVATION BEDS (NON-DISTINC		4693411					916962	62
62.01	OBSERVATION BEDS-DISTINCT		535391			32705		162482	62.01
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES								65
67	DURABLE MEDICAL EQUIP-SOLD		2521423						67
101	TOTAL	891293	1257625064			235190976	128148	146599595	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK APPLICABLE BOXES								
	[ ]	TITLE V	[XX]	HOSPITAL (14-0276)	[ ]	SUB IV	[ ]	PPS
	[XX]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
	[ ]	TITLE XIX	[ ]	SUB II	[ ]	NF		
			[ ]	SUB III	[ ]	ICF/MR		

	COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM						37
37.01	AMBULATORY SURGERY CENTER						37.01
38	RECOVERY ROOM						38
39	DELIVERY ROOM & LABOR ROOM						39
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC						41
41.01	RADIOLOGY-ULTRASOUND						41.01
41.02	RADIOLOGY-MRI						41.02
41.03	RADIOLOGY-CAT SCAN						41.03
42	RADIOLOGY-THERAPEUTIC						42
43	RADIOISOTOPE						43
44	LABORATORY						44
44.01	LABORATORY-SURGICAL PATHOLOGY						44.01
44.02	LABORATORY-NEUROSURGICAL						44.02
44.03	LABORATORY-HLA						44.03
46.30	BLOOD CLOTTING FACTORS ADMIN						46.30
47	BLOOD STORING, PROCESSING & T						47
49	RESPIRATORY THERAPY						49
50	PHYSICAL THERAPY						50
51	OCCUPATIONAL THERAPY						51
52	SPEECH PATHOLOGY						52
53	ELECTROCARDIOLOGY						53
54	ELECTROENCEPHALOGRAPHY						54
55	MEDICAL SUPPLIES CHARGED TO P						55
56	DRUGS CHARGED TO PATIENTS						56
57	RENAL DIALYSIS						57
59	PULMONARY LABS						59
59.01	OCCUPATIONAL HEALTH						59.01
59.03	HYPERALIMENTATION						59.03
59.04	PERIPHERAL VASCULAR						59.04
59.05	PEDIATRIC ENDO NUTRITION						59.05
59.06	CARDIAC CATHETER LAB						59.06
59.07	GASTROINTESTINAL SERVICE						59.07
59.08	BIOPSY/RIGHT CARDIAC CATH LAB						59.08
59.09	BONE MARROW PROCUREMENT						59.09
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC						60
60.01	CARDIAC REHABILITATION						60.01
60.02	CANCER CENTER						60.02
60.03	PSYCH SOCIAL REHAB						60.03
60.04	WELLNESS ASSESSMENT						60.04
60.06	HEART FAILURE CLINIC						60.06
60.07	LOC OUTPATIENT CENTER						60.07
60.08	OBT OUTPATIENT CENTER						60.08
60.09	ELMHURST IMMEDIATE CARE						60.09
60.10	LAGRANGE FAMILY PCC						60.10
60.12	NORTH RIVERSIDE PCC						60.12
60.13	GLENDALE HEIGHTS PCC						60.13
60.14	WHEATON PCC						60.14
60.15	OBT II PCC						60.15
60.16	HICKORY HILLS PCC						60.16
60.18	DARIEN PCC						60.18
60.20	ORLANAD PARK - FP						60.20
60.21	FAMILY PRACTICE MAYWOOD PCC						60.21
60.22	HOMER GLEN PCC						60.22
60.23	OAK PARK PCC						60.23
60.24	PARK RIDGE PCC						60.24
61	EMERGENCY			70311			61
62	OBSERVATION BEDS (NON-DISTINC						62
62.01	OBSERVATION BEDS-DISTINCT						62.01
63.50	RHC						63.50
63.60	FQHC						63.60
	OTHER REIMBURSABLE COST CENTERS						
65	AMBULANCE SERVICES						65
67	DURABLE MEDICAL EQUIP-SOLD						67
101	TOTAL			70311			101

PROVIDER NO. 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (8/2002)

VERSION: 2008.05
11/25/2008 17:31

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK APPLICABLE BOXES

[ ] TITLE V - O/P
[XX] TITLE XVIII-PT B
[ ] TITLE XIX - O/P

(XX) HOSPITAL (14-0276)
[ ] SUB I
[ ] SUB II
[ ] SUB III
[ ] SUB IV

[ ] SNF
[ ] NF
[ ] S/B-SNF
[ ] S/B-NF
[ ] ICF/MR

	COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C, PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	PROGRAM CHARGES: OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4	
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	.514218	.514218	.514218				37
37.01	AMBULATORY SURGERY CENTER	.310495	.310495	.310495				37.01
38	RECOVERY ROOM	.166845	.166845	.166845				38
39	DELIVERY ROOM & LABOR ROOM	.403468	.403468	.403468				39
40	ANESTHESIOLOGY	.098187	.098187	.098187				40
41	RADIOLOGY-DIAGNOSTIC	.440077	.440077	.440077				41
41.01	RADIOLOGY-ULTRASOUND	.257416	.257416	.257416				41.01
41.02	RADIOLOGY-MRI	.187126	.187126	.187126				41.02
41.03	RADIOLOGY-CAT SCAN	.118807	.118807	.118807				41.03
42	RADIOLOGY-THERAPEUTIC							42
43	RADIOISOTOPE	.308546	.308546	.308546				43
44	LABORATORY	.152115	.152115	.152115				44
44.01	LABORATORY-SURGICAL PATHOLOGY	.313552	.313552	.313552				44.01
44.02	LABORATORY-NEUROSURGICAL							44.02
44.03	LABORATORY-HLA	.516080	.516080	.516080				44.03
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
47	BLOOD STORING, PROCESSING & TRA	.415323	.415323	.415323				47
49	RESPIRATORY THERAPY	.320281	.320281	.320281				49
50	PHYSICAL THERAPY	.434717	.434717	.434717				50
51	OCCUPATIONAL THERAPY	.388116	.388116	.388116				51
52	SPEECH PATHOLOGY	.531919	.531919	.531919				52
53	ELECTROCARDIOLOGY	.297704	.297704	.297704				53
54	ELECTROENCEPHALOGRAPHY	.549293	.549293	.549293				54
55	MEDICAL SUPPLIES CHARGED TO PAT	.678891	.678891	.678891				55
56	DRUGS CHARGED TO PATIENTS	.277137	.277137	.277137				56
57	RENAL DIALYSIS	.405050	.405050	.405050				57
59	PULMONARY LABS	.328034	.328034	.328034				59
59.01	OCCUPATIONAL HEALTH	.699532	.699532	.699532				59.01
59.03	HYPERALIMENTATION	.471464	.471464	.471464				59.03
59.04	PERIPHERAL VASCULAR	.309817	.309817	.309817				59.04
59.05	PEDIATRIC ENDO NUTRITION							59.05
59.06	CARDIAC CATHETER LAB	.246526	.246526	.246526				59.06
59.07	GASTROINTESTINAL SERVICE	.333922	.333922	.333922				59.07
59.08	BIOPSY/RIGHT CARDIAC CATH LAB							59.08
59.09	BONE MARROW PROCUREMENT	1.008315	1.008315	1.008315				59.09
	OUTPATIENT SERVICE COST CENTERS							
60	CLINIC	2.432956	2.432956	2.432956				60
60.01	CARDIAC REHABILITATION	1.476620	1.476620	1.476620				60.01
60.02	CANCER CENTER	.537926	.537926	.537926				60.02
60.03	PSYCH SOCIAL REHAB	8.355660	8.355660	8.355660				60.03
60.04	WELLNESS ASSESSMENT							60.04
60.06	HEART FAILURE CLINIC							60.06
60.07	LOC OUTPATIENT CENTER	.633639	.633639	.633639				60.07
60.08	OBT OUTPATIENT CENTER	.486358	.486358	.486358				60.08
60.09	ELMHURST IMMEDIATE CARE	1.347991	1.347991	1.347991				60.09
60.10	LAGRANGE FAMILY PCC	.985232	.985232	.985232				60.10
60.12	NORTH RIVERSIDE PCC	1.196354	1.196354	1.196354				60.12
60.13	GLENDALE HEIGHTS PCC	3.056147	3.056147	3.056147				60.13
60.14	WHEATON PCC	1.095627	1.095627	1.095627				60.14
60.15	OBT II PCC	1.244887	1.244887	1.244887				60.15
60.16	HICKORY HILLS PCC	.738822	.738822	.738822				60.16
60.18	DARIEN PCC	1.276807	1.276807	1.276807				60.18
60.20	ORLANAD PARK - FP	1.654594	1.654594	1.654594				60.20
60.21	FAMILY PRACTICE MAYWOOD PCC	1.146156	1.146156	1.146156				60.21
60.22	HOMER GLEN PCC	.650487	.650487	.650487				60.22
60.23	OAK PARK PCC	2.081951	2.081951	2.081951				60.23
60.24	PARK RIDGE PCC	1.120282	1.120282	1.120282				60.24
61	EMERGENCY	.292926	.292926	.292926				61
62	OBSERVATION BEDS (NON-DISTINCT	.708316	.708316	.708316				62
62.01	OBSERVATION BEDS-DISTINCT	.930806	.930806	.930806				62.01
63.50	RHC							63.50
63.60	FQHC							63.60
	OTHER REIMBURSABLE COST CENTERS							
65	AMBULANCE SERVICES	2.427761	2.427761	2.427761				65
65.01	AMBULANCE CHARGES (S-2 LINE 56.	2.427761	2.427761					65.01
65.02	AMBULANCE CHARGES (S-2 LINE 56.	2.427761	2.427761					65.02
65.03	AMBULANCE CHARGES (S-2 LINE 56.	2.427761	2.427761					65.03

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK APPLICABLE BOXES				
[ ]	TITLE V - O/P	[XX]	HOSPITAL (14-0276)	[ ] SNF
[XX]	TITLE XVIII-PT B	[ ]	SUB I	[ ] NF
[ ]	TITLE XIX - O/P	[ ]	SUB II	[ ] S/B-SNF
		[ ]	SUB III	[ ] S/B-NF
		[ ]	SUB IV	[ ] ICF/MR

	COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C, PART II COL. 8	PART I COL. 9	PART II COL. 9	PROGRAM CHARGES: OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC	
		1	1.01	1.02	2	3	4	
67	DURABLE MEDICAL EQUIP-SOLD	.864452	.864452	.864452				67
101	SUBTOTAL							101
102	CRNA CHARGES							102
103	LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104	NET CHARGES							104

PART VI - VACCINE COST APPORTIONMENT

		1	
1	DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.277137	1
2	PROGRAM VACCINE CHARGES	184367	2
2.01	PROGRAM VACCINE CHARGES		2.01
3	PROGRAM COSTS	51095	3
3.01	PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK APPLICABLE BOXES

[ ] TITLE V - O/P
[XX] TITLE XVIII-PT B
[ ] TITLE XIX - O/P

[XX] HOSPITAL (14-0276)
[ ] SUB I
[ ] SUB II
[ ] SUB III
[ ] SUB IV

[ ] SNF
[ ] NF
[ ] S/B-SNF
[ ] S/B-NF
[ ] ICF/MR

	COST CENTER DESCRIPTION	PROGRAM CHARGES: ALL OTHER (1) (SEE INSTRU.) 5	PROGRAM CHARGES: PPS SERVICES (SEE INSTRU.) 5.01	PROGRAM CHARGES: ALL OTHER (SEE INSTRU.) 5.02	PROGRAM CHARGES: PPS SERVICES (SEE INSTRU.) 5.03	PROGRAM CHARGES: PPS SERVICES (SEE INSTRU.) 5.04	PROGRAM COST: OUTPATIENT AMBULATORY SURGICAL CENTER 6	PROGRAM COST: OUTPATIENT RADIOLOGY 7	PROGRAM COST: OTHER OUTPATIENT DIAGNOSTIC 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		2154893							37
37.01	AMBULATORY SURGERY CENTER		7347566							37.01
38	RECOVERY ROOM		1186162							38
39	DELIVERY ROOM & LABOR ROOM		97414	6						39
40	ANESTHESIOLOGY		1163373							40
41	RADIOLOGY-DIAGNOSTIC		6233632							41
41.01	RADIOLOGY-ULTRASOUND		1311296							41.01
41.02	RADIOLOGY-MRI		6024328							41.02
41.03	RADIOLOGY-CAT SCAN		14433313							41.03
42	RADIOLOGY-THERAPEUTIC									42
43	RADIOISOTOPE		6191156							43
44	LABORATORY		1803280	395						44
44.01	LABORATORY-SURGICAL PATHOLOGY		2585011	9						44.01
44.02	LABORATORY-NEUROSURGICAL									44.02
44.03	LABORATORY-HLA		25585	5						44.03
46.30	BLOOD CLOTTING FACTORS ADMIN C									46.30
47	BLOOD STORING, PROCESSING & TR		1521988	46						47
49	RESPIRATORY THERAPY		86095							49
50	PHYSICAL THERAPY									50
51	OCCUPATIONAL THERAPY									51
52	SPEECH PATHOLOGY									52
53	ELECTROCARDIOLOGY		7540039							53
54	ELECTROENCEPHALOGRAPHY		653003							54
55	MEDICAL SUPPLIES CHARGED TO PA		153827							55
56	DRUGS CHARGED TO PATIENTS		1780850							56
57	RENAL DIALYSIS									57
59	PULMONARY LABS		793751							59
59.01	OCCUPATIONAL HEALTH									59.01
59.03	HYPERALIMENTATION		5719	1						59.03
59.04	PERIPHERAL VASCULAR		1287635							59.04
59.05	PEDIATRIC ENDO NUTRITION									59.05
59.06	CARDIAC CATHETER LAB		6348290							59.06
59.07	GASTROINTESTINAL SERVICE		3809220	80742						59.07
59.08	BIOPSY/RIGHT CARDIAC CATH LAB									59.08
59.09	BONE MARROW PROCUREMENT									59.09
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC		47041							60
60.01	CARDIAC REHABILITATION		1309							60.01
60.02	CANCER CENTER		26421014	50401						60.02
60.03	PSYCH SOCIAL REHAB		65399							60.03
60.04	WELLNESS ASSESSMENT									60.04
60.06	HEART FAILURE CLINIC									60.06
60.07	LOC OUTPATIENT CENTER		26029268	18209						60.07
60.08	OBT OUTPATIENT CENTER		3527765	1237						60.08
60.09	ELMHURST IMMEDIATE CARE		490573							60.09
60.10	LAGRANGE FAMILY PCC		696857	141						60.10
60.12	NORTH RIVERSIDE PCC		398318	124						60.12
60.13	GLENDALE HEIGHTS PCC		55945	16						60.13
60.14	WHEATON PCC		774603	1693						60.14
60.15	OBT II PCC		230852	43						60.15
60.16	HICKORY HILLS PCC		2019112	2722						60.16
60.18	DARIEN PCC		444183	227						60.18
60.20	ORLANAD PARK - FP		914588							60.20
60.21	FAMILY PRACTICE MAYWOOD PCC		231066	584						60.21
60.22	HOMER GLEN PCC		4073382							60.22
60.23	OAK PARK PCC		271976							60.23
60.24	PARK RIDGE PCC		241156							60.24
61	EMERGENCY		4048318	5						61
62	OBSERVATION BEDS (NON-DISTINCT		916962							62
62.01	OBSERVATION BEDS-DISTINCT		162482							62.01
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES									65
65.01	AMBULANCE CHARGES (S-2 LINE 56									65.01
65.02	AMBULANCE CHARGES (S-2 LINE 56									65.02
65.03	AMBULANCE CHARGES (S-2 LINE 56									65.03

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK APPLICABLE BOXES						
	[ ]	TITLE V - O/P	[XX]	HOSPITAL (14-0276)	[ ]	SNF
	[XX]	TITLE XVIII-PT B	[ ]	SUB I	[ ]	NF
	[ ]	TITLE XIX - O/P	[ ]	SUB II	[ ]	S/B-SNF
			[ ]	SUB III	[ ]	S/B-NF
			[ ]	SUB IV	[ ]	ICF/MR

	COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST			
		ALL OTHER (1) (SEE INSTRU.) 5	PPS SER-VICES (SEE INSTRU.) 5.01	ALL OTHER (SEE INSTRU.) 5.02	PPS SER-VICES (SEE INSTRU.) 5.03	PPS SER-VICES (SEE INSTRU.) 5.04	OUTPATIENT AMBULATORY SURGICAL CENTER 6	OUTPATIENT RADIOLOGY 7	OTHER OUTPATIENT DIAGNOSTIC 8	
67	DURABLE MEDICAL EQUIP-SOLD									67
101	SUBTOTAL		146599595	156606						101
102	CRNA CHARGES									102
103	PBP CLINIC LAB									103
104	NET CHARGES		146599595	156606						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK APPLICABLE BOXES				
[ ] TITLE V - O/P	[XX] HOSPITAL (14-0276)	[ ] SNF
[XX] TITLE XVIII-PT B	[ ] SUB I	[ ] NF
[ ] TITLE XIX - O/P	[ ] SUB II	[ ] S/B-SNF
	[ ] SUB III	[ ] S/B-NF
	[ ] SUB IV	[ ] ICF/MR

	COST CENTER DESCRIPTION	PROGRAM COST ALL OTHER (COLS 1x5) 9	PROGRAM COST PPS SERVICES (COLUMNS 1.01x5.01) 9.01	PROGRAM COST ALL OTHER (COLUMNS 1.01x5.02) 9.02	PROGRAM COST PPS SERVICES (COLUMNS 1.01x5.03 9.03	PROGRAM COST PPS SERVICES (COLUMNS 1.01x5.04 9.04	HOSPITAL I/P PART B CHARGES (SEE INSTRU.) 10	HOSPITAL I/P PART B COST (COLUMNS 1.02x10) 11	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM		1108085						37
37.01	AMBULATORY SURGERY CENTER		2281383						37.01
38	RECOVERY ROOM		197905						38
39	DELIVERY ROOM & LABOR ROOM		39303	2					39
40	ANESTHESIOLOGY		114228						40
41	RADIOLOGY-DIAGNOSTIC		2743278						41
41.01	RADIOLOGY-ULTRASOUND		337549						41.01
41.02	RADIOLOGY-MRI		1127308						41.02
41.03	RADIOLOGY-CAT SCAN		1714779						41.03
42	RADIOLOGY-THERAPEUTIC								42
43	RADIOISOTOPE		1910256						43
44	LABORATORY		274306	60					44
44.01	LABORATORY-SURGICAL PATHOLOGY		810535	3					44.01
44.02	LABORATORY-NEUROSURGICAL								44.02
44.03	LABORATORY-HLA		13204	3					44.03
46.30	BLOOD CLOTTING FACTORS ADMIN CO								46.30
47	BLOOD STORING, PROCESSING & TRA		632117	19					47
49	RESPIRATORY THERAPY		27575						49
50	PHYSICAL THERAPY								50
51	OCCUPATIONAL THERAPY								51
52	SPEECH PATHOLOGY								52
53	ELECTROCARDIOLOGY		2244700						53
54	ELECTROENCEPHALOGRAPHY		358690						54
55	MEDICAL SUPPLIES CHARGED TO PAT		104432						55
56	DRUGS CHARGED TO PATIENTS		493539						56
57	RENAL DIALYSIS								57
59	PULMONARY LABS		260377						59
59.01	OCCUPATIONAL HEALTH								59.01
59.03	HYPERALIMENTATION		2696						59.03
59.04	PERIPHERAL VASCULAR		398931						59.04
59.05	PEDIATRIC ENDO NUTRITION								59.05
59.06	CARDIAC CATHETER LAB		1565019						59.06
59.07	GASTROINTESTINAL SERVICE		1271982	26962					59.07
59.08	BIOPSY/RIGHT CARDIAC CATH LAB								59.08
59.09	BONE MARROW PROCUREMENT								59.09
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC		114449						60
60.01	CARDIAC REHABILITATION		1933						60.01
60.02	CANCER CENTER		14212550	27112					60.02
60.03	PSYCH SOCIAL REHAB		546452						60.03
60.04	WELLNESS ASSESSMENT								60.04
60.06	HEART FAILURE CLINIC								60.06
60.07	LOC OUTPATIENT CENTER		16493159	11538					60.07
60.08	OBT OUTPATIENT CENTER		1715757	602					60.08
60.09	ELMHURST IMMEDIATE CARE		661288						60.09
60.10	LAGRANGE FAMILY PCC		686566	139					60.10
60.12	NORTH RIVERSIDE PCC		476529	148					60.12
60.13	GLENDALE HEIGHTS PCC		170976	49					60.13
60.14	WHEATON PCC		848676	1855					60.14
60.15	OBT II PCC		287385	54					60.15
60.16	HICKORY HILLS PCC		1491764	2011					60.16
60.18	DARIEN PCC		567136	290					60.18
60.20	ORLANAD PARK - FP		1513272						60.20
60.21	FAMILY PRACTICE MAYWOOD PCC		264838	669					60.21
60.22	HOMER GLEN PCC		2649682						60.22
60.23	OAK PARK PCC		566241						60.23
60.24	PARK RIDGE PCC		270163						60.24
61	EMERGENCY		1185858	1					61
62	OBSERVATION BEDS (NON-DISTINCT		649499						62
62.01	OBSERVATION BEDS-DISTINCT		151239						62.01
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES								65
65.01	AMBULANCE CHARGES (S-2 LINE 56.								65.01
65.02	AMBULANCE CHARGES (S-2 LINE 56.								65.02
65.03	AMBULANCE CHARGES (S-2 LINE 56.								65.03

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK APPLICABLE BOXES						
	[ ]	TITLE V - O/P	[XX]	HOSPITAL (14-0276)	[ ]	SNF
	[XX]	TITLE XVIII-PT B	[ ]	SUB I	[ ]	NF
	[ ]	TITLE XIX - O/P	[ ]	SUB II	[ ]	S/B-SNF
			[ ]	SUB III	[ ]	S/B-NF
			[ ]	SUB IV	[ ]	ICF/MR

	COST CENTER DESCRIPTION	PROGRAM COST: ALL OTHER (COLS 1x5) 9	PROGRAM COST: PPS SERVICES (COLUMNS 1.01x5.01) 9.01	PROGRAM COST: ALL OTHER (COLUMNS 1.01x5.02) 9.02	PROGRAM COST: PPS SERVICES (COLUMNS 1.01x5.03 9.03	PROGRAM COST: PPS SERVICES (COLUMNS 1.01x5.04 9.04	HOSPITAL I/P PART B CHARGES (SEE INSTRU.) 10	HOSPITAL I/P PART B COST (COLUMNS 1.02x10) 11	
67	DURABLE MEDICAL EQUIP-SOLD								67
101	SUBTOTAL		65557589	71517					101
102	CRNA CHARGES								102
103	LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS								103
104	NET CHARGES		65557589	71517					104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
PART II

CHECK APPLICABLE BOXES
[ ] TITLE V
[XX] TITLE XVIII-PT A
[ ] TITLE XIX
[ ] HOSPITAL
[ ] SUB I
[XX] SUB II (14-T276)
[ ] SUB III
[ ] SUB IV
[XX] PPS
[ ] TEFRA

	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPATIENT PROGRAM CHARGES 4	---- OLD CAPITAL ---- RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	---- NEW CAPITAL ---- RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		4590865	120535624	5321			.038087	203	37
37.01	AMBULATORY SURGERY CENTER		1336158	36936027				.036175		37.01
38	RECOVERY ROOM		380273	32430467				.011726		38
39	DELIVERY ROOM & LABOR ROOM		330709	12462628				.026536		39
40	ANESTHESIOLOGY		343534	56634162	6687			.006066	41	40
41	RADIOLOGY-DIAGNOSTIC		2586786	47030088	110667			.055003	6087	41
41.01	RADIOLOGY-ULTRASOUND		264117	8913167	7647			.029632	227	41.01
41.02	RADIOLOGY-MRI		777465	32313410	42089			.024060	1013	41.02
41.03	RADIOLOGY-CAT SCAN		720932	69483409	115108			.010376	1194	41.03
42	RADIOLOGY-THERAPEUTIC									42
43	RADIOISOTOPE		721693	18136342	11527			.039793	459	43
44	LABORATORY		1455241	170975030	949373			.008511	8080	44
44.01	LABORATORY-SURGICAL PATHOLOGY		521805	21489610	7561			.024282	184	44.01
44.02	LABORATORY-NEUROSURGICAL									44.02
44.03	LABORATORY-HLA		76115	2543238	564			.029928	17	44.03
46.30	BLOOD CLOTTING FACTORS ADMIN									46.30
47	BLOOD STORING, PROCESSING & T		231410	22865121	40553			.010121	410	47
49	RESPIRATORY THERAPY		463350	35275518	420853			.013135	5528	49
50	PHYSICAL THERAPY		297232	12858225	1126746			.023116	26046	50
51	OCCUPATIONAL THERAPY		120873	6346735	1108814			.019045	21117	51
52	SPEECH PATHOLOGY		51894	1508295	236067			.034406	8122	52
53	ELECTROCARDIOLOGY		1808177	63402600	41052			.028519	1171	53
54	ELECTROENCEPHALOGRAPHY		247735	4734537	833			.052325	44	54
55	MEDICAL SUPPLIES CHARGED TO P		228024	13587956	123262			.016781	2068	55
56	DRUGS CHARGED TO PATIENTS		663437	111127967	971562			.005970	5800	56
57	RENAL DIALYSIS		429972	22407310	57193			.019189	1097	57
59	PULMONARY LABS		105026	3063585	1111			.034282	38	59
59.01	OCCUPATIONAL HEALTH		67882	737224				.092078		59.01
59.03	HYPERALIMENTATION		1527	215692	973			.007080	7	59.03
59.04	PERIPHERAL VASCULAR		290915	5011193	29490			.058053	1712	59.04
59.05	PEDIATRIC ENDO NUTRITION									59.05
59.06	CARDIAC CATHETER LAB		1397029	48608645				.028740		59.06
59.07	GASTROINTESTINAL SERVICE		489533	15224298	10296			.032155	331	59.07
59.08	BIOPSY/RIGHT CARDIAC CATH LAB									59.08
59.09	BONE MARROW PROCUREMENT		11685	1801145				.006488		59.09
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC		72539	341799				.212227		60
60.01	CARDIAC REHABILITATION		4212	248840				.016927		60.01
60.02	CANCER CENTER		1583845	69904822				.022657		60.02
60.03	PSYCH SOCIAL REHAB		139734	106003				1.318208		60.03
60.04	WELLNESS ASSESSMENT									60.04
60.06	HEART FAILURE CLINIC									60.06
60.07	LOC OUTPATIENT CENTER		5325006	74082809	42784			.071879	3075	60.07
60.08	OBT OUTPATIENT CENTER		517706	16742191				.030922		60.08
60.09	ELMHURST IMMEDIATE CARE		68807	1337350				.051450		60.09
60.10	LAGRANGE FAMILY PCC		129652	2594838				.049965		60.10
60.12	NORTH RIVERSIDE PCC		94015	2882153				.032620		60.12
60.13	GLENDALE HEIGHTS PCC		22449	317827				.070633		60.13
60.14	WHEATON PCC		92593	3053250				.030326		60.14
60.15	OBT II PCC		80843	2433078				.033227		60.15
60.16	HICKORY HILLS PCC		229565	6768534				.033917		60.16
60.18	DARIEN PCC		60774	1642696				.036996		60.18
60.20	ORLANAD PARK - FP		61687	1933578				.031903		60.20
60.21	FAMILY PRACTICE MAYWOOD PCC		98298	1050112				.093607		60.21
60.22	HOMER GLEN PCC		382276	13351006				.028633		60.22
60.23	OAK PARK PCC		45327	632003				.071720		60.23
60.24	PARK RIDGE PCC		82791	474817				.174364		60.24
61	EMERGENCY		1161230	51317885	824			.022628	19	61
62	OBSERVATION BEDS (NON-DISTINC		207218	4693411				.044151		62
62.01	OBSERVATION BEDS-DISTINCT		49389	535391				.092248		62.01
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES									65
67	DURABLE MEDICAL EQUIP-SOLD		15284	2521423				.006062		67
101	TOTAL		31536634	1257625064	5468957				94090	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK APPLICABLE BOXES									
	[ ]	TITLE V	[ ]	HOSPITAL		[ ]	SUB IV	[ ]	PPS
	[XX]	TITLE XVIII-PT A	[ ]	SUB I		[ ]	SNF	[ ]	TEFRA
	[ ]	TITLE XIX	[XX]	SUB II	(14-T276)	[ ]	NF		
			[ ]	SUB III		[ ]	ICF/MR		

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	OUTPATIENT NONPHYSICIAN ANESTHETIST COST 1.01	NURSING SCHOOL COST 2	ALLIED HEALTH COSTS 2.01	ALL OTHER MEDICAL EDUCATION COSTS 2.02	ADMINISTERING BLOOD CLOTTING FACTORS COST 2.03	TOTAL COSTS 3	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM								37
37.01	AMBULATORY SURGERY CENTER								37.01
38	RECOVERY ROOM								38
39	DELIVERY ROOM & LABOR ROOM								39
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC								41
41.01	RADIOLOGY-ULTRASOUND								41.01
41.02	RADIOLOGY-MRI								41.02
41.03	RADIOLOGY-CAT SCAN								41.03
42	RADIOLOGY-THERAPEUTIC								42
43	RADIOISOTOPE								43
44	LABORATORY								44
44.01	LABORATORY-SURGICAL PATHOLOGY								44.01
44.02	LABORATORY-NEUROSURGICAL								44.02
44.03	LABORATORY-HLA								44.03
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
47	BLOOD STORING, PROCESSING & T								47
49	RESPIRATORY THERAPY								49
50	PHYSICAL THERAPY								50
51	OCCUPATIONAL THERAPY								51
52	SPEECH PATHOLOGY								52
53	ELECTROCARDIOLOGY								53
54	ELECTROENCEPHALOGRAPHY								54
55	MEDICAL SUPPLIES CHARGED TO P								55
56	DRUGS CHARGED TO PATIENTS								56
57	RENAL DIALYSIS								57
59	PULMONARY LABS								59
59.01	OCCUPATIONAL HEALTH								59.01
59.03	HYPERALIMENTATION								59.03
59.04	PERIPHERAL VASCULAR								59.04
59.05	PEDIATRIC ENDO NUTRITION								59.05
59.06	CARDIAC CATHETER LAB								59.06
59.07	GASTROINTESTINAL SERVICE								59.07
59.08	BIOPSY/RIGHT CARDIAC CATH LAB								59.08
59.09	BONE MARROW PROCUREMENT								59.09
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC								60
60.01	CARDIAC REHABILITATION								60.01
60.02	CANCER CENTER								60.02
60.03	PSYCH SOCIAL REHAB								60.03
60.04	WELLNESS ASSESSMENT								60.04
60.06	HEART FAILURE CLINIC								60.06
60.07	LOC OUTPATIENT CENTER								60.07
60.08	OBT OUTPATIENT CENTER								60.08
60.09	ELMHURST IMMEDIATE CARE								60.09
60.10	LAGRANGE FAMILY PCC								60.10
60.12	NORTH RIVERSIDE PCC								60.12
60.13	GLENDALE HEIGHTS PCC								60.13
60.14	WHEATON PCC								60.14
60.15	OBT II PCC								60.15
60.16	HICKORY HILLS PCC								60.16
60.18	DARIEN PCC								60.18
60.20	ORLANAD PARK - FP								60.20
60.21	FAMILY PRACTICE MAYWOOD PCC								60.21
60.22	HOMER GLEN PCC								60.22
60.23	OAK PARK PCC								60.23
60.24	PARK RIDGE PCC								60.24
61	EMERGENCY				891293			891293	61
62	OBSERVATION BEDS (NON-DISTINC								62
62.01	OBSERVATION BEDS-DISTINCT								62.01
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES								65
67	DURABLE MEDICAL EQUIP-SOLD								67
101	TOTAL				891293			891293	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK APPLICABLE BOXES

[ ] TITLE V
[XX] TITLE XVIII-PT A
[ ] TITLE XIX

[ ] HOSPITAL
[ ] SUB I
[XX] SUB II (14-T276)
[ ] SUB III

[ ] SUB IV
[ ] SNF
[ ] NF
[ ] ICF/MR

[ ] PPS
[ ] TEFRA

	COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM		120535624			5321			37
37.01	AMBULATORY SURGERY CENTER		36936027						37.01
38	RECOVERY ROOM		32430467						38
39	DELIVERY ROOM & LABOR ROOM		12462628						39
40	ANESTHESIOLOGY		56634162			6687			40
41	RADIOLOGY-DIAGNOSTIC		47030088			110667			41
41.01	RADIOLOGY-ULTRASOUND		8913167			7647			41.01
41.02	RADIOLOGY-MRI		32313410			42089			41.02
41.03	RADIOLOGY-CAT SCAN		69483409			115108			41.03
42	RADIOLOGY-THERAPEUTIC								42
43	RADIOISOTOPE		18136342			11527			43
44	LABORATORY		170975030			949373			44
44.01	LABORATORY-SURGICAL PATHOLOGY		21489610			7561			44.01
44.02	LABORATORY-NEUROSURGICAL								44.02
44.03	LABORATORY-HLA		2543238			564			44.03
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
47	BLOOD STORING, PROCESSING & T		22865121			40553			47
49	RESPIRATORY THERAPY		35275518			420853			49
50	PHYSICAL THERAPY		12858225			1126746			50
51	OCCUPATIONAL THERAPY		6346735			1108814			51
52	SPEECH PATHOLOGY		1508295			236067			52
53	ELECTROCARDIOLOGY		63402600			41052			53
54	ELECTROENCEPHALOGRAPHY		4734537			833			54
55	MEDICAL SUPPLIES CHARGED TO P		13587956			123262			55
56	DRUGS CHARGED TO PATIENTS		111127967			971562			56
57	RENAL DIALYSIS		22407310			57193			57
59	PULMONARY LABS		3063585			1111			59
59.01	OCCUPATIONAL HEALTH		737224						59.01
59.03	HYPERALIMENTATION		215692			973			59.03
59.04	PERIPHERAL VASCULAR		5011193			29490			59.04
59.05	PEDIATRIC ENDO NUTRITION								59.05
59.06	CARDIAC CATHETER LAB		48608645						59.06
59.07	GASTROINTESTINAL SERVICE		15224298			10296			59.07
59.08	BIOPSY/RIGHT CARDIAC CATH LAB								59.08
59.09	BONE MARROW PROCUREMENT		1801145						59.09
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC		341799						60
60.01	CARDIAC REHABILITATION		248840						60.01
60.02	CANCER CENTER		69904822						60.02
60.03	PSYCH SOCIAL REHAB		106003						60.03
60.04	WELLNESS ASSESSMENT								60.04
60.06	HEART FAILURE CLINIC								60.06
60.07	LOC OUTPATIENT CENTER		74082809			42784			60.07
60.08	OBT OUTPATIENT CENTER		16742191						60.08
60.09	ELMHURST IMMEDIATE CARE		1337350						60.09
60.10	LAGRANGE FAMILY PCC		2594838						60.10
60.12	NORTH RIVERSIDE PCC		2882153						60.12
60.13	GLENDALE HEIGHTS PCC		317827						60.13
60.14	WHEATON PCC		3053250						60.14
60.15	OBT II PCC		2433078						60.15
60.16	HICKORY HILLS PCC		6768534						60.16
60.18	DARIEN PCC		1642696						60.18
60.20	ORLANAD PARK - FP		1933578						60.20
60.21	FAMILY PRACTICE MAYWOOD PCC		1050112						60.21
60.22	HOMER GLEN PCC		13351006						60.22
60.23	OAK PARK PCC		632003						60.23
60.24	PARK RIDGE PCC		474817						60.24
61	EMERGENCY	891293	51317885	.017368	.017368	824	14		61
62	OBSERVATION BEDS (NON-DISTINC		4693411						62
62.01	OBSERVATION BEDS-DISTINCT		535391						62.01
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES								65
67	DURABLE MEDICAL EQUIP-SOLD		2521423						67
101	TOTAL	891293	1257625064			5468957	14		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK APPLICABLE BOXES								
	[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SUB IV	[ ]	PPS
	[XX]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
	[ ]	TITLE XIX	[XX]	SUB II (14-T276)	[ ]	NF		
			[ ]	SUB III	[ ]	ICF/MR		

	COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM						37
37.01	AMBULATORY SURGERY CENTER						37.01
38	RECOVERY ROOM						38
39	DELIVERY ROOM & LABOR ROOM						39
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC						41
41.01	RADIOLOGY-ULTRASOUND						41.01
41.02	RADIOLOGY-MRI						41.02
41.03	RADIOLOGY-CAT SCAN						41.03
42	RADIOLOGY-THERAPEUTIC						42
43	RADIOISOTOPE						43
44	LABORATORY						44
44.01	LABORATORY-SURGICAL PATHOLOGY						44.01
44.02	LABORATORY-NEUROSURGICAL						44.02
44.03	LABORATORY-HLA						44.03
46.30	BLOOD CLOTTING FACTORS ADMIN						46.30
47	BLOOD STORING, PROCESSING & T						47
49	RESPIRATORY THERAPY						49
50	PHYSICAL THERAPY						50
51	OCCUPATIONAL THERAPY						51
52	SPEECH PATHOLOGY						52
53	ELECTROCARDIOLOGY						53
54	ELECTROENCEPHALOGRAPHY						54
55	MEDICAL SUPPLIES CHARGED TO P						55
56	DRUGS CHARGED TO PATIENTS						56
57	RENAL DIALYSIS						57
59	PULMONARY LABS						59
59.01	OCCUPATIONAL HEALTH						59.01
59.03	HYPERALIMENTATION						59.03
59.04	PERIPHERAL VASCULAR						59.04
59.05	PEDIATRIC ENDO NUTRITION						59.05
59.06	CARDIAC CATHETER LAB						59.06
59.07	GASTROINTESTINAL SERVICE						59.07
59.08	BIOPSY/RIGHT CARDIAC CATH LAB						59.08
59.09	BONE MARROW PROCUREMENT						59.09
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC						60
60.01	CARDIAC REHABILITATION						60.01
60.02	CANCER CENTER						60.02
60.03	PSYCH SOCIAL REHAB						60.03
60.04	WELLNESS ASSESSMENT						60.04
60.06	HEART FAILURE CLINIC						60.06
60.07	LOC OUTPATIENT CENTER						60.07
60.08	OBT OUTPATIENT CENTER						60.08
60.09	ELMHURST IMMEDIATE CARE						60.09
60.10	LAGRANGE FAMILY PCC						60.10
60.12	NORTH RIVERSIDE PCC						60.12
60.13	GLENDALE HEIGHTS PCC						60.13
60.14	WHEATON PCC						60.14
60.15	OBT II PCC						60.15
60.16	HICKORY HILLS PCC						60.16
60.18	DARIEN PCC						60.18
60.20	ORLANAD PARK - FP						60.20
60.21	FAMILY PRACTICE MAYWOOD PCC						60.21
60.22	HOMER GLEN PCC						60.22
60.23	OAK PARK PCC						60.23
60.24	PARK RIDGE PCC						60.24
61	EMERGENCY						61
62	OBSERVATION BEDS (NON-DISTINC						62
62.01	OBSERVATION BEDS-DISTINCT						62.01
63.50	RHC						63.50
63.60	FQHC						63.60
	OTHER REIMBURSABLE COST CENTERS						
65	AMBULANCE SERVICES						65
67	DURABLE MEDICAL EQUIP-SOLD						67
101	TOTAL						101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART I

[ ] TITLE V-INPT [XX] TITLE XVIII-PART A [ ] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

		HOSPITAL (PPS) (14-0276)	SUB I	SUB II (PPS) (14-T276)	SUB III	SUB IV	SNF	
	INPATIENT DAYS	1	1	1	1	1	1	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	88813		8311				1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	88813		8311				2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	88813		8311				4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	32051		5367				9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12	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							12
13	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							13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15	TOTAL NURSERY DAYS							15
16	TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART I (CONT)

[ ] TITLE V-INPT [XX] TITLE XVIII-PART A [ ] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0276)	SUB I	SUB II (PPS) (14-T276)	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	74975202		5543718				21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	74975202		5543718				27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	126918542		7371065				28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.590735		.752092				31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE							33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	74975202		5543718				37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART II

[ ] TITLE V-INPT [XX] TITLE XVIII-PART A [ ] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (PPS) (14-0276)	SUB I	SUB II (PPS) (14-T276)	SUB III	SUB IV	
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	844.19		667.03			38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	27057134		3579950			39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	27057134		3579950			41

		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42	NURSERY (TITLES V AND XIX ONLY)						42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT	27061656	16987	1593.08	8953	14262845	43
44	CORONARY CARE UNIT						44
45	BURN INTENSIVE CARE UNIT	4075417	3269	1246.69	771	961198	45
46	SURGICAL INTENSIVE CARE UNIT						46
47	NEONATAL INTENSIVE CARE	15068689	12604	1195.55			47
47.01	PEDIATRIC INTENSIVE CARE	3643473	2650	1374.90	44	60496	47.01
47.03	HEART TRANSPLANT ICU	4455455	3488	1277.37	2017	2576455	47.03
47.04	BONE INTENSIVE CARE	4839355	3356	1442.00	433	624386	47.04

		HOSPITAL (PPS) (14-0276)	SUB I	SUB II (PPS) (14-T276)	SUB III	SUB IV	
		1	1	1	1	1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	70139284		1853146			48
49	TOTAL PROGRAM INPATIENT COSTS	115681798		5433096			49
	PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	2622538		268082			50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	4964334		94104			51
52	TOTAL PROGRAM EXCLUDABLE COST	7586872		362186			52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	108094926		5070910			53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART II (CONT)

[ ] TITLE V-INPT [XX] TITLE XVIII-PART A [ ] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (PPS) (14-0276)	SUB I	SUB II (PPS) (14-T276)	SUB III	SUB IV	
	TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54	PROGRAM DISCHARGES						54
55	TARGET AMOUNT PER DISCHARGE						55
56	TARGET AMOUNT						56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58	BONUS PAYMENT						58
58.01	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03	IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04	RELIEF PAYMENT						58.04
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03	PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05	REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06	REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07	REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
	PROGRAM INPATIENT ROUTINE SWING BED COST						
60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[ ] TITLE V-INPT [XX] TITLE XVIII-PART A [ ] TITLE XIX-INPT

PART III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/MR ONLY

	SNF	
	1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST		66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		67
68 PROGRAM ROUTINE SERVICE COST		68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS		71
72 PER DIEM CAPITAL RELATED COSTS		72
73 PROGRAM CAPITAL RELATED COSTS		73
74 INPATIENT ROUTINE SERVICE COST		74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT		76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS		79
80 PROGRAM INPATIENT ANCILLARY SERVICES		80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS		82

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[ ] TITLE V-INPT [XX] TITLE XVIII-PART A [ ] TITLE XIX-INPT

	HOSPITAL (PPS) (14-0276)	SUB I	SUB II (PPS) (14-T276)	SUB III	SUB IV	
	1	1	1	1	1	
PART IV - COMPUTATION OF OBSERVATION BED COST						
83 TOTAL OBSERVATION BEDS	3938					83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	844.19					84
85 OBSERVATION BED COST	3324420					85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		74975202		3324420		86
87 NEW CAPITAL-RELATED COST	4673382	74975202	.062332	3324420	207218	87
88 NON PHYSICIAN ANESTHETIST		74975202		3324420		88
89 NURSING SCHOOL		74975202		3324420		89
89.01 ALLIED HEALTH		74975202		3324420		89.01
89.02 ALL OTHER		74975202		3324420		89.02

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V
[XX] TITLE XVIII-PT A
[ ] TITLE XIX

[XX] HOSPITAL (14-0276)
[ ] SUB I
[ ] SUB II
[ ] SUB III
[ ] SUB IV

[ ] SNF
[ ] NF
[ ] S/B-SNF
[ ] S/B-NF
[ ] ICF/MR

[XX] PPS
[ ] TEFRA
[ ] OTHER

	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
25	ADULTS & PEDIATRICS		48557460		25
26	INTENSIVE CARE UNIT		21769452		26
28	BURN INTENSIVE CARE UNIT		1775645		28
30	NEONATAL INTENSIVE CARE				30
30.01	PEDIATRIC INTENSIVE CARE		76948		30.01
30.03	HEART TRANSPLANT ICU		5276666		30.03
30.04	BONE INTENSIVE CARE		1051256		30.04
31.01	SUBPROVIDER II-REHAB				31.01
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	.514218	36036198	18530462	37
37.01	AMBULATORY SURGERY CENTER	.310495	112910	35058	37.01
38	RECOVERY ROOM	.166845	8646929	1442697	38
39	DELIVERY ROOM & LABOR ROOM	.403468	359122	144894	39
40	ANESTHESIOLOGY	.098187	17713955	1739280	40
41	RADIOLOGY-DIAGNOSTIC	.440077	9349283	4114404	41
41.01	RADIOLOGY-ULTRASOUND	.257416	869360	223787	41.01
41.02	RADIOLOGY-MRI	.187126	3235591	605463	41.02
41.03	RADIOLOGY-CAT SCAN	.118807	8460653	1005185	41.03
42	RADIOLOGY-THERAPEUTIC				42
43	RADIOISOTOPE	.308546	1325357	408934	43
44	LABORATORY	.152115	33488167	5094053	44
44.01	LABORATORY-SURGICAL PATHOLOGY	.313552	2911899	913032	44.01
44.02	LABORATORY-NEUROSURGICAL				44.02
44.03	LABORATORY-HLA	.516080	94070	48548	44.03
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
47	BLOOD STORING, PROCESSING & TRA	.415323	5717463	2374594	47
49	RESPIRATORY THERAPY	.320281	12216935	3912852	49
50	PHYSICAL THERAPY	.434717	1591904	692028	50
51	OCCUPATIONAL THERAPY	.388116	975501	378608	51
52	SPEECH PATHOLOGY	.531919	369605	196600	52
53	ELECTROCARDIOLOGY	.297704	20761000	6180633	53
54	ELECTROENCEPHALOGRAPHY	.549293	566850	311367	54
55	MEDICAL SUPPLIES CHARGED TO PAT	.678891	4159580	2823901	55
56	DRUGS CHARGED TO PATIENTS	.277137	33319733	9234131	56
57	RENAL DIALYSIS	.405050	1526870	618459	57
59	PULMONARY LABS	.328034	337688	110773	59
59.01	OCCUPATIONAL HEALTH	.699532			59.01
59.03	HYPERALIMENTATION	.471464	99600	46958	59.03
59.04	PERIPHERAL VASCULAR	.309817	1179420	365404	59.04
59.05	PEDIATRIC ENDO NUTRITION				59.05
59.06	CARDIAC CATHETER LAB	.246526	19480079	4802346	59.06
59.07	GASTROINTESTINAL SERVICE	.333922	1310358	437557	59.07
59.08	BIOPSY/RIGHT CARDIAC CATH LAB				59.08
59.09	BONE MARROW PROCUREMENT	1.008315	230522	232439	59.09
	OUTPATIENT SERVICE COST CENTERS				
60	CLINIC	2.432956	1244	3027	60
60.01	CARDIAC REHABILITATION	1.476620	115243	170170	60.01
60.02	CANCER CENTER	.537926	458341	246554	60.02
60.03	PSYCH SOCIAL REHAB	8.355660	53	443	60.03
60.04	WELLNESS ASSESSMENT				60.04
60.06	HEART FAILURE CLINIC				60.06
60.07	LOC OUTPATIENT CENTER	.633639	655393	415283	60.07
60.08	OBT OUTPATIENT CENTER	.486358	37220	18102	60.08
60.09	ELMHURST IMMEDIATE CARE	1.347991	2645	3565	60.09
60.10	LAGRANGE FAMILY PCC	.985232	3522	3470	60.10
60.12	NORTH RIVERSIDE PCC	1.196354	5877	7031	60.12
60.13	GLENDALE HEIGHTS PCC	3.056147	557	1702	60.13
60.14	WHEATON PCC	1.095627	1104	1210	60.14
60.15	OBT II PCC	1.244887	6619	8240	60.15
60.16	HICKORY HILLS PCC	.738822	16074	11876	60.16
60.18	DARIEN PCC	1.276807	5110	6524	60.18
60.20	ORLANAD PARK - FP	1.654594	1615	2672	60.20
60.21	FAMILY PRACTICE MAYWOOD PCC	1.146156	3135	3593	60.21
60.22	HOMER GLEN PCC	.650487	13046	8486	60.22
60.23	OAK PARK PCC	2.081951	4037	8405	60.23
60.24	PARK RIDGE PCC	1.120282	2423	2714	60.24
61	EMERGENCY	.292926	7378411	2161328	61
62	OBSERVATION BEDS (NON-DISTINCT	.708316			62
62.01	OBSERVATION BEDS-DISTINCT	.930806	32705	30442	62.01
	OTHER REIMBURSABLE COST CENTERS				

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V	[XX] HOSPITAL (14-0276)	[ ] SNF	[XX] PPS
[XX] TITLE XVIII-PT A	[ ] SUB I	[ ] NF	[ ] TEFRA
[ ] TITLE XIX	[ ] SUB II	[ ] S/B-SNF	[ ] OTHER
	[ ] SUB III	[ ] S/B-NF	
	[ ] SUB IV	[ ] ICF/MR	

	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
63.50	RHC				63.50
63.60	FQHC				63.60
65	AMBULANCE SERVICES				65
67	DURABLE MEDICAL EQUIP-SOLD	.864452			67
101	TOTAL		235190976	70139284	101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES		235190976		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V
[XX] TITLE XVIII-PT A
[ ] TITLE XIX

[ ] HOSPITAL
[ ] SUB I
[XX] SUB II (14-T276)
[ ] SUB III
[ ] SUB IV

[ ] SNF
[ ] NF
[ ] S/B-SNF
[ ] S/B-NF
[ ] ICF/MR

[XX] PPS
[ ] TEFRA
[ ] OTHER

	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
25	ADULTS & PEDIATRICS				25
26	INTENSIVE CARE UNIT				26
28	BURN INTENSIVE CARE UNIT				28
30	NEONATAL INTENSIVE CARE				30
30.01	PEDIATRIC INTENSIVE CARE				30.01
30.03	HEART TRANSPLANT ICU				30.03
30.04	BONE INTENSIVE CARE				30.04
31.01	SUBPROVIDER II-REHAB		4665303		31.01
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	.514218	5321	2736	37
37.01	AMBULATORY SURGERY CENTER	.310495			37.01
38	RECOVERY ROOM	.166845			38
39	DELIVERY ROOM & LABOR ROOM	.403468			39
40	ANESTHESIOLOGY	.098187	6687	657	40
41	RADIOLOGY-DIAGNOSTIC	.440077	110667	48702	41
41.01	RADIOLOGY-ULTRASOUND	.257416	7647	1968	41.01
41.02	RADIOLOGY-MRI	.187126	42089	7876	41.02
41.03	RADIOLOGY-CAT SCAN	.118807	115108	13676	41.03
42	RADIOLOGY-THERAPEUTIC				42
43	RADIOISOTOPE	.308546	11527	3557	43
44	LABORATORY	.152115	949373	144414	44
44.01	LABORATORY-SURGICAL PATHOLOGY	.313552	7561	2371	44.01
44.02	LABORATORY-NEUROSURGICAL				44.02
44.03	LABORATORY-HLA	.516080	564	291	44.03
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
47	BLOOD STORING, PROCESSING & TRA	.415323	40553	16843	47
49	RESPIRATORY THERAPY	.320281	420853	134791	49
50	PHYSICAL THERAPY	.434717	1126746	489816	50
51	OCCUPATIONAL THERAPY	.388116	1108814	430348	51
52	SPEECH PATHOLOGY	.531919	236067	125569	52
53	ELECTROCARDIOLOGY	.297704	41052	12221	53
54	ELECTROENCEPHALOGRAPHY	.549293	833	458	54
55	MEDICAL SUPPLIES CHARGED TO PAT	.678891	123262	83681	55
56	DRUGS CHARGED TO PATIENTS	.277137	971562	269256	56
57	RENAL DIALYSIS	.405050	57193	23166	57
59	PULMONARY LABS	.328034	1111	364	59
59.01	OCCUPATIONAL HEALTH	.699532			59.01
59.03	HYPERALIMENTATION	.471464	973	459	59.03
59.04	PERIPHERAL VASCULAR	.309817	29490	9137	59.04
59.05	PEDIATRIC ENDO NUTRITION				59.05
59.06	CARDIAC CATHETER LAB	.246526			59.06
59.07	GASTROINTESTINAL SERVICE	.333922	10296	3438	59.07
59.08	BIOPSY/RIGHT CARDIAC CATH LAB				59.08
59.09	BONE MARROW PROCUREMENT	1.008315			59.09
	OUTPATIENT SERVICE COST CENTERS				
60	CLINIC	2.432956			60
60.01	CARDIAC REHABILITATION	1.476620			60.01
60.02	CANCER CENTER	.537926			60.02
60.03	PSYCH SOCIAL REHAB	8.355660			60.03
60.04	WELLNESS ASSESSMENT				60.04
60.06	HEART FAILURE CLINIC				60.06
60.07	LOC OUTPATIENT CENTER	.633639	42784	27110	60.07
60.08	OBT OUTPATIENT CENTER	.486358			60.08
60.09	ELMHURST IMMEDIATE CARE	1.347991			60.09
60.10	LAGRANGE FAMILY PCC	.985232			60.10
60.12	NORTH RIVERSIDE PCC	1.196354			60.12
60.13	GLENDALE HEIGHTS PCC	3.056147			60.13
60.14	WHEATON PCC	1.095627			60.14
60.15	OBT II PCC	1.244887			60.15
60.16	HICKORY HILLS PCC	.738822			60.16
60.18	DARIEN PCC	1.276807			60.18
60.20	ORLANAD PARK - FP	1.654594			60.20
60.21	FAMILY PRACTICE MAYWOOD PCC	1.146156			60.21
60.22	HOMER GLEN PCC	.650487			60.22
60.23	OAK PARK PCC	2.081951			60.23
60.24	PARK RIDGE PCC	1.120282			60.24
61	EMERGENCY	.292926	824	241	61
62	OBSERVATION BEDS (NON-DISTINCT	.708316			62
62.01	OBSERVATION BEDS-DISTINCT	.930806			62.01
	OTHER REIMBURSABLE COST CENTERS				

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V	[ ] HOSPITAL	[ ] SNF	[XX] PPS
[XX] TITLE XVIII-PT A	[ ] SUB I	[ ] NF	[ ] TEFRA
[ ] TITLE XIX	[XX] SUB II (14-T276)	[ ] S/B-SNF	[ ] OTHER
	[ ] SUB III	[ ] S/B-NF	
	[ ] SUB IV	[ ] ICF/MR	

	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
63.50	RHC				63.50
63.60	FQHC				63.60
65	AMBULANCE SERVICES				65
67	DURABLE MEDICAL EQUIP-SOLD	.864452			67
101	TOTAL		5468957	1853146	101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES		5468957		103

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
PART I

CHECK APPLICABLE BOX

[ ] HEART [ ] LIVER [ ] PANCREAS [ ] ISLET
[XX] KIDNEY [ ] LUNG [ ] INTESTINE [ ] OTHER (specify)

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

	COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	INPATIENT ROUTINE CHARGES 1	D	PER DIEM COST FROM WKST D-1 2	ORGAN ACQUISITION DAYS 3	COST 4	
1	ADULTS & PEDIATRICS	83220	38	844.19	73	61626	1
2	INTENSIVE CARE UNIT		43	1593.08			2
3	CORONARY CARE UNIT		44				3
4	BURN INTENSIVE CARE UNIT		45	1246.69			4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	NEONATAL INTENSIVE CARE		47	1195.55			6
6.01	PEDIATRIC INTENSIVE CARE		47.01	1374.90			6.01
6.03	HEART TRANSPLANT ICU		47.03	1277.37			6.03
6.04	BONE INTENSIVE CARE		47.04	1442.00			6.04
7	TOTAL	83220			73	61626	7

	COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	C	RATIO OF COST/ CHARGES 1	ORGAN ACQUISITION ANCILLARY CHARGES 2	ORGAN ACQUISITION ANCILLARY COSTS 3	
8	OPERATING ROOM	37	.514218	356936	183543	8
8.01	AMBULATORY SURGERY CENTER	37.01	.310495	340	106	8.01
9	RECOVERY ROOM	38	.166845	83990	14013	9
10	DELIVERY ROOM & LABOR ROOM	39	.403468			10
11	ANESTHESIOLOGY	40	.098187	103824	10194	11
12	RADIOLOGY-DIAGNOSTIC	41	.440077	18122	7975	12
12.01	RADIOLOGY-ULTRASOUND	41.01	.257416	22344	5752	12.01
12.02	RADIOLOGY-MRI	41.02	.187126	3543	663	12.02
12.03	RADIOLOGY-CAT SCAN	41.03	.118807	78719	9352	12.03
13	RADIOLOGY-THERAPEUTIC	42				13
14	RADIOISOTOPE	43	.308546	69718	21511	14
15	LABORATORY	44	.152115	252327	38383	15
15.01	LABORATORY-SURGICAL PATHOLOGY	44.01	.313552			15.01
15.02	LABORATORY-NEUROSURGICAL	44.02				15.02
15.03	LABORATORY-HLA	44.03	.516080	498172	257097	15.03
16	PBP CLINICAL LAB SERVICES-PRGM	45				16
17	WHOLE BLOOD & PACKED RED BLOOD	46				17
17.30	BLOOD CLOTTING FACTORS ADMIN CO	46.30				17.30
18	BLOOD STORING, PROCESSING & TRA	47	.415323			18
19	INTRAVENOUS THERAPY	48				19
20	RESPIRATORY THERAPY	49	.320281	2413	773	20
21	PHYSICAL THERAPY	50	.434717			21
22	OCCUPATIONAL THERAPY	51	.388116			22
23	SPEECH PATHOLOGY	52	.531919			23
24	ELECTROCARDIOLOGY	53	.297704	44175	13151	24
25	ELECTROENCEPHALOGRAPHY	54	.549293	261	143	25
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.678891	3199	2172	26
27	DRUGS CHARGED TO PATIENTS	56	.277137	206801	57312	27
28	RENAL DIALYSIS	57	.405050	940	381	28
29	ASC (NON-DISTINCT PART)	58				29
30	PULMONARY LABS	59	.328034	1915	628	30
30.01	OCCUPATIONAL HEALTH	59.01	.699532			30.01
30.03	HYPERALIMENTATION	59.03	.471464			30.03
30.04	PERIPHERAL VASCULAR	59.04	.309817	2208	684	30.04
30.05	PEDIATRIC ENDO NUTRITION	59.05				30.05
30.06	CARDIAC CATHETER LAB	59.06	.246526	23933	5900	30.06
30.07	GASTROINTESTINAL SERVICE	59.07	.333922	19453	6496	30.07
30.08	BIOPSY/RIGHT CARDIAC CATH LAB	59.08				30.08
30.09	BONE MARROW PROCUREMENT	59.09	1.008315			30.09
31	CLINIC	60	2.432956	11547	28093	31
31.01	CARDIAC REHABILITATION	60.01	1.476620			31.01
31.02	CANCER CENTER	60.02	.537926			31.02
31.03	PSYCH SOCIAL REHAB	60.03	8.355660			31.03
31.04	WELLNESS ASSESSMENT	60.04				31.04
31.06	HEART FAILURE CLINIC	60.06				31.06
31.07	LOC OUTPATIENT CENTER	60.07	.633639			31.07
31.08	OBT OUTPATIENT CENTER	60.08	.486358			31.08
31.09	ELMHURST IMMEDIATE CARE	60.09	1.347991			31.09
31.10	LAGRANGE FAMILY PCC	60.10	.985232			31.10
31.12	NORTH RIVERSIDE PCC	60.12	1.196354			31.12
31.13	GLENDALE HEIGHTS PCC	60.13	3.056147			31.13
31.14	WHEATON PCC	60.14	1.095627			31.14
31.15	OBT II PCC	60.15	1.244887			31.15
31.16	HICKORY HILLS PCC	60.16	.738822			31.16
31.18	DARIEN PCC	60.18	1.276807			31.18
31.20	ORLANAD PARK - FP	60.20	1.654594			31.20
31.21	FAMILY PRACTICE MAYWOOD PCC	60.21	1.146156			31.21

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES OPO NO: WORKSHEET D-6
PART I

CHECK APPLICABLE BOX [ ] HEART [ ] LIVER [ ] PANCREAS [ ] ISLET
[XX] KIDNEY [ ] LUNG [ ] INTESTINE [ ] OTHER (specify)

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

	COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	C	RATIO OF COST/ CHARGES 1	ORGAN ACQUISITION ANCILLARY CHARGES 2	ORGAN ACQUISITION ANCILLARY COSTS 3	
31.22	HOMER GLEN PCC	60.22	.650487			31.22
31.23	OAK PARK PCC	60.23	2.081951			31.23
31.24	PARK RIDGE PCC	60.24	1.120282			31.24
32	EMERGENCY	61	.292926			32
33	OBSERVATION BEDS (NON-DISTINCT	62	.708316	1598	1132	33
33.01	OBSERVATION BEDS-DISTINCT	62.01	.930806			33.01
34	OTHER OUTPATIENT SERV (SPECIFY)	63				34
34.50	RHC	63.50				34.50
34.60	FQHC	63.60				34.60
35	TOTAL			1806478	665454	35

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES OPO NO:

WORKSHEET D-6
PART II

CHECK APPLICABLE BOX	[ ] HEART	[ ] LIVER	[ ] PANCREAS	[ ] ISLET
	[XX] KIDNEY	[ ] LUNG	[ ] INTESTINE	[ ] OTHER (specify)

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICE COSTS)

	COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	D	AVERAGE COST PER DAY 1	ORGAN ACQUISITION DAYS 2	ORGAN ACQUISITION COSTS 3	
36	ADULTS & PEDIATRICS	2		73		36
37	INTENSIVE CARE UNIT	3				37
38	CORONARY CARE UNIT	4				38
39	BURN INTENSIVE CARE UNIT	5				39
40	SURGICAL INTENSIVE CARE UNIT	6				40
41	NEONATAL INTENSIVE CARE	7				41
41.01	PEDIATRIC INTENSIVE CARE	7.01				41.01
41.03	HEART TRANSPLANT ICU	7.03				41.03
41.04	BONE INTENSIVE CARE	7.04				41.04
42	SUBTOTAL			73		42

	COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	ORGAN ACQUISITION CHARGES 1	D	RATIO OF COST TO CHARGES 2	ORGAN ACQUISITION COSTS 3	
43	CLINIC	11547	20			43
43.01	CARDIAC REHABILITATION		20.01			43.01
43.02	CANCER CENTER		20.02			43.02
43.03	PSYCH SOCIAL REHAB		20.03			43.03
43.04	WELLNESS ASSESSMENT		20.04			43.04
43.06	HEART FAILURE CLINIC		20.06			43.06
43.07	LOC OUTPATIENT CENTER		20.07			43.07
43.08	OBT OUTPATIENT CENTER		20.08			43.08
43.09	ELMHURST IMMEDIATE CARE		20.09			43.09
43.10	LAGRANGE FAMILY PCC		20.10			43.10
43.12	NORTH RIVERSIDE PCC		20.12			43.12
43.13	GLENDALE HEIGHTS PCC		20.13			43.13
43.14	WHEATON PCC		20.14			43.14
43.15	OBT II PCC		20.15			43.15
43.16	HICKORY HILLS PCC		20.16			43.16
43.18	DARIEN PCC		20.18			43.18
43.20	ORLANAD PARK - FP		20.20			43.20
43.21	FAMILY PRACTICE MAYWOOD PCC		20.21			43.21
43.22	HOMER GLEN PCC		20.22			43.22
43.23	OAK PARK PCC		20.23			43.23
43.24	PARK RIDGE PCC		20.24			43.24
44	EMERGENCY		21			44
45	OBSERVATION BEDS (NON-DISTINCT	1598	22			45
45.01	OBSERVATION BEDS-DISTINCT		22.01			45.01
46	OTHER OUTPATIENT SERV (SPECIFY)		23			46
46.50	RHC		23.50			46.50
46.60	FQHC		23.60			46.60
47	TOTAL	13145				47

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
PARTS III & IV

CHECK APPLICABLE BOX

[ ] HEART [XX] KIDNEY [ ] LIVER [ ] LUNG [ ] PANCREAS [ ] INTESTINE [ ] ISLET [ ] OTHER (specify)

PART III - SUMMARY OF COSTS AND CHARGES

		COST PART A 1	COST PART B 2	CHARGES PART A 3	CHARGES PART B 4	
48	ROUTINE & ANCILLARY FROM PART I	727080		1889698		48
49	INTERNS & RESIDENTS (INPATIENT)					49
50	INTERNS & RESIDENTS (OUTPATIENT)					50
51	DIRECT ORGAN ACQUISITION	2901379		2901379		51
52	COST OF SERVICES OF TEACHING PHYSICIANS					52
53	TOTAL	3628459		4791077		53
54	TOTAL USABLE ORGANS		75			54
55	MEDICARE USABLE ORGANS		48			55
56	RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.640000			56
57	MEDICARE COST/CHARGES	2322214		3066289		57
58	REVENUE FOR ORGANS SOLD					58
59	SUBTOTAL	2322214		3066289		59
60	ORGANS FURNISHED PART B					60
61	NET ORGAN ACQUISITION COST & CHARGES	2322214		3066289		61

PART IV - STATISTICS

		LIVING RELATED 1	CADAVERIC 2	REVENUE 3	
62	ORGANS EXCISED IN PROVIDER	21			62
63	ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				63
64	ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				64
65	ORGANS PURCHASED FROM OPO'S		54		65
66	TOTAL	21	54		66
67	ORGANS TRANSPLANTED	21	54		67
68	ORGANS SOLD TO OTHER HOSPITALS				68
69	ORGANS SOLD TO OPO'S				69
70	ORGANS SOLD TO TRANSPLANT HOSPITALS				70
71	ORGANS SOLD TO MILITARY OR VA HOSPITALS				71
72	ORGANS SOLD OUTSIDE THE U.S.				72
73	ORGANS SENT OUTSIDE THE U.S.(NO REVENUE RECVD)				73
74	ORGANS USED FOR RESEARCH				74
75	UNUSABLE/DISCARDED ORGANS				75
76	TOTAL	21	54		76

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
PART I

CHECK APPLICABLE BOX

[ ] HEART [XX] LIVER [ ] PANCREAS [ ] ISLET
[ ] KIDNEY [ ] LUNG [ ] INTESTINE [ ] OTHER (specify)

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

	COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	INPATIENT ROUTINE CHARGES 1	D	PER DIEM COST FROM WKST D-1 2	ORGAN ACQUISITION DAYS 3	COST 4	
1	ADULTS & PEDIATRICS		38	844.19			1
2	INTENSIVE CARE UNIT		43	1593.08			2
3	CORONARY CARE UNIT		44				3
4	BURN INTENSIVE CARE UNIT		45	1246.69			4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	NEONATAL INTENSIVE CARE		47	1195.55			6
6.01	PEDIATRIC INTENSIVE CARE		47.01	1374.90			6.01
6.03	HEART TRANSPLANT ICU		47.03	1277.37			6.03
6.04	BONE INTENSIVE CARE		47.04	1442.00			6.04
7	TOTAL						7

	COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	C	RATIO OF COST/ CHARGES 1	ORGAN ACQUISITION ANCILLARY CHARGES 2	ORGAN ACQUISITION ANCILLARY COSTS 3	
8	OPERATING ROOM	37	.514218			8
8.01	AMBULATORY SURGERY CENTER	37.01	.310495			8.01
9	RECOVERY ROOM	38	.166845			9
10	DELIVERY ROOM & LABOR ROOM	39	.403468			10
11	ANESTHESIOLOGY	40	.098187			11
12	RADIOLOGY-DIAGNOSTIC	41	.440077			12
12.01	RADIOLOGY-ULTRASOUND	41.01	.257416			12.01
12.02	RADIOLOGY-MRI	41.02	.187126			12.02
12.03	RADIOLOGY-CAT SCAN	41.03	.118807			12.03
13	RADIOLOGY-THERAPEUTIC	42				13
14	RADIOISOTOPE	43	.308546			14
15	LABORATORY	44	.152115			15
15.01	LABORATORY-SURGICAL PATHOLOGY	44.01	.313552			15.01
15.02	LABORATORY-NEUROSURGICAL	44.02				15.02
15.03	LABORATORY-HLA	44.03	.516080			15.03
16	PBP CLINICAL LAB SERVICES-PRGM	45				16
17	WHOLE BLOOD & PACKED RED BLOOD	46				17
17.30	BLOOD CLOTTING FACTORS ADMIN CO	46.30				17.30
18	BLOOD STORING, PROCESSING & TRA	47	.415323			18
19	INTRAVENOUS THERAPY	48				19
20	RESPIRATORY THERAPY	49	.320281			20
21	PHYSICAL THERAPY	50	.434717			21
22	OCCUPATIONAL THERAPY	51	.388116			22
23	SPEECH PATHOLOGY	52	.531919			23
24	ELECTROCARDIOLOGY	53	.297704			24
25	ELECTROENCEPHALOGRAPHY	54	.549293			25
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.678891			26
27	DRUGS CHARGED TO PATIENTS	56	.277137			27
28	RENAL DIALYSIS	57	.405050			28
29	ASC (NON-DISTINCT PART)	58				29
30	PULMONARY LABS	59	.328034			30
30.01	OCCUPATIONAL HEALTH	59.01	.699532			30.01
30.03	HYPERALIMENTATION	59.03	.471464			30.03
30.04	PERIPHERAL VASCULAR	59.04	.309817			30.04
30.05	PEDIATRIC ENDO NUTRITION	59.05				30.05
30.06	CARDIAC CATHETER LAB	59.06	.246526			30.06
30.07	GASTROINTESTINAL SERVICE	59.07	.333922			30.07
30.08	BIOPSY/RIGHT CARDIAC CATH LAB	59.08				30.08
30.09	BONE MARROW PROCUREMENT	59.09	1.008315			30.09
31	CLINIC	60	2.432956			31
31.01	CARDIAC REHABILITATION	60.01	1.476620			31.01
31.02	CANCER CENTER	60.02	.537926			31.02
31.03	PSYCH SOCIAL REHAB	60.03	8.355660			31.03
31.04	WELLNESS ASSESSMENT	60.04				31.04
31.06	HEART FAILURE CLINIC	60.06				31.06
31.07	LOC OUTPATIENT CENTER	60.07	.633639			31.07
31.08	OBT OUTPATIENT CENTER	60.08	.486358			31.08
31.09	ELMHURST IMMEDIATE CARE	60.09	1.347991			31.09
31.10	LAGRANGE FAMILY PCC	60.10	.985232			31.10
31.12	NORTH RIVERSIDE PCC	60.12	1.196354			31.12
31.13	GLENDALE HEIGHTS PCC	60.13	3.056147			31.13
31.14	WHEATON PCC	60.14	1.095627			31.14
31.15	OBT II PCC	60.15	1.244887			31.15
31.16	HICKORY HILLS PCC	60.16	.738822			31.16
31.18	DARIEN PCC	60.18	1.276807			31.18
31.20	ORLANAD PARK - FP	60.20	1.654594			31.20
31.21	FAMILY PRACTICE MAYWOOD PCC	60.21	1.146156			31.21

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES OPO NO:

WORKSHEET D-6
PART I

CHECK	[ ] HEART	[XX] LIVER	[ ] PANCREAS	[ ] ISLET
APPLICABLE BOX	[ ] KIDNEY	[ ] LUNG	[ ] INTESTINE	[ ] OTHER (specify)

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

	COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	C	RATIO OF COST/ CHARGES 1	ORGAN ACQUISITION ANCILLARY CHARGES 2	ORGAN ACQUISITION ANCILLARY COSTS 3	
31.22	HOMER GLEN PCC	60.22	.650487			31.22
31.23	OAK PARK PCC	60.23	2.081951			31.23
31.24	PARK RIDGE PCC	60.24	1.120282			31.24
32	EMERGENCY	61	.292926			32
33	OBSERVATION BEDS (NON-DISTINCT	62	.708316			33
33.01	OBSERVATION BEDS-DISTINCT	62.01	.930806			33.01
34	OTHER OUTPATIENT SERV (SPECIFY)	63				34
34.50	RHC	63.50				34.50
34.60	FQHC	63.60				34.60
35	TOTAL					35

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES OPO NO:

WORKSHEET D-6
PART II

CHECK APPLICABLE BOX {] HEART [XX] LIVER [ ] PANCREAS [ ] ISLET
[ ] KIDNEY [ ] LUNG [ ] INTESTINE [ ] OTHER (specify)

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICE COSTS)

	COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	D	AVERAGE COST PER DAY 1	ORGAN ACQUISITION DAYS 2	ORGAN ACQUISITION COSTS 3	
36	ADULTS & PEDIATRICS	2				36
37	INTENSIVE CARE UNIT	3				37
38	CORONARY CARE UNIT	4				38
39	BURN INTENSIVE CARE UNIT	5				39
40	SURGICAL INTENSIVE CARE UNIT	6				40
41	NEONATAL INTENSIVE CARE	7				41
41.01	PEDIATRIC INTENSIVE CARE	7.01				41.01
41.03	HEART TRANSPLANT ICU	7.03				41.03
41.04	BONE INTENSIVE CARE	7.04				41.04
42	SUBTOTAL					42

	COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	ORGAN ACQUISITION CHARGES 1	D	RATIO OF COST TO CHARGES 2	ORGAN ACQUISITION COSTS 3	
43	CLINIC		20			43
43.01	CARDIAC REHABILITATION		20.01			43.01
43.02	CANCER CENTER		20.02			43.02
43.03	PSYCH SOCIAL REHAB		20.03			43.03
43.04	WELLNESS ASSESSMENT		20.04			43.04
43.06	HEART FAILURE CLINIC		20.06			43.06
43.07	LOC OUTPATIENT CENTER		20.07			43.07
43.08	OBT OUTPATIENT CENTER		20.08			43.08
43.09	ELMHURST IMMEDIATE CARE		20.09			43.09
43.10	LAGRANGE FAMILY PCC		20.10			43.10
43.12	NORTH RIVERSIDE PCC		20.12			43.12
43.13	GLENDALE HEIGHTS PCC		20.13			43.13
43.14	WHEATON PCC		20.14			43.14
43.15	OBT II PCC		20.15			43.15
43.16	HICKORY HILLS PCC		20.16			43.16
43.18	DARIEN PCC		20.18			43.18
43.20	ORLANAD PARK - FP		20.20			43.20
43.21	FAMILY PRACTICE MAYWOOD PCC		20.21			43.21
43.22	HOMER GLEN PCC		20.22			43.22
43.23	OAK PARK PCC		20.23			43.23
43.24	PARK RIDGE PCC		20.24			43.24
44	EMERGENCY		21			44
45	OBSERVATION BEDS (NON-DISTINCT		22			45
45.01	OBSERVATION BEDS-DISTINCT		22.01		-	45.01
46	OTHER OUTPATIENT SERV (SPECIFY)		23			46
46.50	RHC		23.50			46.50
46.60	FQHC		23.60			46.60
47	TOTAL					47

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES OPO NO:

WORKSHEET D-6
PARTS III & IV

CHECK APPLICABLE BOX [ ] HEART [XX] LIVER [ ] PANCREAS [ ] ISLET
[ ] KIDNEY [ ] LUNG [ ] INTESTINE [ ] OTHER (specify)

PART III - SUMMARY OF COSTS AND CHARGES

		COST PART A 1	COST PART B 2	CHARGES PART A 3	CHARGES PART B 4	
48	ROUTINE & ANCILLARY FROM PART I					48
49	INTERNS & RESIDENTS (INPATIENT)					49
50	INTERNS & RESIDENTS (OUTPATIENT)					50
51	DIRECT ORGAN ACQUISITION	946002		946002		51
52	COST OF SERVICES OF TEACHING PHYSICIANS					52
53	TOTAL	946002		946002		53
54	TOTAL USABLE ORGANS		11			54
55	MEDICARE USABLE ORGANS		2			55
56	RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.181818			56
57	MEDICARE COST/CHARGES	172000		172000		57
58	REVENUE FOR ORGANS SOLD					58
59	SUBTOTAL	172000		172000		59
60	ORGANS FURNISHED PART B					60
61	NET ORGAN ACQUISITION COST & CHARGES	172000		172000		61

PART IV - STATISTICS

		LIVING RELATED 1	CADAVERIC 2	REVENUE 3	
62	ORGANS EXCISED IN PROVIDER				62
63	ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				63
64	ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				64
65	ORGANS PURCHASED FROM OPO'S		11		65
66	TOTAL		11		66
67	ORGANS TRANSPLANTED		11		67
68	ORGANS SOLD TO OTHER HOSPITALS				68
69	ORGANS SOLD TO OPO'S				69
70	ORGANS SOLD TO TRANSPLANT HOSPITALS				70
71	ORGANS SOLD TO MILITARY OR VA HOSPITALS				71
72	ORGANS SOLD OUTSIDE THE U.S.				72
73	ORGANS SENT OUTSIDE THE U.S.(NO REVENUE RECVD)				73
74	ORGANS USED FOR RESEARCH				74
75	UNUSABLE/DISCARDED ORGANS				75
76	TOTAL		11		76

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
PART I

CHECK APPLICABLE BOX

[XX] HEART [ ] LIVER [ ] PANCREAS [ ] ISLET
[ ] KIDNEY [ ] LUNG [ ] INTESTINE [ ] OTHER (specify)

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

	COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	INPATIENT ROUTINE CHARGES 1	D	PER DIEM COST FROM WKST D-1 2	ORGAN ACQUISITION DAYS 3	COST 4	
1	ADULTS & PEDIATRICS		38	844.19			1
2	INTENSIVE CARE UNIT		43	1593.08			2
3	CORONARY CARE UNIT		44				3
4	BURN INTENSIVE CARE UNIT		45	1246.69			4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	NEONATAL INTENSIVE CARE		47	1195.55			6
6.01	PEDIATRIC INTENSIVE CARE		47.01	1374.90			6.01
6.03	HEART TRANSPLANT ICU		47.03	1277.37			6.03
6.04	BONE INTENSIVE CARE		47.04	1442.00			6.04
7	TOTAL						7

	COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	C	RATIO OF COST/ CHARGES 1	ORGAN ACQUISITION ANCILLARY CHARGES 2	ORGAN ACQUISITION ANCILLARY COSTS 3	
8	OPERATING ROOM	37	.514218			8
8.01	AMBULATORY SURGERY CENTER	37.01	.310495			8.01
9	RECOVERY ROOM	38	.166845			9
10	DELIVERY ROOM & LABOR ROOM	39	.403468			10
11	ANESTHESIOLOGY	40	.098187			11
12	RADIOLOGY-DIAGNOSTIC	41	.440077			12
12.01	RADIOLOGY-ULTRASOUND	41.01	.257416			12.01
12.02	RADIOLOGY-MRI	41.02	.187126			12.02
12.03	RADIOLOGY-CAT SCAN	41.03	.118807			12.03
13	RADIOLOGY-THERAPEUTIC	42				13
14	RADIOISOTOPE	43	.308546			14
15	LABORATORY	44	.152115			15
15.01	LABORATORY-SURGICAL PATHOLOGY	44.01	.313552			15.01
15.02	LABORATORY-NEUROSURGICAL	44.02				15.02
15.03	LABORATORY-HLA	44.03	.516080			15.03
16	PBP CLINICAL LAB SERVICES-PRGM	45				16
17	WHOLE BLOOD & PACKED RED BLOOD	46				17
17.30	BLOOD CLOTTING FACTORS ADMIN CO	46.30				17.30
18	BLOOD STORING, PROCESSING & TRA	47	.415323			18
19	INTRAVENOUS THERAPY	48				19
20	RESPIRATORY THERAPY	49	.320281			20
21	PHYSICAL THERAPY	50	.434717			21
22	OCCUPATIONAL THERAPY	51	.388116			22
23	SPEECH PATHOLOGY	52	.531919			23
24	ELECTROCARDIOLOGY	53	.297704			24
25	ELECTROENCEPHALOGRAPHY	54	.549293			25
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.678891			26
27	DRUGS CHARGED TO PATIENTS	56	.277137			27
28	RENAL DIALYSIS	57	.405050			28
29	ASC (NON-DISTINCT PART)	58				29
30	PULMONARY LABS	59	.328034			30
30.01	OCCUPATIONAL HEALTH	59.01	.699532			30.01
30.03	HYPERALIMENTATION	59.03	.471464			30.03
30.04	PERIPHERAL VASCULAR	59.04	.309817			30.04
30.05	PEDIATRIC ENDO NUTRITION	59.05				30.05
30.06	CARDIAC CATHETER LAB	59.06	.246526			30.06
30.07	GASTROINTESTINAL SERVICE	59.07	.333922			30.07
30.08	BIOPSY/RIGHT CARDIAC CATH LAB	59.08				30.08
30.09	BONE MARROW PROCUREMENT	59.09	1.008315			30.09
31	CLINIC	60	2.432956			31
31.01	CARDIAC REHABILITATION	60.01	1.476620			31.01
31.02	CANCER CENTER	60.02	.537926			31.02
31.03	PSYCH SOCIAL REHAB	60.03	8.355660			31.03
31.04	WELLNESS ASSESSMENT	60.04				31.04
31.06	HEART FAILURE CLINIC	60.06				31.06
31.07	LOC OUTPATIENT CENTER	60.07	.633639			31.07
31.08	OBT OUTPATIENT CENTER	60.08	.486358			31.08
31.09	ELMHURST IMMEDIATE CARE	60.09	1.347991			31.09
31.10	LAGRANGE FAMILY PCC	60.10	.985232			31.10
31.12	NORTH RIVERSIDE PCC	60.12	1.196354			31.12
31.13	GLENDALE HEIGHTS PCC	60.13	3.056147			31.13
31.14	WHEATON PCC	60.14	1.095627			31.14
31.15	OBT II PCC	60.15	1.244887			31.15
31.16	HICKORY HILLS PCC	60.16	.738822			31.16
31.18	DARIEN PCC	60.18	1.276807			31.18
31.20	ORLANAD PARK - FP	60.20	1.654594			31.20
31.21	FAMILY PRACTICE MAYWOOD PCC	60.21	1.146156			31.21

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES OPO NO:

WORKSHEET D-6
PART I

CHECK APPLICABLE BOX

{XX} HEART [ ] LIVER [ ] PANCREAS [ ] ISLET
[ ] KIDNEY [ ] LUNG [ ] INTESTINE [ ] OTHER (specify)

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

	COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	C	RATIO OF COST/ CHARGES 1	ORGAN ACQUISITION ANCILLARY CHARGES 2	ORGAN ACQUISITION ANCILLARY COSTS 3	
31.22	HOMER GLEN PCC	60.22	.650487			31.22
31.23	OAK PARK PCC	60.23	2.081951			31.23
31.24	PARK RIDGE PCC	60.24	1.120282			31.24
32	EMERGENCY	61	.292926			32
33	OBSERVATION BEDS (NON-DISTINCT	62	.708316			33
33.01	OBSERVATION BEDS-DISTINCT	62.01	.930806			33.01
34	OTHER OUTPATIENT SERV (SPECIFY)	63				34
34.50	RHC	63.50				34.50
34.60	FQHC	63.60				34.60
35	TOTAL					35

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES OPO NO:

WORKSHEET D-6
PART II

CHECK APPLICABLE BOX				
[XX] HEART	[ ] LIVER	[ ] PANCREAS	[ ] ISLET	
[ ] KIDNEY	[ ] LUNG	[ ] INTESTINE	[ ] OTHER (specify)	

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICE COSTS)

	COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS	
	D	1	2	3	
36	ADULTS & PEDIATRICS	2			36
37	INTENSIVE CARE UNIT	3			37
38	CORONARY CARE UNIT	4			38
39	BURN INTENSIVE CARE UNIT	5			39
40	SURGICAL INTENSIVE CARE UNIT	6			40
41	NEONATAL INTENSIVE CARE	7			41
41.01	PEDIATRIC INTENSIVE CARE	7.01			41.01
41.03	HEART TRANSPLANT ICU	7.03			41.03
41.04	BONE INTENSIVE CARE	7.04			41.04
42	SUBTOTAL				42

	COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS	
		1	D 2	3	
43	CLINIC		20		43
43.01	CARDIAC REHABILITATION		20.01		43.01
43.02	CANCER CENTER		20.02		43.02
43.03	PSYCH SOCIAL REHAB		20.03		43.03
43.04	WELLNESS ASSESSMENT		20.04		43.04
43.06	HEART FAILURE CLINIC		20.06		43.06
43.07	LOC OUTPATIENT CENTER		20.07		43.07
43.08	OBT OUTPATIENT CENTER		20.08		43.08
43.09	ELMHURST IMMEDIATE CARE		20.09		43.09
43.10	LAGRANGE FAMILY PCC		20.10		43.10
43.12	NORTH RIVERSIDE PCC		20.12		43.12
43.13	GLENDALE HEIGHTS PCC		20.13		43.13
43.14	WHEATON PCC		20.14		43.14
43.15	OBT II PCC		20.15		43.15
43.16	HICKORY HILLS PCC		20.16		43.16
43.18	DARIEN PCC		20.18		43.18
43.20	ORLANAD PARK - FP		20.20		43.20
43.21	FAMILY PRACTICE MAYWOOD PCC		20.21		43.21
43.22	HOMER GLEN PCC		20.22		43.22
43.23	OAK PARK PCC		20.23		43.23
43.24	PARK RIDGE PCC		20.24		43.24
44	EMERGENCY		21		44
45	OBSERVATION BEDS (NON-DISTINCT		22		45
45.01	OBSERVATION BEDS-DISTINCT		22.01		45.01
46	OTHER OUTPATIENT SERV (SPECIFY)		23		46
46.50	RHC		23.50		46.50
46.60	FQHC		23.60		46.60
47	TOTAL				47

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES OPO NO:

WORKSHEET D-6
PARTS III & IV

CHECK APPLICABLE BOX [XX] HEART [ ] LIVER [ ] PANCREAS [ ] ISLET
[ ] KIDNEY [ ] LUNG [ ] INTESTINE [ ] OTHER (specify)

PART III - SUMMARY OF COSTS AND CHARGES

		COST PART A 1	COST PART B 2	CHARGES PART A 3	CHARGES PART B 4	
48	ROUTINE & ANCILLARY FROM PART I					48
49	INTERNS & RESIDENTS (INPATIENT)					49
50	INTERNS & RESIDENTS (OUTPATIENT)					50
51	DIRECT ORGAN ACQUISITION	1385324		1385324		51
52	COST OF SERVICES OF TEACHING PHYSICIANS					52
53	TOTAL	1385324		1385324		53
54	TOTAL USABLE ORGANS		18			54
55	MEDICARE USABLE ORGANS		9			55
56	RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.500000			56
57	MEDICARE COST/CHARGES	692662		692662		57
58	REVENUE FOR ORGANS SOLD					58
59	SUBTOTAL	692662		692662		59
60	ORGANS FURNISHED PART B					60
61	NET ORGAN ACQUISITION COST & CHARGES	692662		692662		61

PART IV - STATISTICS

		LIVING RELATED 1	CADAVERIC 2	REVENUE 3	
62	ORGANS EXCISED IN PROVIDER				62
63	ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				63
64	ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				64
65	ORGANS PURCHASED FROM OPO'S		18		65
66	TOTAL		18		66
67	ORGANS TRANSPLANTED		18		67
68	ORGANS SOLD TO OTHER HOSPITALS				68
69	ORGANS SOLD TO OPO'S				69
70	ORGANS SOLD TO TRANSPLANT HOSPITALS				70
71	ORGANS SOLD TO MILITARY OR VA HOSPITALS				71
72	ORGANS SOLD OUTSIDE THE U.S.				72
73	ORGANS SENT OUTSIDE THE U.S.(NO REVENUE RECVD)				73
74	ORGANS USED FOR RESEARCH				74
75	UNUSABLE/DISCARDED ORGANS				75
76	TOTAL		18		76

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES OPO NO:

WORKSHEET D-6
PART I

CHECK APPLICABLE BOX [ ] HEART [ ] LIVER [ ] PANCREAS [ ] ISLET
[ ] KIDNEY [XX] LUNG [ ] INTESTINE [ ] OTHER (specify)

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

	COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	INPATIENT ROUTINE CHARGES 1	D	PER DIEM COST FROM WKST D-1 2	ORGAN ACQUISITION DAYS 3	COST 4	
1	ADULTS & PEDIATRICS		38	844.19			1
2	INTENSIVE CARE UNIT		43	1593.08			2
3	CORONARY CARE UNIT		44				3
4	BURN INTENSIVE CARE UNIT		45	1246.69			4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	NEONATAL INTENSIVE CARE		47	1195.55			6
6.01	PEDIATRIC INTENSIVE CARE		47.01	1374.90			6.01
6.03	HEART TRANSPLANT ICU		47.03	1277.37			6.03
6.04	BONE INTENSIVE CARE		47.04	1442.00			6.04
7	TOTAL						7

	COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	C	RATIO OF COST/ CHARGES 1	ORGAN ACQUISITION ANCILLARY CHARGES 2	ORGAN ACQUISITION ANCILLARY COSTS 3	
8	OPERATING ROOM	37	.514218			8
8.01	AMBULATORY SURGERY CENTER	37.01	.310495			8.01
9	RECOVERY ROOM	38	.166845			9
10	DELIVERY ROOM & LABOR ROOM	39	.403468			10
11	ANESTHESIOLOGY	40	.098187			11
12	RADIOLOGY-DIAGNOSTIC	41	.440077			12
12.01	RADIOLOGY-ULTRASOUND	41.01	.257416			12.01
12.02	RADIOLOGY-MRI	41.02	.187126			12.02
12.03	RADIOLOGY-CAT SCAN	41.03	.118807			12.03
13	RADIOLOGY-THERAPEUTIC	42				13
14	RADIOISOTOPE	43	.308546			14
15	LABORATORY	44	.152115			15
15.01	LABORATORY-SURGICAL PATHOLOGY	44.01	.313552			15.01
15.02	LABORATORY-NEUROSURGICAL	44.02				15.02
15.03	LABORATORY-HLA	44.03	.516080			15.03
16	PBP CLINICAL LAB SERVICES-PRGM	45				16
17	WHOLE BLOOD & PACKED RED BLOOD	46				17
17.30	BLOOD CLOTTING FACTORS ADMIN CO	46.30				17.30
18	BLOOD STORING, PROCESSING & TRA	47	.415323			18
19	INTRAVENOUS THERAPY	48				19
20	RESPIRATORY THERAPY	49	.320281			20
21	PHYSICAL THERAPY	50	.434717			21
22	OCCUPATIONAL THERAPY	51	.388116			22
23	SPEECH PATHOLOGY	52	.531919			23
24	ELECTROCARDIOLOGY	53	.297704			24
25	ELECTROENCEPHALOGRAPHY	54	.549293			25
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.678891			26
27	DRUGS CHARGED TO PATIENTS	56	.277137			27
28	RENAL DIALYSIS	57	.405050			28
29	ASC (NON-DISTINCT PART)	58				29
30	PULMONARY LABS	59	.328034			30
30.01	OCCUPATIONAL HEALTH	59.01	.699532			30.01
30.03	HYPERALIMENTATION	59.03	.471464			30.03
30.04	PERIPHERAL VASCULAR	59.04	.309817			30.04
30.05	PEDIATRIC ENDO NUTRITION	59.05				30.05
30.06	CARDIAC CATHETER LAB	59.06	.246526			30.06
30.07	GASTROINTESTINAL SERVICE	59.07	.333922			30.07
30.08	BIOPSY/RIGHT CARDIAC CATH LAB	59.08				30.08
30.09	BONE MARROW PROCUREMENT	59.09	1.008315			30.09
31	CLINIC	60	2.432956			31
31.01	CARDIAC REHABILITATION	60.01	1.476620			31.01
31.02	CANCER CENTER	60.02	.537926			31.02
31.03	PSYCH SOCIAL REHAB	60.03	8.355660			31.03
31.04	WELLNESS ASSESSMENT	60.04				31.04
31.06	HEART FAILURE CLINIC	60.06				31.06
31.07	LOC OUTPATIENT CENTER	60.07	.633639			31.07
31.08	OBT OUTPATIENT CENTER	60.08	.486358			31.08
31.09	ELMHURST IMMEDIATE CARE	60.09	1.347991			31.09
31.10	LAGRANGE FAMILY PCC	60.10	.985232			31.10
31.12	NORTH RIVERSIDE PCC	60.12	1.196354			31.12
31.13	GLENDALE HEIGHTS PCC	60.13	3.056147			31.13
31.14	WHEATON PCC	60.14	1.095627			31.14
31.15	OBT II PCC	60.15	1.244887			31.15
31.16	HICKORY HILLS PCC	60.16	.738822			31.16
31.18	DARIEN PCC	60.18	1.276807			31.18
31.20	ORLANAD PARK - FP	60.20	1.654594			31.20
31.21	FAMILY PRACTICE MAYWOOD PCC	60.21	1.146156			31.21

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES OPO NO:

WORKSHEET D-6
PART I

CHECK APPLICABLE BOX				
	[ ] HEART	[ ] LIVER	[ ] PANCREAS	[ ] ISLET
	[ ] KIDNEY	[XX] LUNG	[ ] INTESTINE	[ ] OTHER (specify)

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

	COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	C	RATIO OF COST/ CHARGES 1	ORGAN ACQUISITION ANCILLARY CHARGES 2	ORGAN ACQUISITION ANCILLARY COSTS 3	
31.22	HOMER GLEN PCC	60.22	.650487			31.22
31.23	OAK PARK PCC	60.23	2.081951			31.23
31.24	PARK RIDGE PCC	60.24	1.120282			31.24
32	EMERGENCY	61	.292926			32
33	OBSERVATION BEDS (NON-DISTINCT	62	.708316			33
33.01	OBSERVATION BEDS-DISTINCT	62.01	.930806			33.01
34	OTHER OUTPATIENT SERV (SPECIFY)	63				34
34.50	RHC	63.50				34.50
34.60	FQHC	63.60				34.60
35	TOTAL					35

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES OPO NO:

WORKSHEET D-6
PART II

CHECK APPLICABLE BOX				
[ ] HEART	[ ] LIVER	[ ] PANCREAS	[ ] ISLET	
[ ] KIDNEY	[XX] LUNG	[ ] INTESTINE	[ ] OTHER (specify)	

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICE COSTS)

	COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	D	AVERAGE COST PER DAY 1	ORGAN ACQUISITION DAYS 2	ORGAN ACQUISITION COSTS 3	
36	ADULTS & PEDIATRICS	2				36
37	INTENSIVE CARE UNIT	3				37
38	CORONARY CARE UNIT	4				38
39	BURN INTENSIVE CARE UNIT	5				39
40	SURGICAL INTENSIVE CARE UNIT	6				40
41	NEONATAL INTENSIVE CARE	7				41
41.01	PEDIATRIC INTENSIVE CARE	7.01				41.01
41.03	HEART TRANSPLANT ICU	7.03				41.03
41.04	BONE INTENSIVE CARE	7.04				41.04
42	SUBTOTAL					42

	COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	ORGAN ACQUISITION CHARGES 1	D	RATIO OF COST TO CHARGES 2	ORGAN ACQUISITION COSTS 3	
43	CLINIC		20			43
43.01	CARDIAC REHABILITATION		20.01			43.01
43.02	CANCER CENTER		20.02			43.02
43.03	PSYCH SOCIAL REHAB		20.03			43.03
43.04	WELLNESS ASSESSMENT		20.04			43.04
43.06	HEART FAILURE CLINIC		20.06			43.06
43.07	LOC OUTPATIENT CENTER		20.07			43.07
43.08	OBT OUTPATIENT CENTER		20.08			43.08
43.09	ELMHURST IMMEDIATE CARE		20.09			43.09
43.10	LAGRANGE FAMILY PCC		20.10			43.10
43.12	NORTH RIVERSIDE PCC		20.12			43.12
43.13	GLENDALE HEIGHTS PCC		20.13			43.13
43.14	WHEATON PCC		20.14			43.14
43.15	OBT II PCC		20.15			43.15
43.16	HICKORY HILLS PCC		20.16			43.16
43.18	DARIEN PCC		20.18			43.18
43.20	ORLANAD PARK - FP		20.20			43.20
43.21	FAMILY PRACTICE MAYWOOD PCC		20.21			43.21
43.22	HOMER GLEN PCC		20.22			43.22
43.23	OAK PARK PCC		20.23			43.23
43.24	PARK RIDGE PCC		20.24			43.24
44	EMERGENCY		21			44
45	OBSERVATION BEDS (NON-DISTINCT		22			45
45.01	OBSERVATION BEDS-DISTINCT		22.01			45.01
46	OTHER OUTPATIENT SERV (SPECIFY)		23			46
46.50	RHC		23.50			46.50
46.60	FQHC		23.60			46.60
47	TOTAL					47

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
PARTS III & IV

CHECK APPLICABLE BOX

[ ] HEART [ ] LIVER [ ] PANCREAS [ ] ISLET
[ ] KIDNEY [XX] LUNG [ ] INTESTINE [ ] OTHER (specify)

PART III - SUMMARY OF COSTS AND CHARGES

		COST PART A 1	COST PART B 2	CHARGES PART A 3	CHARGES PART B 4	
48	ROUTINE & ANCILLARY FROM PART I					48
49	INTERNS & RESIDENTS (INPATIENT)					49
50	INTERNS & RESIDENTS (OUTPATIENT)					50
51	DIRECT ORGAN ACQUISITION	2632019		2632019		51
52	COST OF SERVICES OF TEACHING PHYSICIANS					52
53	TOTAL	2632019		2632019		53
54	TOTAL USABLE ORGANS		42			54
55	MEDICARE USABLE ORGANS		17			55
56	RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.404762			56
57	MEDICARE COST/CHARGES	1065341		1065341		57
58	REVENUE FOR ORGANS SOLD					58
59	SUBTOTAL	1065341		1065341		59
60	ORGANS FURNISHED PART B					60
61	NET ORGAN ACQUISITION COST & CHARGES	1065341		1065341		61

PART IV - STATISTICS

		LIVING RELATED 1	CADAVERIC 2	REVENUE 3	
62	ORGANS EXCISED IN PROVIDER				62
63	ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				63
64	ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				64
65	ORGANS PURCHASED FROM OPO'S		42		65
66	TOTAL		42		66
67	ORGANS TRANSPLANTED		42		67
68	ORGANS SOLD TO OTHER HOSPITALS				68
69	ORGANS SOLD TO OPO'S				69
70	ORGANS SOLD TO TRANSPLANT HOSPITALS				70
71	ORGANS SOLD TO MILITARY OR VA HOSPITALS				71
72	ORGANS SOLD OUTSIDE THE U.S.				72
73	ORGANS SENT OUTSIDE THE U.S.(NO REVENUE RECVD)				73
74	ORGANS USED FOR RESEARCH				74
75	UNUSABLE/DISCARDED ORGANS				75
76	TOTAL		42		76

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		HOSPITAL (14-0276)	SUB I	SUB II	SUB III	SUB IV	
	DRG AMOUNT						
1	OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	19832700					1
1.01	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	19832700					1.01
1.02	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	39665399					1.02
1.03	PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	66223					1.03
1.04	PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	66223					1.04
1.05	PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	131007					1.05
1.06	ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07	PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08	SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2	OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01	OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	7128243					2.01
3	BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	458.77					3
3.01	NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02	INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996	300.59					3.04
3.05	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06	ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] { ON OR AFTER 7/1/2005] [E-3,PT.VI,LN.15][PLUS LN.3.06]						3.06
3.07	SUM OF LINES 3.04-3.06 0.00 0.00	300.59					3.07
3.08	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	345.82					3.08
3.09	FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10	FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13	FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS	13.49					3.13
3.14	CURRENT YEAR ALLOWABLE FTE	314.08					3.14
3.15	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	313.82					3.15
3.16	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE..	314.64					3.16
3.17	SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO RES. IN INIT YRS 0.00	314.18					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		HOSPITAL (14-0276)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.684831					3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.673462					3.19
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	0.673462					3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	6090404					3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	6228821					3.22
3.23	IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1	12457190					3.23
	[SUM OF LINES][PLUS E-3,PT.VI] [3.21-3.23][LINE 23]						
3.24	SUM OF LINES 3.21-3.23 24776415 0	24776415					3.24
	DISPROPORTIONATE SHARE ADJUSTMENT						
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.0466					4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.2190					4.01
4.02	SUM OF 4 AND 4.01	0.2656					4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.1128					4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT	8948514					4.04
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES						
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317						5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302,						5.01
5.02	DIVIDE LINE 5.01 BY LINE 5						5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs						5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK						5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS						5.05
5.06	TOTAL ADDITIONAL PAYMENT						5.06
6	SUBTOTAL	120183971					6
7	HOSPITAL SPECIFIC PAYMENTS						7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)						7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	120183971					8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	10026102					9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL						10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	6674243					11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE						11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES						11.02
12	NET ORGAN ACQUISITION COST	4252217					12
13	COST OF TEACHING PHYSICIANS						13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS						14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	128148					15
16	TOTAL	141264681					16
17	PRIMARY PAYER PAYMENTS	82032					17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	141182649					18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	5030826					19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	663266					20
21	REIMBURSABLE BAD DEBTS	906055					21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	634239					21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	805231					21.02
22	SUBTOTAL	136122796					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		HOSPITAL (14-0276)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						23
24	OTHER ADJUSTMENTS						24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						25
26	AMOUNT DUE PROVIDER	136122796					26
27	SEQUESTRATION ADJUSTMENT						27
28	INTERIM PAYMENTS	134302372					28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						28.01
29	BALANCE DUE PROVIDER (PROGRAM)	1820424					29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						30
	TO BE COMPLETED BY INTERMEDIARY						
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01						50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01						51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIO						52
53	CAPITAL OUTLIER RECONILIATION AMOUNT (SEE INSTRUCTIONS)						53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)						55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

		HOSPITAL (14-0276) 1	HOSPITAL (14-0276) 1.01	HOSPITAL (14-0276) 1.02	
1	MEDICAL AND OTHER SERVICES	122612			1
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	65487278			1.01
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	23207109	23207109		1.02
1.03	1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.812	0.812		1.03
1.04	LINE 1.01 TIMES LINE 1.03	53175670			1.04
1.05	LINE 1.02 DIVIDED BY LINE 1.04	43.64			1.05
1.06	TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07	AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101	70311			1.07
2	INTERNS AND RESIDENTS				2
3	ORGAN ACQUISITIONS				3
4	COST OF TEACHING PHYSICIANS				4
5	TOTAL COST	122612			5
	COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6	ANCILLARY SERVICE CHARGES	340973			6
7	INTERNS AND RESIDENTS SERVICE CHARGES				7
8	ORGAN ACQUISITION CHARGES				8
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10	TOTAL REASONABLE CHARGES	340973			10
	CUSTOMARY CHARGES				
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12	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)				12
13	RATIO OF LINE 11 TO LINE 12				13
14	TOTAL CUSTOMARY CHARGES	340973			14
15	EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	218361			15
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17	LESSER OF COST OR CHARGES	122612			17
17.01	TOTAL PPS PAYMENTS	46484529			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

		HOSPITAL (14-0276) 1	HOSPITAL (14-0276) 1.01	HOSPITAL (14-0276) 1.02	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18	DEDUCTIBLES AND COINSURANCE	30166			18
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	11638129			18.01
19	SUBTOTAL	34938846			19
20	SUM OF AMOUNTS FROM WKST E, PARTS C,D & E				20
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	3498357			21
22	ESRD DIRECT MEDICAL EDUCATION COSTS				22
23	SUBTOTAL	38437203			23
24	PRIMARY PAYER PAYMENTS	11117			24
25	SUBTOTAL	38426086			25
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
26	COMPOSITE RATE ESRD				26
27	BAD DEBTS	965739			27
27.01	REDUCED REIMBURSABLE BAD DEBTS	676017			27.01
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	809488			27.02
28	SUBTOTAL	39102103			28
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION				29
30	OTHER ADJUSTMENTS				30
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)				30.99
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS				31
32	SUBTOTAL	39102103			32
33	SEQUESTRATION ADJUSTMENT				33
34	INTERIM PAYMENTS	38565592			34
34.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)				34.01
35	BALANCE DUE PROVIDER/PROGRAM	536511			35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2				36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

		SUB II (14-T276) 1	SUB II (14-T276) 1.01	SUB II (14-T276) 1.02	
1	MEDICAL AND OTHER SERVICES				1
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03	1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04	LINE 1.01 TIMES LINE 1.03				1.04
1.05	LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06	TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07	AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2	INTERNS AND RESIDENTS				2
3	ORGAN ACQUISITIONS				3
4	COST OF TEACHING PHYSICIANS				4
5	TOTAL COST				5
	COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6	ANCILLARY SERVICE CHARGES				6
7	INTERNS AND RESIDENTS SERVICE CHARGES				7
8	ORGAN ACQUISITION CHARGES				8
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10	TOTAL REASONABLE CHARGES				10
	CUSTOMARY CHARGES				
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12	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)				12
13	RATIO OF LINE 11 TO LINE 12				13
14	TOTAL CUSTOMARY CHARGES				14
15	EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17	LESSER OF COST OR CHARGES				17
17.01	TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

		SUB II (14-T276) 1	SUB II (14-T276) 1.01	SUB II (14-T276) 1.02	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18	DEDUCTIBLES AND COINSURANCE				18
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01				18.01
19	SUBTOTAL				19
20	SUM OF AMOUNTS FROM WKST E, PARTS C,D & E				20
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS				21
22	ESRD DIRECT MEDICAL EDUCATION COSTS				22
23	SUBTOTAL				23
24	PRIMARY PAYER PAYMENTS				24
25	SUBTOTAL				25
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
26	COMPOSITE RATE ESRD				26
27	BAD DEBTS				27
27.01	REDUCED REIMBURSABLE BAD DEBTS				27.01
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)				27.02
28	SUBTOTAL				28
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION				29
30	OTHER ADJUSTMENTS				30
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)				30.99
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS				31
32	SUBTOTAL				32
33	SEQUESTRATION ADJUSTMENT				33
34	INTERIM PAYMENTS				34
34.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)				34.01
35	BALANCE DUE PROVIDER/PROGRAM				35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2				36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

[ ] TITLE V [XX] TITLE XVIII [ ] TITLE XIX

		HOSPITAL (14-0276) OCTOBER 1, 1997 PRIOR TO ON OR AFTER	
		1 1.01	
1	STANDARD OVERHEAD AMOUNTS (ASC FEES)		1
2	DEDUCTIBLES		2
3	SUBTOTAL		3
4	80 PERCENT OF LINE 3		4
5	ASC PORTION OF BLEND		5
6	OUTPATIENT ASC COST		6
	COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES		7
	CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		8
9	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)		9
10	RATIO OF LINE 8 TO LINE 9		10
11	TOTAL CUSTOMARY CHARGES		11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		13
14	LESSER OF COST OR CHARGES		14
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE		15
16	TOTAL		16
17	HOSPITAL SPECIFIC PORTION OF BLEND		17
18	ASC BLENDED AMOUNT		18
19	LESSER OF LINES 16 OR 18		19
20	PART B DEDUCTIBLES AND COINSURANCE		20
21	ASC PAYMENT AMOUNT		21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

[ ] TITLE V [XX] TITLE XVIII [ ] TITLE XIX

		HOSPITAL (14-0276) OCTOBER 1, 1997 PRIOR TO 1	ON OR AFTER 1.01	
1	PREVAILING CHARGES			1
2	62 PERCENT OF LINE 1			2
3	DEDUCTIBLES			3
4	SUBTOTAL			4
5	BLENDED CHARGE PROPORTION			5
6	COST OF OUTPATIENT RADIOLOGY			6
	COMPUTATION OF LESSER OF COST OR CHARGES			
7	TOTAL CHARGES			7
	CUSTOMARY CHARGES			
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)			9
10	RATIO OF LINE 8 TO LINE 9			10
11	TOTAL CUSTOMARY CHARGES			11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			13
14	LESSER OF COST OR CHARGES			14
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
15	DEDUCTIBLES AND COINSURANCE			15
16	TOTAL			16
17	COST PROPORTION			17
18	OUTPATIENT RADIOLOGY BLENDED AMOUNT			18
19	LESSER OF LINE 16 OR LINE 18			19
20	PART B DEDUCTIBLES AND COINSURANCE			20
21	RADIOLOGY PAYMENT AMOUNT			21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

[ ] TITLE V [XX] TITLE XVIII [ ] TITLE XIX

		HOSPITAL (14-0276) OCTOBER 1, 1997 PRIOR TO	ON OR AFTER	
		1	1.01	
1	PREVAILING CHARGES			1
2	42 PERCENT OF LINE 1			2
3	DEDUCTIBLES			3
4	SUBTOTAL			4
5	BLENDED CHARGE PROPORTION			5
6	COST OF OTHER OUTPATIENT DIAGNOSTIC PROCEDURES			6
	COMPUTATION OF LESSER OF COST OR CHARGES			
7	TOTAL CHARGES			7
	CUSTOMARY CHARGES			
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)			9
10	RATIO OF LINE 8 TO LINE 9			10
11	TOTAL CUSTOMARY CHARGES			11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			13
14	LESSER OF COST OR CHARGES			14
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
15	DEDUCTIBLES AND COINSURANCE			15
16	TOTAL			16
17	COST PROPORTION			17
18	OTHER OUTPATIENT DIAGNOSTIC BLENDED AMOUNT			18
19	LESSER OF LINE 16 OR LINE 18			19
20	PART B DEDUCTIBLES AND COINSURANCE			20
21	DIAGNOSTIC PAYMENT AMOUNT			21

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
HOSPITAL (14-0276)

WORKSHEET E-1

DESCRIPTION		INPATIENT PART A MM/DD/YYYY 1	AMOUNT 2	PART B MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER			134302372		38565592	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.			NONE		NONE	2
3 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.	PROGRAM TO PROVIDER	.01				3.01
		.02				3.02
		.03	NONE		NONE	3.03
		.04				3.04
		.05				3.05
		.50				3.50
	PROVIDER TO PROGRAM	.51				3.51
		.52	NONE		NONE	3.52
		.53				3.53
		.54				3.54
SUBTOTAL		.99				3.99
4 TOTAL INTERIM PAYMENTS			134302372		38565592	4
TO BE COMPLETED BY INTERMEDIARY						
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM TO PROVIDER	.01				5.01
		.02				5.02
		.03				5.03
	PROVIDER TO PROGRAM	.50				5.50
		.51				5.51
		.52				5.52
SUBTOTAL		.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER	.01				6.01
	PROVIDER TO PROGRAM	.02				6.02
7 TOTAL MEDICARE PROGRAM LIABILITY						7

NAME OF INTERMEDIARY: _____

INTERMEDIARY NUMBER: _____

SIGNATURE OF AUTHORIZED PERSON: _____

DATE (MO/DAY/YR): _____

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
SUBPROVIDER II (14-T276)

WORKSHEET E-1

DESCRIPTION		INPATIENT PART A MM/DD/YYYY 1	INPATIENT PART A AMOUNT 2	PART B MM/DD/YYYY 3	PART B AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER			6889798			1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.			NONE		NONE	2
3 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.						
	.01					3.01
	PROGRAM .02					3.02
	TO .03		NONE		NONE	3.03
	PROVIDER .04					3.04
	.05					3.05
	.50					3.50
	PROVIDER .51					3.51
	TO .52		NONE		NONE	3.52
	PROGRAM .53					3.53
	.54					3.54
SUBTOTAL	.99					3.99
4 TOTAL INTERIM PAYMENTS			6889798			4
	TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.						
	PROGRAM .01					5.01
	TO .02					5.02
	PROVIDER .03					5.03
	PROVIDER .50					5.50
	TO .51					5.51
	PROGRAM .52					5.52
SUBTOTAL	.99					5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01					6.01
	PROVIDER TO PROGRAM .02					6.02
7 TOTAL MEDICARE PROGRAM LIABILITY						7

NAME OF INTERMEDIARY: _____ INTERMEDIARY NUMBER: _____

SIGNATURE OF AUTHORIZED PERSON: _____ DATE (MO/DAY/YR): _____

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

		HOSPITAL	SUB I	SUB II (14-T276)	SUB III	SUB IV	
1	INPATIENT HOSPITAL SERVICES						1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)						1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)			5948455			1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)			0.0273			1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)			384526			1.04
1.05	OUTLIER PAYMENTS			152089			1.05
1.06	TOTAL PPS PAYMENTS			6807554			1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT						1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)						
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)						1.08
1.09	NET IPF PPS OUTLIER PAYMENTS						1.09
1.10	NET IPF PPS ECT PAYMENTS						1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)						1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)						1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)						1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)						1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)						1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)						1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR						1.17
1.18	MEDICAL EDUCATION ADJUSTMENT						1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS						1.19
1.20	STOP LESS PAYMENT FLOOR						1.20
1.21	ADJUSTED NET PAYMENT FLOOR						1.21
1.22	STOP LOSS ADJUSTMENT						1.22
1.23	TOTAL IPF PPS PAYMENTS						1.23
	INPATIENT REHABILITATION FACILITY (IRF)						
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)			2.37			1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)						1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)			1.37			1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)						1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)			1.37			1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)			22.707650			1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR			0.054213			1.41
1.42	MEDICAL EDUCATION ADJUSTMENT			322484			1.42
2	ORGAN ACQUISITION						2
3	COST OF TEACHING PHYSICIANS						3
4	SUBTOTAL			6807554			4
5	PRIMARY PAYER PAYMENTS						5
6	SUBTOTAL			6807554			6
7	DEDUCTIBLES			177090			7
8	SUBTOTAL			6630464			8
9	COINSURANCE			50976			9
10	SUBTOTAL			6579488			10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)						11
11.01	REDUCED REIMBURSABLE BAD DEBTS						11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)						11.02
12	SUBTOTAL			6579488			12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS						13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

		HOSPITAL	SUB I	SUB II (14-T276)	SUB III	SUB IV	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)			14			13.01
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						14
15	OTHER ADJUSTMENTS						15
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						16
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER			6579502			17
18	SEQUESTRATION ADJUSTMENT						18
19	INTERIM PAYMENTS			6889798			19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20	BALANCE DUE PROVIDER/PROGRAM			-310296			20
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						21
	TO BE COMPLETED BY INTERMEDIARY						
50	ORIGINAL OUTLIER AMOUNT						50
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)						51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						52
53	OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)						53

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

WORKSHEET E-3
PART IV

[ ] TITLE V [XX] TITLE XVIII [ ] TITLE XIX

	COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS		1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE		2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS		2.01
3	AGGREGATE APPROVED AMOUNT		3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	314.60	3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]		3.03
3.04	FTE ADJUSTMENT CAP	314.60	3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	357.38	3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	314.60	3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	116.69	3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	206.87	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	323.56	3.09
3.10	SEE INSTRUCTIONS	284.83	3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	13.79	3.11
3.12	SEE INSTRUCTIONS	195.90	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	194.93	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	196.98	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	195.94	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	195.94	3.16
3.17	SEE INSTRUCTIONS	91900.00	3.17
3.18	SEE INSTRUCTIONS	18006886	3.18

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

WORKSHEET E-3
PART IV
(CONT)

[ ] TITLE V [XX] TITLE XVIII [ ] TITLE XIX

3.19	SEE INSTRUCTIONS	100.40	3.19
3.20	SEE INSTRUCTIONS	95.71	3.20
3.21	SEE INSTRUCTIONS	99.61	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	99.61	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001	97052.00	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001	9667350	3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001	27674236	3.25
	COMPUTATION OF PROGRAM PATIENT LOAD		
4	PROGRAM PART A INPATIENT DAYS	49636	4
5	TOTAL INPATIENT DAYS	135540	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS [LINE 6 x] [E-3,PART 6] [LINE 3.25] [LINE 11]	.366209	6
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 10134554 0	10134554	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD	217	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE	135540	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS	100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD	38046	6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR		6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE [PRIOR TO] [E-3,PART 6] [422] [LINE 12]	100.00	6.07
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD 0 0		6.08
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)		
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES	22407310	8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		9
10	MEDICARE O/P ESRD CHARGES		10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS		11

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

WORKSHEET E-3
PART IV
(CONT)

[ ] TITLE V [XX] TITLE XVIII [ ] TITLE XIX

	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
	PART A REASONABLE COST		
12	REASONABLE COST	121114894	12
13	ORGAN ACQUISITION COSTS	4252217	13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	82032	15
16	TOTAL PART A REASONABLE COST	125285079	16
	PART B REASONABLE COST		
17	REASONABLE COST	65680201	17
18	PRIMARY PAYER PAYMENTS	11117	18
19	TOTAL PART B REASONABLE COST	65669084	19
20	TOTAL REASONABLE COST	190954163	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.656100	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.343900	22
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
23	TOTAL PROGRAM GME PAYMENT		23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	10172600	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	6674243	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	3498357	25

BALANCE SHEET

WORKSHEET G

	ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
		1	2	3	4	
	CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	24824000				1
2	TEMPORARY INVESTMENTS	36570000				2
3	NOTES RECEIVABLE					3
4	ACCOUNTS RECEIVABLE	155951000				4
5	OTHER RECEIVABLES					5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-15480000				6
7	INVENTORY	17122000				7
8	PREPAID EXPENSES					8
9	OTHER CURRENT ASSETS	37126000				9
10	DUE FROM OTHER FUNDS					10
11	TOTAL CURRENT ASSETS	256113000				11
	FIXED ASSETS					
12	LAND	1349446				12
12.01	ACCUMULATED DEPRECIATION					12.01
13	LAND IMPROVEMENTS	6755292				13
13.01	ACCUMULATED DEPRECIATION					13.01
14	BUILDINGS	441584086				14
14.01	ACCUMULATED DEPRECIATION	-295463881				14.01
15	LEASEHOLD IMPROVEMENTS	23805878				15
15.01	ACCUMULATED AMORTIZATION	-8130				15.01
16	FIXED EQUIPMENT	231328309				16
16.01	ACCUMULATED DEPRECIATION					16.01
17	AUTOMOBILES AND TRUCKS					17
17.01	ACCUMULATED DEPRECIATION					17.01
18	MAJOR MOVABLE EQUIPMENT					18
18.01	ACCUMULATED DEPRECIATION					18.01
19	MINOR EQUIPMENT DEPRECIABLE					19
19.01	ACCUMULATED DEPRECIATION					19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE					20
21	TOTAL FIXED ASSETS	409351000				21
	OTHER ASSETS					
22	INVESTMENTS	197221000				22
23	DEPOSITS ON LEASES					23
24	DUE FROM OWNERS/OFFICERS					24
25	OTHER ASSETS	58121000				25
26	TOTAL OTHER ASSETS	255342000				26
27	TOTAL ASSETS	920806000				27

	LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
		1	2	3	4	
	CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	68028000				28
29	SALARIES, WAGES & FEES PAYABLE	33639000				29
30	PAYROLL TAXES PAYABLE					30
31	NOTES & LOANS PAYABLE (SHORT TERM)	9385000				31
32	DEFERRED INCOME					32
33	ACCELERATED PAYMENTS					33
34	DUE TO OTHER FUNDS	11545000				34
35	OTHER CURRENT LIABILITIES	22672000				35
36	TOTAL CURRENT LIABILITIES	145269000				36
	LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE					37
38	NOTES PAYABLE	359589000				38
39	UNSECURED LOANS					39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66					40
41	OTHER LONG TERM LIABILITIES	176818000				41
42	TOTAL LONG TERM LIABILITIES	536407000				42
43	TOTAL LIABILITIES	681676000				43
	CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	239130000				44
45	SPECIFIC PURPOSE FUND BALANCE					45
46	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED					46
47	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED					47
48	GOVERNING BODY CREATED - ENDOWMENT FUND BAL					48
49	PLANT FUND BALANCE - INVESTED IN PLANT					49
50	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION					50
51	TOTAL FUND BALANCES	239130000				51
52	TOTAL LIABILITIES AND FUND BALANCES	920806000				52

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

			GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4	
1	FUND BALANCES AT BEGINNING OF PERIOD		301532000				1
2	NET INCOME (LOSS)		-27908000				2
3	TOTAL		273624000				3
4	ADDITIONS (CREDIT ADJUSTMENTS)						4
5	PRIOR YEAR ADJUSTMENTS						5
6							6
7							7
8							8
9							9
10	TOTAL ADDITIONS						10
11	SUBTOTAL		273624000				11
12	DEDUCTIONS (DEBIT ADJUSTMENTS)						12
13	PRIOR YEAR ADJUSTMENTS	20300000					13
14	OTHER ADJUSTMENT	14194000					14
15							15
16							16
17							17
18	TOTAL DEDUCTIONS		34494000				18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		239130000				19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
PARTS I & II

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	HOSPITAL	124953143		124953143	1
2	SUBPROVIDER I				2
2.01	SUBPROVIDER II	7434765		7434765	2.01
4	SWING BED - SNF				4
5	SWING BED - NF				5
6	SKILLED NURSING FACILITY				6
7	NURSING FACILITY				7
8	OTHER LONG TERM CARE				8
9	TOTAL GENERAL INPATIENT CARE SERVICES	132387908		132387908	9
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10	INTENSIVE CARE UNIT	50873495		50873495	10
11	CORONARY CARE UNIT				11
12	BURN INTENSIVE CARE UNIT	8466135		8466135	12
13	SURGICAL INTENSIVE CARE UNIT				13
14	NEONATAL INTENSIVE CARE	33381850		33381850	14
14.01	PEDIATRIC INTENSIVE CARE	6874380		6874380	14.01
14.03	HEART TRANSPLANT ICU	9504890		9504890	14.03
14.04	BONE INTENSIVE CARE	9610370		9610370	14.04
15	TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	118711120		118711120	15
16	TOTAL INPATIENT ROUTINE CARE SERVICES	251099028		251099028	16
17	ANCILLARY SERVICES	679918972	379517047	1059436019	17
18	OUTPATIENT SERVICES		264146000	264146000	18
18.50	RHC				18.50
18.60	FQHC				18.60
19	HOME HEALTH AGENCY		19743021	19743021	19
20	AMBULANCE				20
21	CORF				21
22	ASC				22
23	HOSPICE				23
24	HOSPICE		1166932	1166932	24
25	TOTAL PATIENT REVENUES	931018000	664573000	1595591000	25

PART II - OPERATING EXPENSES

		1	2	
26	OPERATING EXPENSES		754693336	26
27	ADD (SPECIFY)			27
28				28
29				29
30				30
31				31
32				32
33	TOTAL ADDITIONS			33
34	DEDUCT (SPECIFY)			34
35				35
36				36
37				37
38				38
39	TOTAL DEDUCTIONS			39
40	TOTAL OPERATING EXPENSES		754693336	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	TOTAL PATIENT REVENUES	1595591000	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	921513000	2
3	NET PATIENT REVENUES	674078000	3
4	LESS - TOTAL OPERATING EXPENSES	754693336	4
5	NET INCOME FROM SERVICE TO PATIENTS	-80615336	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	1886000	6
7	INCOME FROM INVESTMENTS	6819000	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS	3415134	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	3781958	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	4465913	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	338137	20
21	RENTAL OF VENDING MACHINES	277218	21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS	4986127	23
24	OTHER REVENUE	4274513	24
24.01	CAPITATION	10465000	24.01
24.02	ROUNDING		24.02
24.03	MARK-TO-MARKET ADJUSTMENT	3594336	24.03
24.04	HOSPITAL ACCESS IMPROVEMENT	8404000	24.04
25	TOTAL OTHER INCOME	52707336	25
26	TOTAL	-27908000	26
27			27
28			28
29	OTHER REVENUES		29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-27908000	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7257

WORKSHEET H

		SALARIES 1	EMPLOYEE BENEFITS 2	TRANS-PORTATION 3	CONTRACTED/ PURCH SVCS 4	OTHER COSTS 5	TOTAL HHA COST 6	
	GENERAL SERVICE COST CENTER							
1	CAPITAL RELATED-BLDG & FIXTURES							1
2	CAPITAL RELATED-MOVABLE EQUIPMENT							2
3	PLANT OPERATION & MAINTENANCE							3
4	TRANSPORTATION							4
5	ADMINISTRATIVE AND GENERAL	1095065	254626	449	96748	273374	1720262	5
	HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE	2167943	506092	106256		60407	2840698	6
7	PHYSICAL THERAPY	551899	125264	28210	152471	32469	890313	7
8	OCCUPATIONAL THERAPY	21233	3893	28	54685	4181	84020	8
9	SPEECH PATHOLOGY				21896	740	22636	9
10	MEDICAL SOCIAL SERVICES	52471	12266	1964		826	67527	10
11	HOME HEALTH AIDE	139092	32503	17468		5696	194759	11
12	SUPPLIES					125675	125675	12
13	DRUGS							13
13.20	COST OF ADMINISTERING VACCINES							13.20
14	DME							14
	HHA NONREIMBURSABLE SERVICES							
15	HOME DIALYSIS AIDE SERVICES							15
16	RESPIRATORY THERAPY							16
17	PRIVATE DUTY NURSING							17
18	CLINIC							18
19	HEALTH PROMOTION ACTIVITIES							19
20	DAY CARE PROGRAM							20
21	HOME DELIVERED MEALS PROGRAM							21
22	HOMEMAKER SERVICE							22
23	ALL OTHERS							23
23.50	TELEMEDICINE							23.50
24	TOTAL	4027703	934644	154375	325800	503368	5945890	24

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7257

WORKSHEET H
(CONTINUED)

		RECLASSIFI-CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
	GENERAL SERVICE COST CENTER					
1	CAPITAL RELATED-BLDG & FIXTURES					1
2	CAPITAL RELATED-MOVABLE EQUIPMENT					2
3	PLANT OPERATION & MAINTENANCE					3
4	TRANSPORTATION					4
5	ADMINISTRATIVE AND GENERAL	-125461	1594801	-49708	1545093	5
	HHA REIMBURSABLE SERVICES					
6	SKILLED NURSING CARE	-425	2840273	-178580	2661693	6
7	PHYSICAL THERAPY		890313	-60214	830099	7
8	OCCUPATIONAL THERAPY		84020	-5242	78778	8
9	SPEECH PATHOLOGY		22636	-740	21896	9
10	MEDICAL SOCIAL SERVICES		67527	-3787	63740	10
11	HOME HEALTH AIDE		194759	-13412	181347	11
12	SUPPLIES		125675	-3592	122083	12
13	DRUGS					13
13.20	COST OF ADMINISTERING VACCINES					13.20
14	DME					14
	HHA NONREIMBURSABLE SERVICES					
15	HOME DIALYSIS AIDE SERVICES					15
16	RESPIRATORY THERAPY					16
17	PRIVATE DUTY NURSING					17
18	CLINIC					18
19	HEALTH PROMOTION ACTIVITIES					19
20	DAY CARE PROGRAM					20
21	HOME DELIVERED MEALS PROGRAM					21
22	HOMEMAKER SERVICE					22
23	ALL OTHERS					23
23.50	TELEMEDICINE					23.50
24	TOTAL	-125886	5820004	-315275	5504729	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7257

WORKSHEET H-4
PART I

		NET EXPENSES FOR COST ALLOCATION 0	CAP REL BLDGS & FIXTURES 1	CAP REL MOVABLE EQUIPMENT 2	PLANT OPERATN & MAINT 3	TRANSPORT-ATION 4	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6	
	GENERAL SERVICE COST CENTER									
1	CAPITAL RELATED-BLDG & FIXT									1
2	CAPITAL RELATED-MOVABLE EQUIP									2
3	PLANT OPERATION & MAINTENANCE									3
4	TRANSPORTATION									4
5	ADMINISTRATIVE AND GENERAL	1545093					1545093	1545093		5
	HHA REIMBURSABLE SERVICES									
6	SKILLED NURSING CARE	2661693					2661693	1038621	3700314	6
7	PHYSICAL THERAPY	830099					830099	323914	1154013	7
8	OCCUPATIONAL THERAPY	78778					78778	30740	109518	8
9	SPEECH PATHOLOGY	21896					21896	8544	30440	9
10	MEDICAL SOCIAL SERVICES	63740					63740	24872	88612	10
11	HOME HEALTH AIDE	181347					181347	70764	252111	11
12	SUPPLIES	122083					122083	47638	169721	12
13	DRUGS									13
13.20	COST OF ADMINISTERING VACCINES									13.20
14	DME									14
	HHA NONREIMBURSABLE SERVICES									
15	HOME DIALYSIS AIDE SERVICES									15
16	RESPIRATORY THERAPY									16
17	PRIVATE DUTY NURSING									17
18	CLINIC									18
19	HEALTH PROMOTION ACTIVITIES									19
20	DAY CARE PROGRAM									20
21	HOME DELIVERED MEALS PROGRAM									21
22	HOMEMAKER SERVICE									22
23	ALL OTHERS									23
23.50	TELEMEDICINE									23.50
24	TOTAL	5504729					5504729		5504729	24

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7257

WORKSHEET H-4
PART II

		CAP REL BLDGS & FIXTURES SQUARE 1	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT-ATION (MILEAGE) 4	RECONCIL-IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
	GENERAL SERVICE COST CENTER							
1	CAPITAL RELATED-BLDG & FIXT							1
2	CAPITAL RELATED-MOVABLE EQUIP							2
3	PLANT OPERATION & MAINTENANCE							3
4	TRANSPORTATION							4
5	ADMINISTRATIVE AND GENERAL					-1545093	3959636	5
	HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE						2661693	6
7	PHYSICAL THERAPY						830099	7
8	OCCUPATIONAL THERAPY						78778	8
9	SPEECH PATHOLOGY						21896	9
10	MEDICAL SOCIAL SERVICES						63740	10
11	HOME HEALTH AIDE						181347	11
12	SUPPLIES						122083	12
13	DRUGS							13
13.20	COST OF ADMINISTERING VACCINES							13.20
14	DME							14
	HHA NONREIMBURSABLE SERVICES							
15	HOME DIALYSIS AIDE SERVICES							15
16	RESPIRATORY THERAPY							16
17	PRIVATE DUTY NURSING							17
18	CLINIC							18
19	HEALTH PROMOTION ACTIVITIES							19
20	DAY CARE PROGRAM							20
21	HOME DELIVERED MEALS PROGRAM							21
22	HOMEMAKER SERVICE							22
23	ALL OTHERS							23
23.50	TELEMEDICINE							23.50
24	TOTAL					-1545093	3959636	24
25	COST TO BE ALLOC (PER W/S H)						1545093	25
26	UNIT COST MULTIPLIER						.390211	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 14-7257 WORKSHEET H-5 PART I

	HHA COST CENTER	HHA TRIAL BALANCE 0	OLD CAP BLDGS & FIXTURES 1	NEW CAP BLDGS & FIXTURES 3	NEW CPTL BLG INTRST 3.01	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	COMMUNICTN 6.01	SYSTEM + COMPUTERS 6.02	
1	ADMINISTRATIVE AND GENERAL									1
2	SKILLED NURSING CARE	3700314		29328	18834	1941	14679	17547	23417	2
3	PHYSICAL THERAPY	1154013		15189	9754	1005	7605	9052	12131	3
4	OCCUPATIONAL THERAPY	109518		371	238	25	186	223	296	4
5	SPEECH PATHOLOGY	30440		2119	1361	140	1060	1273	1690	5
6	MEDICAL SOCIAL SERVICES	88612		315	202	21	159	191	254	6
7	HOME HEALTH AIDE	252111		4175	2681	276	2088	2498	3331	7
8	SUPPLIES	169721								8
9	DRUGS									9
9.20	COST OF ADMINISTERING VACC									9.20
10	DME									10
11	HOME DIALYSIS AIDE SERVICE									11
12	RESPIRATORY THERAPY									12
13	PRIVATE DUTY NURSING									13
14	CLINIC									14
15	HEALTH PROMOTION ACTIVITIE									15
16	DAY CARE PROGRAM									16
17	HOME DELIVERED MEALS PROGR									17
18	HOMEMAKER SERVICE									18
19	ALL OTHERS									19
19.50	TELEMEDICINE									19.50
20	TOTALS	5504729		51497	33070	3408	25777	30784	41119	20
21	UNIT COST MULTIPLIER									21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 14-7257

WORKSHEET H-5
PART I

	HHA COST CENTER	PURCHASING 6.03	OPC STORES 6.04	PATIENT AFFAIRS 6.05	PATIENT ADMITTING 6.06	PATIENT ACCOUNTS 6.07	SUBTOTAL 5A	ACCOUNTING 6.08	EMPLOYEE HEALTH SERVICES 6.09	
1	ADMINISTRATIVE AND GENERAL									1
2	SKILLED NURSING CARE	897			1	20498	3827456	19559	7864	2
3	PHYSICAL THERAPY	465				10619	1219833	6233	4269	3
4	OCCUPATIONAL THERAPY	11				259	111127	568		4
5	SPEECH PATHOLOGY	65				1480	39628	202	674	5
6	MEDICAL SOCIAL SERVICES	10				222	89986	460		6
7	HOME HEALTH AIDE	128				2916	270204	1381	1123	7
8	SUPPLIES						169721	867		8
9	DRUGS									9
9.20	COST OF ADMINISTERING VACC									9.20
10	DME									10
11	HOME DIALYSIS AIDE SERVICE									11
12	RESPIRATORY THERAPY									12
13	PRIVATE DUTY NURSING									13
14	CLINIC									14
15	HEALTH PROMOTION ACTIVITIE									15
16	DAY CARE PROGRAM									16
17	HOME DELIVERED MEALS PROGR									17
18	HOMEMAKER SERVICE									18
19	ALL OTHERS									19
19.50	TELEMEDICINE									19.50
20	TOTALS	1576			1	35994	5727955	29270	13930	20
21	UNIT COST MULTIPLIER									21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 14-7257

WORKSHEET H-5
PART I

	HHA COST CENTER	SUBTOTAL	PASTORAL CARE 6.10	SUBTOTAL	HOSPITAL ADMINSTRTN 6.11	SUBTOTAL	AMBULATORY ADMIN 6.12	SUBTOTAL	PRIMARY CARE ADMIN 6.14	
1	ADMINISTRATIVE AND GENERAL									1
2	SKILLED NURSING CARE	3854879	9152	3864031	464533	4328564	42697	4371261	15566	2
3	PHYSICAL THERAPY	1230335	2921	1233256	148262	1381518	13627	1395145	4968	3
4	OCCUPATIONAL THERAPY	111695	265	111960	13460	125420	1237	126657	451	4
5	SPEECH PATHOLOGY	40504	96	40600	4881	45481	449	45930	164	5
6	MEDICAL SOCIAL SERVICES	90446	215	90661	10899	101560	1002	102562	365	6
7	HOME HEALTH AIDE	272708	647	273355	32863	306218	3021	309239	1101	7
8	SUPPLIES	170588	405	170993	20557	191550	1889	193439	689	8
9	DRUGS									9
9.20	COST OF ADMINISTERING VACC									9.20
10	DME									10
11	HOME DIALYSIS AIDE SERVICE									11
12	RESPIRATORY THERAPY									12
13	PRIVATE DUTY NURSING									13
14	CLINIC									14
15	HEALTH PROMOTION ACTIVITIE									15
16	DAY CARE PROGRAM									16
17	HOME DELIVERED MEALS PROGR									17
18	HOMEMAKER SERVICE									18
19	ALL OTHERS									19
19.50	TELEMEDICINE									19.50
20	TOTALS	5771155	13701	5784856	695455	6480311	63922	6544233	23304	20
21	UNIT COST MULTIPLIER									21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 14-7257

WORKSHEET H-5
PART I

	HHA COST CENTER	MAIN-TENANCE & REPAIRS 7	OPERATION OF PLANT 8	SAFETY & SECURITY 8.01	LAUNDRY + LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	MAIN-TENANCE OF PERSONNEL 13	
1	ADMINISTRATIVE AND GENERAL									1
2	SKILLED NURSING CARE		83518	12591		5411		4262		2
3	PHYSICAL THERAPY		43252	6555		2772		2208		3
4	OCCUPATIONAL THERAPY		1055	156		67		54		4
5	SPEECH PATHOLOGY		6034	884		399		308		5
6	MEDICAL SOCIAL SERVICES		896	156		67		46		6
7	HOME HEALTH AIDE		11888	1769		776		606		7
8	SUPPLIES									8
9	DRUGS									9
9.20	COST OF ADMINISTERING VACC									9.20
10	DME									10
11	HOME DIALYSIS AIDE SERVICE									11
12	RESPIRATORY THERAPY									12
13	PRIVATE DUTY NURSING									13
14	CLINIC									14
15	HEALTH PROMOTION ACTIVITIE									15
16	DAY CARE PROGRAM									16
17	HOME DELIVERED MEALS PROGR									17
18	HOMEMAKER SERVICE									18
19	ALL OTHERS									19
19.50	TELEMEDICINE									19.50
20	TOTALS		146643	22111		9492		7484		20
21	UNIT COST MULTIPLIER									21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 14-7257

WORKSHEET H-5
PART I

	HHA COST CENTER	PATIENT TRNSPRTN 13.01	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	CENTRAL PROCESSING 15.01	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	SOCIAL SERVICE 18	HOSPITAL MEDICAL ADMIN 18.01	
1	ADMINISTRATIVE AND GENERAL									1
2	SKILLED NURSING CARE		78583	214		7	22683		44623	2
3	PHYSICAL THERAPY		40782	112		4	11751		23116	3
4	OCCUPATIONAL THERAPY		979	3			287		564	4
5	SPEECH PATHOLOGY		5654	16		1	1638		3221	5
6	MEDICAL SOCIAL SERVICES		846	2			246		483	6
7	HOME HEALTH AIDE		11175	31		1	3227		6347	7
8	SUPPLIES									8
9	DRUGS									9
9.20	COST OF ADMINISTERING VACC									9.20
10	DME									10
11	HOME DIALYSIS AIDE SERVICE									11
12	RESPIRATORY THERAPY									12
13	PRIVATE DUTY NURSING									13
14	CLINIC									14
15	HEALTH PROMOTION ACTIVITIE									15
16	DAY CARE PROGRAM									16
17	HOME DELIVERED MEALS PROGR									17
18	HOMEMAKER SERVICE									18
19	ALL OTHERS									19
19.50	TELEMEDICINE									19.50
20	TOTALS		138019	378		13	39832		78354	20
21	UNIT COST MULTIPLIER									21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 14-7257

WORKSHEET H-5
PART I

	HHA COST CENTER	NONPHYSIC. ANESTHET. 20	NURSING SCHOOL 21	I&R SALARY & FRINGES 22	I&R PROGRAM COSTS 23	PARAMED EDUCATION 24	PARAMED ED-MICU 24.01	PARAMED ED-SOCIAL WORK 24.02	SUBTOTAL 25	
1	ADMINISTRATIVE AND GENERAL									1
2	SKILLED NURSING CARE								4638719	2
3	PHYSICAL THERAPY								1530665	3
4	OCCUPATIONAL THERAPY								130273	4
5	SPEECH PATHOLOGY								64249	5
6	MEDICAL SOCIAL SERVICES								105669	6
7	HOME HEALTH AIDE								346160	7
8	SUPPLIES								194128	8
9	DRUGS									9
9.20	COST OF ADMINISTERING VACC									9.20
10	DME									10
11	HOME DIALYSIS AIDE SERVICE									11
12	RESPIRATORY THERAPY									12
13	PRIVATE DUTY NURSING									13
14	CLINIC									14
15	HEALTH PROMOTION ACTIVITIE									15
16	DAY CARE PROGRAM									16
17	HOME DELIVERED MEALS PROGR									17
18	HOMEMAKER SERVICE									18
19	ALL OTHERS									19
19.50	TELEMEDICINE									19.50
20	TOTALS								7009863	20
21	UNIT COST MULTIPLIER									21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 14-7257

WORKSHEET H-5
PART I

	HHA COST CENTER	I&R COST & POST STEP-DOWN ADJS 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29	
1	ADMINISTRATIVE AND GENERAL					1
2	SKILLED NURSING CARE		4638719		4638719	2
3	PHYSICAL THERAPY		1530665		1530665	3
4	OCCUPATIONAL THERAPY		130273		130273	4
5	SPEECH PATHOLOGY		64249		64249	5
6	MEDICAL SOCIAL SERVICES		105669		105669	6
7	HOME HEALTH AIDE		346160		346160	7
8	SUPPLIES		194128		194128	8
9	DRUGS					9
9.20	COST OF ADMINISTERING VACC					9.20
10	DME					10
11	HOME DIALYSIS AIDE SERVICE					11
12	RESPIRATORY THERAPY					12
13	PRIVATE DUTY NURSING					13
14	CLINIC					14
15	HEALTH PROMOTION ACTIVITIE					15
16	DAY CARE PROGRAM					16
17	HOME DELIVERED MEALS PROGR					17
18	HOMEMAKER SERVICE					18
19	ALL OTHERS					19
19.50	TELEMEDICINE					19.50
20	TOTALS		7009863		7009863	20
21	UNIT COST MULTIPLIER					21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 14-7257 WORKSHEET H-5
STATISTICAL BASIS PART II

	HHA COST CENTER	OLD CAP BLDGS & FIXTURES SQUARE FEET 1	NEW CAP BLDGS & FIXTURES SQUARE FEET 3	NEW CPTL BLG INTRST SQUARE FEET 3.01	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE 4	EMPLOYEE BENEFITS GROSS SALARIES 5	COMMUNICTN PHONE COST 6.01	SYSTEM + COMPUTERS GROSS REVENUE 6.02	PURCHASING NUMBER OF ISSUES 6.03	
1	ADMINISTRATIVE AND GENERAL									1
2	SKILLED NURSING CARE	4194	4194	4194	1944	2293730	1103	3185925	75742	2
3	PHYSICAL THERAPY	2172	2172	2172	1006	1188231	569	1650418	39236	3
4	OCCUPATIONAL THERAPY	53	53	53	25	28999	14	40279	958	4
5	SPEECH PATHOLOGY	303	303	303	140	165587	80	229996	5468	5
6	MEDICAL SOCIAL SERVICES	45	45	45	21	24856	12	34525	821	6
7	HOME HEALTH AIDE	597	597	597	276	326300	157	453222	10775	7
8	SUPPLIES									8
9	DRUGS									9
9.20	COST OF ADMINISTERING VACC									9.20
10	DME									10
11	HOME DIALYSIS AIDE SERVICE									11
12	RESPIRATORY THERAPY									12
13	PRIVATE DUTY NURSING									13
14	CLINIC									14
15	HEALTH PROMOTION ACTIVITIE									15
16	DAY CARE PROGRAM									16
17	HOME DELIVERED MEALS PROGR									17
18	HOMEMAKER SERVICE									18
19	ALL OTHERS									19
19.50	TELEMEDICINE									19.50
20	TOTALS	7364	7364	7364	3412	4027703	1935	5594365	133000	20
21	TOTAL COST TO BE ALLOCATED		51497	33070	3408	25777	30784	41119	1576	21
22	UNIT COST MULTIPLIER			4.490766		.006400		.007350		22
22	UNIT COST MULTIPLIER		6.993074		.998828		15.909044		.011850	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
STATISTICAL BASIS

HHA NO.: 14-7257

WORKSHEET H-5
PART II

	HHA COST CENTER	OPC STORES NUMBER OF ISSUES 6.04	PATIENT AFFAIRS NUMBER OF VISITS 6.05	PATIENT ADMITTING INPATIENT REVENUE 6.06	PATIENT ACCOUNTS GROSS REVENUE 6.07	RECON-CILIATION 6A.08	ACCOUNTING ACCUM COST 6.08	EMPLOYEE HEALTH SERVICES FTES 6.09	RECON-CILIATION	
1	ADMINISTRATIVE AND GENERAL									1
2	SKILLED NURSING CARE			382	3185925		3827456	35		2
3	PHYSICAL THERAPY			197	1650418		1219833	19		3
4	OCCUPATIONAL THERAPY			5	40279		111127			4
5	SPEECH PATHOLOGY			28	229996		39628	3		5
6	MEDICAL SOCIAL SERVICES			4	34525		89986			6
7	HOME HEALTH AIDE			54	453222		270204	5		7
8	SUPPLIES						169721			8
9	DRUGS									9
9.20	COST OF ADMINISTERING VACC									9.20
10	DME									10
11	HOME DIALYSIS AIDE SERVICE									11
12	RESPIRATORY THERAPY									12
13	PRIVATE DUTY NURSING									13
14	CLINIC									14
15	HEALTH PROMOTION ACTIVITIE									15
16	DAY CARE PROGRAM									16
17	HOME DELIVERED MEALS PROGR									17
18	HOMEMAKER SERVICE									18
19	ALL OTHERS									19
19.50	TELEMEDICINE									19.50
20	TOTALS			670	5594365		5727955	62		20
21	TOTAL COST TO BE ALLOCATED			1	35994		29270	13930		21
22	UNIT COST MULTIPLIER			.001493				224.677419		22
22	UNIT COST MULTIPLIER				.006434		.005110			22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
STATISTICAL BASIS

HHA NO.: 14-7257

WORKSHEET H-5
PART II

	HHA COST CENTER	PASTORAL CARE ACCUM COST 6.10	RECON-CILIATION	HOSPITAL ADMINSTRTN ACCUM COST 6.11	RECON-CILIATION	AMBULATORY ADMIN ACCUM COST 6.12	RECON-CILIATION	PRIMARY CARE ADMIN ACCUM COST 6.14	MAIN-TENANCE & REPAIRS SQUARE FEET 7	
1	ADMINISTRATIVE AND GENERAL									1
2	SKILLED NURSING CARE	3854879		3864031		4328564		4371261		2
3	PHYSICAL THERAPY	1230335		1233256		1381518		1395145		3
4	OCCUPATIONAL THERAPY	111695		111960		125420		126657		4
5	SPEECH PATHOLOGY	40504		40600		45481		45930		5
6	MEDICAL SOCIAL SERVICES	90446		90661		101560		102562		6
7	HOME HEALTH AIDE	272708		273355		306218		309239		7
8	SUPPLIES	170588		170993		191550		193439		8
9	DRUGS									9
9.20	COST OF ADMINISTERING VACC									9.20
10	DME									10
11	HOME DIALYSIS AIDE SERVICE									11
12	RESPIRATORY THERAPY									12
13	PRIVATE DUTY NURSING									13
14	CLINIC									14
15	HEALTH PROMOTION ACTIVITIE									15
16	DAY CARE PROGRAM									16
17	HOME DELIVERED MEALS PROGR									17
18	HOMEMAKER SERVICE									18
19	ALL OTHERS									19
19.50	TELEMEDICINE									19.50
20	TOTALS	5771155		5784856		6480311		6544233		20
21	TOTAL COST TO BE ALLOCATED	13701		695455		63922		23304		21
22	UNIT COST MULTIPLIER	.002374		.120220		.009864		.003561		22
22	UNIT COST MULTIPLIER									22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
STATISTICAL BASIS

HHA NO.: 14-7257

WORKSHEET H-5
PART II

	HHA COST CENTER	OPERATION OF PLANT SQUARE FEET 8	SAFETY & SECURITY HOURS OF SERVICES 8.01	LAUNDRY + LINEN SERVICE LAUNDRY COST 9	HOUSE-KEEPING HOURS OF SERVICE 10	DIETARY MEALS SERVED 11	CAFETERIA PAID HOURS 12	MAIN-TENANCE OF PERSONNEL NUMBER HOUSED 13	PATIENT TRNSPRTN NUMBER OF TRIPS 13.01	
1	ADMINISTRATIVE AND GENERAL									1
2	SKILLED NURSING CARE	4194	242		244		73181			2
3	PHYSICAL THERAPY	2172	126		125		37910			3
4	OCCUPATIONAL THERAPY	53	3		3		925			4
5	SPEECH PATHOLOGY	303	17		18		5283			5
6	MEDICAL SOCIAL SERVICES	45	3		3		793			6
7	HOME HEALTH AIDE	597	34		35		10410			7
8	SUPPLIES									8
9	DRUGS									9
9.20	COST OF ADMINISTERING VACC									9.20
10	DME									10
11	HOME DIALYSIS AIDE SERVICE									11
12	RESPIRATORY THERAPY									12
13	PRIVATE DUTY NURSING									13
14	CLINIC									14
15	HEALTH PROMOTION ACTIVITIE									15
16	DAY CARE PROGRAM									16
17	HOME DELIVERED MEALS PROGR									17
18	HOMEMAKER SERVICE									18
19	ALL OTHERS									19
19.50	TELEMEDICINE									19.50
20	TOTALS	7364	425		428		128502			20
21	TOTAL COST TO BE ALLOCATED	146643	22111		9492		7484			21
22	UNIT COST MULTIPLIER	19.913498								22
22	UNIT COST MULTIPLIER		52.025882		22.177570		.058240			22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 14-7257 WORKSHEET H-5
STATISTICAL BASIS PART II

	HHA COST CENTER	NURSING ADMINIS-TRATION RN FTES 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	CENTRAL PROCESSING NUMBER OF INSTRUMENT 15.01	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS + LIBRARY GROSS REVENUE 17	SOCIAL SERVICE TIME SPENT 18	HOSPITAL MEDICAL ADMIN MED ADMIN COMPNSTN 18.01	NONPHYSIC. ANESTHET. ASSIGNED TIME 20	
1	ADMINISTRATIVE AND GENERAL									1
2	SKILLED NURSING CARE	1765	1525		36	3185925		40093		2
3	PHYSICAL THERAPY	916	790		17	1650418		20769		3
4	OCCUPATIONAL THERAPY	22	19			40279		507		4
5	SPEECH PATHOLOGY	127	110		3	229996		2894		5
6	MEDICAL SOCIAL SERVICES	19	17			34525		434		6
7	HOME HEALTH AIDE	251	217		5	453222		5703		7
8	SUPPLIES									8
9	DRUGS									9
9.20	COST OF ADMINISTERING VACC									9.20
10	DME									10
11	HOME DIALYSIS AIDE SERVICE									11
12	RESPIRATORY THERAPY									12
13	PRIVATE DUTY NURSING									13
14	CLINIC									14
15	HEALTH PROMOTION ACTIVITIE									15
16	DAY CARE PROGRAM									16
17	HOME DELIVERED MEALS PROGR									17
18	HOMEMAKER SERVICE									18
19	ALL OTHERS									19
19.50	TELEMEDICINE									19.50
20	TOTALS	3100	2678		61	5594365		70400		20
21	TOTAL COST TO BE ALLOCATED	138019	378		13	39832		78354		21
22	UNIT COST MULTIPLIER	44.522258				.007120		1.112983		22
22	UNIT COST MULTIPLIER		.141150		.213115					22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
STATISTICAL BASIS

HHA NO.: 14-7257

WORKSHEET H-5
PART II

	HHA COST CENTER	NURSING SCHOOL PATIENT DAYS 21	I&R SALARY & FRINGES ASSIGNED TIME 22	I&R PROGRAM COSTS ASSIGNED TIME 23	PARAMED EDUCATION ASSIGNED TIME 24	PARAMED ED-MICU TIME SPENT 24.01	PARAMED ED-SOCIAL WORK TIME SPENT 24.02	
1	ADMINISTRATIVE AND GENERAL							1
2	SKILLED NURSING CARE							2
3	PHYSICAL THERAPY							3
4	OCCUPATIONAL THERAPY							4
5	SPEECH PATHOLOGY							5
6	MEDICAL SOCIAL SERVICES							6
7	HOME HEALTH AIDE							7
8	SUPPLIES							8
9	DRUGS							9
9.20	COST OF ADMINISTERING VACC							9.20
10	DME							10
11	HOME DIALYSIS AIDE SERVICE							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIE							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGR							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
19.50	TELEMEDICINE							19.50
20	TOTALS							20
21	TOTAL COST TO BE ALLOCATED							21
22	UNIT COST MULTIPLIER							22
22	UNIT COST MULTIPLIER							22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7257

WORKSHEET H-6
PARTS I & II

CHECK APPLICABLE BOX: [ ] TITLE V [XX] TITLE XVIII [ ] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS: COMPUTATION OF THE LESSER OF AGGREGATE PROGRAM COST OR THE AGGREGATE OF THE PROGRAM LIMITATION

	COST PER VISIT COMPUTATION PATIENT SERVICES	FROM WKST H-5, PART I, COL 29, LINE	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	
			1	2	3	4	5	
1	SKILLED NURSING CARE	2	4638719		4638719	18825	246.41	1
2	PHYSICAL THERAPY	3	1530665		1530665	9752	156.96	2
3	OCCUPATIONAL THERAPY	4	130273		130273	1359	95.86	3
4	SPEECH PATHOLOGY	5	64249		64249	238	269.95	4
5	MEDICAL SOCIAL SERV	6	105669		105669	204	517.99	5
6	HOME HEALTH AIDE SERV	7	346160		346160	2678	129.26	6
7	TOTAL		6815735		6815735	33056		7

	LIMITATION COST COMPUTATION PATIENT SERVICES	MSA NO.				PROGRAM COST LIMITS	
		1	2	3	4	5	
8	SKILLED NURSING CARE	1600					8
9	PHYSICAL THERAPY	1600					9
10	OCCUPATIONAL THERAPY	1600					10
11	SPEECH PATHOLOGY	1600					11
12	MEDICAL SOCIAL SERV	1600					12
13	HOME HEALTH AIDE SERV	1600					13
14	TOTAL						14

	SUPPLIES AND DRUGS COST COMPUTATIONS OTHER PATIENT SERVICES	FROM WKST H-5, PART I, COL 29, LINE	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	
			1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8	194128		194128	117885	1.646757	15
16	COST OF DRUGS	9						16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20

	PER BENEFICIARY COST LIMITATION:	MSA NO. 1	AMOUNT 2	
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4	1600		17
18	PER BENEFICIARY COST LIMITATION	1600		18
19	PER BENEFICIARY COST LIMITATION			19

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7257

WORKSHEET H-6
PARTS I & II
(CONTINUED)

CHECK APPLICABLE BOX: [ ] TITLE V [XX] TITLE XVIII [ ] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS: COMPUTATION OF THE LESSER OF AGGREGATE PROGRAM COST OR THE AGGREGATE OF THE PROGRAM LIMITATION

COST PER VISIT COMPUTATION	PROGRAM VISITS			COST OF SERVICES				
		PART B			PART B			
PATIENT SERVICES	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	TOTAL PROGRAM COST	
	6	7	8	9	10	11	12	
1 SKILLED NURSING CARE		9043			2228286		2228286	1
2 PHYSICAL THERAPY		6554			1028716		1028716	2
3 OCCUPATIONAL THERAPY		738			70745		70745	3
4 SPEECH PATHOLOGY		173			46701		46701	4
5 MEDICAL SOCIAL SERV		152			78734		78734	5
6 HOME HEALTH AIDE SERV		2221			287086		287086	6
7 TOTAL		18881			3740268		3740268	7

LIMITATION COST COMPUTATION	PROGRAM VISITS			COST OF SERVICES				
		PART B			PART B			
PATIENT SERVICES	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	TOTAL PROGRAM COST	
	6	7	8	9	10	11	12	
8 SKILLED NURSING CARE								8
9 PHYSICAL THERAPY								9
10 OCCUPATIONAL THERAPY								10
11 SPEECH PATHOLOGY								11
12 MEDICAL SOCIAL SERV								12
13 HOME HEALTH AIDE SERV								13
14 TOTAL								14

SUPPLIES AND DRUGS COST COMPUTATIONS	PROGRAM COVERED CHARGES				COST OF SERVICES				
		PART B DEDUCT. & COINSUR.				PART B DEDUCT. & COINSUR.			
OTHER PATIENT SERVICES	PART A	FEE REIMBURSED	NOT SUBJECT TO	SUBJECT TO	PART A	FEE REIMBURSED	NOT SUBJECT TO	SUBJECT TO	
	6	7	7.01	8	9	10	10.01	11	
15 COST OF MEDICAL SUPPLIES		83481				137473			15
16 COST OF DRUGS									16
16.20 COST OF ADMINISTERING VA									16.20

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7257

WORKSHEET H-6
PARTS II & III

CHECK APPLICABLE BOX: [ ] TITLE V [XX] TITLE XVIII [ ] TITLE XIX

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

		FROM WKST C, PART I, COL 9, LINE	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I 4	
1	PHYSICAL THERAPY	50	.434717			COL 2, LINE 2	1
2	OCCUPATIONAL THERAPY	51	.388116			COL 2, LINE 3	2
3	SPEECH PATHOLOGY	52	.531919			COL 2, LINE 4	3
4	MEDICAL SUPPLIES CHARGED TO PA	55	.678891			COL 2, LINE 15	4
5	DRUGS CHARGED TO PATIENTS	56	.277137			COL 2, LINE 16	5

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

				PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE					
				PROGRAM VISITS		PROGRAM COST		PROGRAM	
		FROM PART I COL. 5 1	COST PER VISIT 2	PRIOR TO 1/1/98 2.01	FROM 1/1/98 THRU 12/31/98 3	PRIOR TO 1/1/98 3.01	FROM 1/1/98 THRU 12/31/98 4	VISITS ON OR AFTER 1/1/99 5	
1	PHYSICAL THERAPY	2	156.96						1
2	OCCUPATIONAL THERAPY	3	95.86						2
3	SPEECH PATHOLOGY	4	269.95						3
4	TOTAL								4

PROVIDER NO. 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
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CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7257

WORKSHEET H-7
PARTS I & II

CHECK APPLICABLE BOX: [ ] TITLE V [XX] TITLE XVIII [ ] TITLE XIX

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

	DESCRIPTION	PART A 1	PART B NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	PART B SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
	REASONABLE COST OF PROGRAM SERVICES				
1	REASONABLE COST OF SERVICES				1
2	TOTAL CHARGES		3393119		2
	CUSTOMARY CHARGES				
3	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				3
4	AMOUNT 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(B)				4
5	RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
6	TOTAL CUSTOMARY CHARGES		3393119		6
7	EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST		3393119		7
8	EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES				8
9	PRIMARY PAYOR PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10	TOTAL REASONABLE COST			10
10.01	TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS		2729207	10.01
10.02	TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS		32650	10.02
10.03	TOTAL PPS REIMBURSEMENT - LUPA EPISODES		46001	10.03
10.04	TOTAL PPS REIMBURSEMENT - PEP EPISODES		38866	10.04
10.05	TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.05
10.06	TOTAL PPS REIMBURSEMENT - SCIC EPISODES		82186	10.06
10.07	TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS		11699	10.07
10.08	TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			10.08
10.09	TOTAL PPS OUTLIER REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.09
10.10	TOTAL PPS OUTLIER REIMBURSEMENT - SCIC EPISODES		1611	10.10
10.11	TOTAL OTHER PAYMENTS			10.11
10.12	DME PAYMENTS			10.12
10.13	OXYGEN PAYMENTS			10.13
10.14	PROSTHETIC AND ORTHOTIC PAYMENTS			10.14
11	PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCL COINSURANCE)			11
12	SUBTOTAL		2942220	12
13	EXCESS REASONABLE COST			13
14	SUBTOTAL		2942220	14
15	COINSURANCE BILLED TO PROGRAM PATIENTS			15
16	NET COST		2942220	16
17	REIMBURSABLE BAD DEBTS			17
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD		2942220	18
19	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			19
20	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR OR DECREASE IN PROGRAM UTILIZATION			20
21	OTHER ADJUSTMENTS (SPECIFY):			21
22	SUBTOTAL		2942220	22
23	SEQUESTRATION ADJUSTMENT			23
24	SUBTOTAL		2942220	24
25	TOTAL INTERIM PAYMENTS		2942220	25
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26	BALANCE DUE PROVIDER/PROGRAM			26
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			27

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHA'S
FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

HHA NO.: 14-7257

WORKSHEET H-8

DESCRIPTION			PART A MO/DAY/YR 1	PART A AMOUNT 2	PART B MO/DAY/YR 3	PART B AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER						2942220	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.				NONE		NONE	2
3 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.		.01					3.01
	PROGRAM	.02					3.02
	TO	.03		NONE		NONE	3.03
	PROVIDER	.04					3.04
		.05					3.05
		.50					3.50
	PROVIDER	.51					3.51
	TO	.52		NONE		NONE	3.52
	PROGRAM	.53					3.53
		.54					3.54
SUBTOTAL		.99					3.99
4 TOTAL INTERIM PAYMENTS						2942220	4
TO BE COMPLETED BY INTERMEDIARY							
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM	.01					5.01
	TO	.02					5.02
	PROVIDER	.03					5.03
	PROVIDER	.50					5.50
	TO	.51					5.51
	PROGRAM	.52					5.52
SUBTOTAL		.99					5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER	.01					6.01
	PROVIDER TO PROGRAM	.02					6.02
7 TOTAL MEDICARE PROGRAM LIABILITY							7

NAME OF INTERMEDIARY:

INTERMEDIARY NUMBER:

SIGNATURE OF AUTHORIZED PERSON:

DATE (MO/DAY/YR):

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

COMPONENT NO: 14-2329

WORKSHEET I-1

CHECK APPLICABLE BOX: [XX] RENAL DIALYSIS DEPARTMENT [ ] HOME PROGRAM DIALYSIS

		TOTAL COSTS 1	BASIS 2	STATISTICS 3	FTES PER 2080 HOURS 4	
1	REGISTERED NURSES	1228540	HRS OF SERVICE	35262.00	16.95	1
2	LICENSED PRACTICAL NURSES		HRS OF SERVICE			2
3	NURSES AIDES		HRS OF SERVICE			3
4	TECHNICIANS	1007799	HRS OF SERVICE	51716.00	24.86	4
5	SOCIAL WORKERS		HRS OF SERVICE			5
6	DIETICIANS		HRS OF SERVICE			6
7	PHYSICIANS		ACCUMULATED COST			7
8	NON-PATIENT CARE SALARY	128395	ACCUMULATED COST			8
9	SUBTOTAL	2364734				9
10	EMPLOYEE BENEFITS	537421	SALARY			10
11	OLD & NEW CAP REL COSTS-BLDGS & FIXTU		SQUARE FEET			11
12	OLD & NEW CAP REL COSTS-MOV EQUIPMENT		PERCENTAGE OF TIME			12
13	MACHINES COSTS & REPAIRS		PERCENTAGE OF TIME			13
14	SUPPLIES	3089282	REQUISITIONS			14
15	DRUGS		REQUISITIONS			15
16	OTHER	172195	ACCUMULATED COST			16
17	SUBTOTAL	6163632				17
18	OLD CAP REL COSTS-BLDGS & FIXTURES		SQUARE FEET			18
19	OLD CAP REL COSTS-MOV EQUIPMENT		PERCENTAGE OF TIME			19
20	NEW CAP REL COSTS-BLDGS & FIXTURES	134752	SQUARE FEET			20
21	NEW CAP REL COSTS-MOV EQUIPMENT	141232	PERCENTAGE OF TIME			21
22	EMPLOYEE BENEFITS	17712	SALARY			22
23	ADMINISTRATIVE AND GENERAL	1342500	ACCUMULATED COST			23
24	MAINT/REPAIRS-OPERATION-HOUSEKEEPING	246678	SQUARE FEET			24
25	MEDICAL EDUCATION PROGRAM COSTS					25
26	CENTRAL SERVICES & SUPPLIES	9501	REQUISITIONS			26
27	PHARMACY	412127	REQUISITIONS			27
28	OTHER ALLOCATED COSTS	607943	ACCUMULATED COST			28
29	SUBTOTAL	9076077				29
30	LABORATORY		CHARGES			30
30.01	LABORATORY-SURGICAL PATHOLOGY		CHARGES			30.01
30.02	LABORATORY-NEUROSURGICAL		CHARGES			30.02
30.03	LABORATORY-HLA		CHARGES			30.03
31	RESPIRATORY THERAPY		CHARGES			31
32	PULMONARY LABS		CHARGES			32
32.01	OCCUPATIONAL HEALTH		CHARGES			32.01
32.03	HYPERALIMENTATION		CHARGES			32.03
32.04	PERIPHERAL VASCULAR		CHARGES			32.04
32.05	PEDIATRIC ENDO NUTRITION		CHARGES			32.05
32.06	CARDIAC CATHETER LAB		CHARGES			32.06
32.07	GASTROINTESTINAL SERVICE		CHARGES			32.07
32.08	BIOPSY/RIGHT CARDIAC CATH LAB		CHARGES			32.08
32.09	BONE MARROW PROCUREMENT		CHARGES			32.09
33	TOTAL COSTS	9076077				33

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ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 14-2329

WORKSHEET I-2

CHECK APPLICABLE BOX: [XX] RENAL DIALYSIS DEPARTMENT [ ] HOME PROGRAM DIALYSIS

		---CAPITAL AND--- RELATED COSTS BUILDING 1	EQUIPMENT 2	DIRECT PATIENT CARE RNS 3	SALARY OTHER 4	EMPLOYEE BENEFITS 5	DRUGS 6	MEDICAL SUPPLIES 7	ROUTINE ANCILLARY SERVICES 8	SUB-TOTAL 9	OVERHEAD 10	TOTAL 11	
1	TOTAL RENAL DEPT COSTS	381430	141232	1228540	1007799	555133	412127	3098783		6825044	2251033	9076077	1
	MAINTENANCE												
2	HEMODIALYSIS	254363	94182	819306	672093	370217	274847	2290877		4775885	1575179	6351064	2
3	INTERMITTENT PERITONEAL												3
	TRAINING												
4	HEMODIALYSIS												4
5	INTERMITTENT PERITONEAL												5
6	CAPD	520	193	1637	1345	739	548	4554		9536	3145	12681	6
7	CCPD	455	169	1463	1189	655	486	4054		8471	2794	11265	7
	HOME												
8	HEMODIALYSIS												8
9	INTERMITTENT PERITONEAL												9
10	CAPD	30881	11434	99469	81612	44953	33373	278188		579910	191266	771176	10
11	CCPD	57861	21424	186361	152877	84216	62521	521110		1086370	358307	1444677	11
	OTHER BILLABLE SERVICES												
12	INPATIENT DIALYSIS	37350	13830	120304	98683	54353	40352			364872	120342	485214	12
13	METHOD II HOME PATIENT												13
14	EPO (INCL IN RENAL DEPT)												14
14.01	ARANESP (INCL IN RENAL DEPT)												14.01
15	OTHER												15
16	TOTAL	381430	141232	1228540	1007799	555133	412127	3098783		6825044	2251033	9076077	16
17	MEDICAL EDUC PGM COSTS												17
18	TOTAL RENAL COSTS											9076077	18

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

COMPONENT NO: 14-2329

WORKSHEET I-3

CHECK APPLICABLE BOX: [XX] RENAL DIALYSIS DEPARTMENT [ ] HOME PROGRAM DIALYSIS

		----CAPITAL AND---- RELATED COSTS BUILDING (SQUARE FEET) 1	EQUIPMENT (% OF TIME) 2	-DIRECT PATIENT- CARE RNS (HOURS) 3	SALARY OTHERS (HOURS) 4	EMPLOYEE BENEFITS (SALARY) 5	DRGS (REQUIS) 6	MEDICAL SUPPLIES (REQUIS) 7	ROUTINE ANCILLARY SERVICES (CHARGES) 8	SUB-TOTAL 9	OVERHEAD (ACCUM. COST) 10	
1	TOTAL RENAL DEPT COSTS	381430	141232	1228540	1007799	555133	412127	3098783		6825044	2251033	1
	MAINTENANCE											
2	HEMODIALYSIS	7825	7825.00	23516.00	34489.00	1577037	1247264	41249				2
3	INTERMITTENT PERITONEAL											3
	TRAINING											
4	HEMODIALYSIS											4
5	INTERMITTENT PERITONEAL											5
6	CAPD	16	16.00	47.00	69.00	3146	2488	82				6
7	CCPD	14	14.00	42.00	61.00	2789	2206	73				7
	HOME											
8	HEMODIALYSIS											8
9	INTERMITTENT PERITONEAL											9
10	CAPD	950	950.00	2855.00	4188.00	191490	151447	5009				10
11	CCPD	1780	1780.00	5349.00	7845.00	358739	283723	9383				11
	OTHER BILLABLE SERVICES											
12	INPT DIAL TRTMNTS 3583	1149	1149.00	3453.00	5064.00	231532	183117					
13	METHOD II HOME PATIENT											13
14	EPO											14
14.01	ARANESP											14.01
15	OTHER											15
16	TOTAL STATISTICAL BASIS	11734	11734.00	35262.00	51716.00	2364733	1870245	55796			6825044	16
17	UNIT COST MULTIPLIER	32.506392	12.036134	34.840338	19.487180	.234755	.220360	55.537727			.329820	17

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

COMPONENT NO: 14-2329
PAYMENT RATE # 1

WORKSHEET I-4

CHECK APPLICABLE BOX: [XX] RENAL DIALYSIS DEPARTMENT [ ] HOME PROGRAM DIALYSIS

	NUMBER OF TOTAL TREATMENTS 1	TOTAL COST 2	AVG COST OF PROGRAM TREATMENTS 3	NUMBER OF PROGRAM TREATMENTS 4	TOTAL PROGRAM EXPENSES 5	PAYMENT RATE 6	TOTAL PROGRAM PAYMENT 7	
1 MAINTENANCE - HEMODIALYSIS	17432	6351064	364.33	15497	5646022			1
2 MAINTENANCE - PERITONEAL DIALYSIS								2
3 TRAINING - HEMODIALYSIS								3
4 TRAINING - PERITONEAL DIALYSIS								4
5 TRAINING - CAPD	35	12681	362.31	29	10507			5
6 TRAINING - CCPD	27	11265	417.22	27	11265			6
7 HOME PROGRAM - HEMODIALYSIS								7
8 HOME PROGRAM - PERITONEAL DIALYSIS								8
	PATIENT WEEKS			PATIENT WEEKS				
9 HOME PROGRAM - CAPD	1855	771176	415.73	1855	771179			9
10 HOME PROGRAM - CCPD	1856	1444677	778.38	1856	1444673			10
11 TOTALS	17494	8590863		15553	7883646			11

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B COMPONENT NO: 14-2329 WORKSHEET I-5

	DESCRIPTION		
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES	7883646	1
2	TOTAL PAYMENT (FROM I-4, COLUMN 7, LINE11)		2
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS		3
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS		4
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES		5
5.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		5.01
6	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS		6
7	PROGRAM PAYMENT		7
8	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9)		8
9	REIMBURSABLE BAD DEBTS		9

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1566

WORKSHEET K

		SALARIES 1	EMPLOYEE BENEFITS 2	TRANS-PORTATION 3	CONTRACTED SERVICES 4	OTHER 5	TOTAL 6	
	GENERAL SERVICE COST CENTER							
1	CAPITAL RELATED COSTS-BLDG AND FIXT.							1
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.							2
3	PLANT OPERATION AND MAINTENANCE							3
4	TRANSPORTATION - STAFF							4
5	VOLUNTEER SERVICE COORDINATION							5
6	ADMINISTRATIVE AND GENERAL	123301	28827			114930	267058	6
	INPATIENT CARE SERVICE							
7	INPATIENT - GENERAL CARE							7
8	INPATIENT - RESPITE CARE							8
	VISITING SERVICES							
9	PHYSICIAN SERVICES							9
10	NURSING CARE	295969	69195	21388		172395	558947	10
10.20	NURSING CARE-CONTINUOUS HOME CARE							10.20
11	PHYSICAL THERAPY							11
12	OCCUPATIONAL THERAPY							12
13	SPEECH/LANGUAGE PATHOLOGY							13
14	MEDICAL SOCIAL SERVICES	63607	14871	4596			83074	14
15	SPIRITUAL COUNSELING	49103	11480				60583	15
16	DIETARY COUNSELING							16
17	COUNSELING - OTHER							17
18	HOME HEALTH AIDE AND HOMEMAKER	65545	15324	4737			85606	18
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE							18.20
19	OTHER							19
	OTHER HOSPICE SERVICE COSTS							
20	DRUGS, BIOLOGICAL & INFUSION THERAPY							20
20.30	ANALGESICS							20.30
20.31	SEDATIVES / HYPNOTICS							20.31
20.32	OTHER - SPECIFY							20.32
21	DURABLE MEDICAL EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (INCLUDING E/R DEPT.)							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
	HOSPICE NONREIMBURSABLE SERVICE							
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTAL	597525	139697	30721		287325	1055268	34

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1566

WORKSHEET K
(CONTINUED)

		RECLASSIFI-CATION 7	SUBTOTAL 8	ADJUSTMENTS 9	TOTAL 10	
	GENERAL SERVICE COST CENTER					
1	CAPITAL RELATED COSTS-BLDG AND FIXT.					1
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.					2
3	PLANT OPERATION AND MAINTENANCE					3
4	TRANSPORTATION - STAFF					4
5	VOLUNTEER SERVICE COORDINATION					5
6	ADMINISTRATIVE AND GENERAL	-24192	242866	-52719	190147	6
	INPATIENT CARE SERVICE					
7	INPATIENT - GENERAL CARE					7
8	INPATIENT - RESPITE CARE					8
	VISITING SERVICES					
9	PHYSICIAN SERVICES					9
10	NURSING CARE		558947		558947	10
10.20	NURSING CARE-CONTINUOUS HOME CARE					10.20
11	PHYSICAL THERAPY					11
12	OCCUPATIONAL THERAPY					12
13	SPEECH/LANGUAGE PATHOLOGY					13
14	MEDICAL SOCIAL SERVICES		83074		83074	14
15	SPIRITUAL COUNSELING		60583		60583	15
16	DIETARY COUNSELING					16
17	COUNSELING - OTHER					17
18	HOME HEALTH AIDE AND HOMEMAKER		85606		85606	18
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE					18.20
19	OTHER					19
	OTHER HOSPICE SERVICE COSTS					
20	DRUGS, BIOLOGICAL & INFUSION THERAPY					20
20.30	ANALGESICS					20.30
20.31	SEDATIVES / HYPNOTICS					20.31
20.32	OTHER - SPECIFY					20.32
21	DURABLE MEDICAL EQUIPMENT/OXYGEN					21
22	PATIENT TRANSPORTATION					22
23	IMAGING SERVICES					23
24	LABS AND DIAGNOSTICS					24
25	MEDICAL SUPPLIES					25
26	OUTPATIENT SERVICES (INCLUDING E/R DEPT.)					26
27	RADIATION THERAPY					27
28	CHEMOTHERAPY					28
29	OTHER					29
	HOSPICE NONREIMBURSABLE SERVICE					
30	BEREAVEMENT PROGRAM COSTS					30
31	VOLUNTEER PROGRAM COSTS					31
32	FUNDRAISING					32
33	OTHER PROGRAM COSTS					33
34	TOTAL	-24192	1031076	-52719	978357	34

HOSPICE COMPENSATION ANALYSIS - SALARIES AND WAGES HOSPICE NO.: 14-1566 WORKSHEET K-1

		ADMINI-STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER-VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9	
	GENERAL SERVICE COST CENTER										
1	CAP REL COSTS-BLDG AND FIXT.										1
2	CAP REL COSTS-MOVABLE EQUIP.										2
3	PLANT OPERATION & MAINT.										3
4	TRANSPORTATION - STAFF										4
5	VOLUNTEER SERVICE COORD.										5
6	ADMINISTRATIVE AND GENERAL		31498						91803	123301	6
	INPATIENT CARE SERVICE										
7	INPATIENT - GENERAL CARE										7
8	INPATIENT - RESPITE CARE										8
	VISITING SERVICES										
9	PHYSICIAN SERVICES										9
10	NURSING CARE					295969				295969	10
10.20	NURSING CARE-CONT.HOME CARE										10.20
11	PHYSICAL THERAPY										11
12	OCCUPATIONAL THERAPY										12
13	SPEECH/LANGUAGE PATHOLOGY										13
14	MEDICAL SOCIAL SERVICES			63607						63607	14
15	SPIRITUAL COUNSELING								49103	49103	15
16	DIETARY COUNSELING										16
17	COUNSELING - OTHER										17
18	HH AIDE AND HOMEMAKER							65545		65545	18
18.20	HH AIDE & HMKR-CONT.HME CARE										18.20
19	OTHER										19
	OTHER HOSPICE SERVICE COSTS										
20	DRUGS, BIOL. & INFUS. THER.										20
20.30	ANALGESICS										20.30
20.31	SEDATIVES / HYPNOTICS										20.31
20.32	OTHER - SPECIFY										20.32
21	DURABLE MED. EQUIP./OXYGEN										21
22	PATIENT TRANSPORTATION										22
23	IMAGING SERVICES										23
24	LABS AND DIAGNOSTICS										24
25	MEDICAL SUPPLIES										25
26	OUTPAT.SERV.(INCL.E/R DEPT.)										26
27	RADIATION THERAPY										27
28	CHEMOTHERAPY										28
29	OTHER										29
	HOSPICE NONREIMBURSABLE SERVICE										
30	BEREAVEMENT PROGRAM COSTS										30
31	VOLUNTEER PROGRAM COSTS										31
32	FUNDRAISING										32
33	OTHER PROGRAM COSTS										33
34	TOTAL		31498	63607		295969		65545	140906	597525	34

HOSPICE COMPENSATION ANALYSIS - EMPLOYEE BENEFITS (PAYROLL RELATED) HOSPICE NO.: 14-1566 WORKSHEET K-2

		ADMINI-STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER-VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9	
	GENERAL SERVICE COST CENTER										
1	CAP REL COSTS-BLDG AND FIXT.										1
2	CAP REL COSTS-MOVABLE EQUIP.										2
3	PLANT OPERATION & MAINT.										3
4	TRANSPORTATION - STAFF										4
5	VOLUNTEER SERVICE COORD.										5
6	ADMINISTRATIVE AND GENERAL		7364						21463	28827	6
	INPATIENT CARE SERVICE										
7	INPATIENT - GENERAL CARE										7
8	INPATIENT - RESPITE CARE										8
	VISITING SERVICES										
9	PHYSICIAN SERVICES										9
10	NURSING CARE					69195				69195	10
10.20	NURSING CARE-CONT.HOME CARE										10.20
11	PHYSICAL THERAPY										11
12	OCCUPATIONAL THERAPY										12
13	SPEECH/LANGUAGE PATHOLOGY										13
14	MEDICAL SOCIAL SERVICES			14871						14871	14
15	SPIRITUAL COUNSELING								11480	11480	15
16	DIETARY COUNSELING										16
17	COUNSELING - OTHER										17
18	HH AIDE AND HOMEMAKER							15324		15324	18
18.20	HH AIDE & HMKR-CONT.HME CARE										18.20
19	OTHER										19
	OTHER HOSPICE SERVICE COSTS										
20	DRUGS, BIOL. & INFUS. THER.										20
20.30	ANALGESICS										20.30
20.31	SEDATIVES / HYPNOTICS										20.31
20.32	OTHER - SPECIFY										20.32
21	DURABLE MED. EQUIP./OXYGEN										21
22	PATIENT TRANSPORTATION										22
23	IMAGING SERVICES										23
24	LABS AND DIAGNOSTICS										24
25	MEDICAL SUPPLIES										25
26	OUTPAT.SERV.(INCL.E/R DEPT.)										26
27	RADIATION THERAPY										27
28	CHEMOTHERAPY										28
29	OTHER										29
	HOSPICE NONREIMBURSABLE SERVICE										
30	BEREAVEMENT PROGRAM COSTS										30
31	VOLUNTEER PROGRAM COSTS										31
32	FUNDRAISING										32
33	OTHER PROGRAM COSTS										33
34	TOTAL		7364	14871		69195		15324	32943	139697	34

HOSPICE COMPENSATION ANALYSIS - CONTRACTED SERVICES/PURCHASED SERVICES HOSPICE NO.: 14-1566 WORKSHEET K-3

		ADMINI-STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER-VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9	
	GENERAL SERVICE COST CENTER										
1	CAP REL COSTS-BLDG AND FIXT.										1
2	CAP REL COSTS-MOVABLE EQUIP.										2
3	PLANT OPERATION & MAINT.										3
4	TRANSPORTATION - STAFF										4
5	VOLUNTEER SERVICE COORD.										5
6	ADMINISTRATIVE AND GENERAL										6
	INPATIENT CARE SERVICE										
7	INPATIENT - GENERAL CARE										7
8	INPATIENT - RESPITE CARE										8
	VISITING SERVICES										
9	PHYSICIAN SERVICES										9
10	NURSING CARE										10
10.20	NURSING CARE-CONT.HOME CARE										10.20
11	PHYSICAL THERAPY										11
12	OCCUPATIONAL THERAPY										12
13	SPEECH/LANGUAGE PATHOLOGY										13
14	MEDICAL SOCIAL SERVICES										14
15	SPIRITUAL COUNSELING										15
16	DIETARY COUNSELING										16
17	COUNSELING - OTHER										17
18	HH AIDE AND HOMEMAKER										18
18.20	HH AIDE & HMKR-CONT.HME CARE										18.20
19	OTHER										19
	OTHER HOSPICE SERVICE COSTS										
20	DRUGS, BIOL. & INFUS. THER.										20
20.30	ANALGESICS										20.30
20.31	SEDATIVES / HYPNOTICS										20.31
20.32	OTHER - SPECIFY										20.32
21	DURABLE MED. EQUIP./OXYGEN										21
22	PATIENT TRANSPORTATION										22
23	IMAGING SERVICES										23
24	LABS AND DIAGNOSTICS										24
25	MEDICAL SUPPLIES										25
26	OUTPAT.SERV.(INCL.E/R DEPT.)										26
27	RADIATION THERAPY										27
28	CHEMOTHERAPY										28
29	OTHER										29
	HOSPICE NONREIMBURSABLE SERVICE										
30	BEREAVEMENT PROGRAM COSTS										30
31	VOLUNTEER PROGRAM COSTS										31
32	FUNDRAISING										32
33	OTHER PROGRAM COSTS										33
34	TOTAL										34

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE NO.: 14-1566

WORKSHEET K-4
PART I

		NET EXPENSES FOR COST ALLOCATION 0	CAP REL COST BLDG & FIXTURES 1	CAP REL MOVABLE EQUIPMENT 2	PLANT OPERATN & MAINT 3	TRANSPO-RTATION 4	VOLUNTEER SERV. CO-ORDINATOR 5	SUBTOTAL 5A	ADMIN & GENERAL 6	TOTAL 7	
	GENERAL SERVICE COST CENTER										
1	CAP REL COSTS-BLDG AND FIXT.										1
2	CAP REL COSTS-MOVABLE EQUIP.										2
3	PLANT OPERATION & MAINT.										3
4	TRANSPORTATION - STAFF										4
5	VOLUNTEER SERVICE COORD.										5
6	ADMINISTRATIVE AND GENERAL	190147						190147	190147		6
	INPATIENT CARE SERVICE										
7	INPATIENT - GENERAL CARE										7
8	INPATIENT - RESPITE CARE										8
	VISITING SERVICES										
9	PHYSICIAN SERVICES										9
10	NURSING CARE	558947						558947	134839	693786	10
10.20	NURSING CARE-CONTINUOUS HOME										10.20
11	PHYSICAL THERAPY										11
12	OCCUPATIONAL THERAPY										12
13	SPEECH/LANGUAGE PATHOLOGY										13
14	MEDICAL SOCIAL SERVICES	83074						83074	20041	103115	14
15	SPIRITUAL COUNSELING	60583						60583	14615	75198	15
16	DIETARY COUNSELING										16
17	COUNSELING - OTHER										17
18	HH AIDE AND HOMEMAKER	85606						85606	20652	106258	18
18.20	HH AIDE & HMKR-CONT. HOME CA										18.20
19	OTHER										19
	OTHER HOSPICE SERVICE COSTS										
20	DRUGS, BIOL. & INFUS. THER.										20
20.30	ANALGESICS										20.30
20.31	SEDATIVES / HYPNOTICS										20.31
20.32	OTHER - SPECIFY										20.32
21	DURABLE MED. EQUIP./OXYGEN										21
22	PATIENT TRANSPORTATION										22
23	IMAGING SERVICES										23
24	LABS AND DIAGNOSTICS										24
25	MEDICAL SUPPLIES										25
26	OUTPAT.SERV.(INCL.E/R DEPT.)										26
27	RADIATION THERAPY										27
28	CHEMOTHERAPY										28
29	OTHER										29
	HOSPICE NONREIMBURSABLE SERV.										
30	BEREAVEMENT PROGRAM COSTS										30
31	VOLUNTEER PROGRAM COSTS										31
32	FUNDRAISING										32
33	OTHER PROGRAM COSTS										33
34	COST TO BE ALLOCATED	978357						978357		978357	34

COST ALLOCATION - HOSPICE STATISTICAL BASIS

HOSPICE NO.: 14-1566

WORKSHEET K-4
PART II

		CAP REL COST BLDG & FIXTURES (SQUARE FEET) 1	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT. (SQUARE FEET) 3	TRANSPO-RTATION (MILEAGE) 4	VOLUNTEER SERV. CO-ORDINATOR (HOURS) 5	RECONCIL-IATION 6A	ADMIN & GENERAL (ACCUM COST) 6	
	GENERAL SERVICE COST CENTER								
1	CAP REL COSTS-BLDG AND FIXT.								1
2	CAP REL COSTS-MOVABLE EQUIP.								2
3	PLANT OPERATION & MAINT.								3
4	TRANSPORTATION - STAFF								4
5	VOLUNTEER SERVICE COORD.								5
6	ADMINISTRATIVE AND GENERAL						-190147	788210	6
	INPATIENT CARE SERVICE								
7	INPATIENT - GENERAL CARE								7
8	INPATIENT - RESPITE CARE								8
	VISITING SERVICES								
9	PHYSICIAN SERVICES								9
10	NURSING CARE							558947	10
10.20	NURSING CARE-CONTINUOUS HOME								10.20
11	PHYSICAL THERAPY								11
12	OCCUPATIONAL THERAPY								12
13	SPEECH/LANGUAGE PATHOLOGY								13
14	MEDICAL SOCIAL SERVICES							83074	14
15	SPIRITUAL COUNSELING							60583	15
16	DIETARY COUNSELING								16
17	COUNSELING - OTHER								17
18	HH AIDE AND HOMEMAKER							85606	18
18.20	HH AIDE & HMKR-CONT. HOME CA								18.20
19	OTHER								19
	OTHER HOSPICE SERVICE COSTS								
20	DRUGS, BIOL. & INFUS. THER.								20
20.30	ANALGESICS								20.30
20.31	SEDATIVES / HYPNOTICS								20.31
20.32	OTHER - SPECIFY								20.32
21	DURABLE MED. EQUIP./OXYGEN								21
22	PATIENT TRANSPORTATION								22
23	IMAGING SERVICES								23
24	LABS AND DIAGNOSTICS								24
25	MEDICAL SUPPLIES								25
26	OUTPAT.SERV.(INCL.E/R DEPT.)								26
27	RADIATION THERAPY								27
28	CHEMOTHERAPY								28
29	OTHER								29
	HOSPICE NONREIMBURSABLE SERVICE								
30	BEREAVEMENT PROGRAM COSTS								30
31	VOLUNTEER PROGRAM COSTS								31
32	FUNDRAISING								32
33	OTHER PROGRAM COSTS								33
34	COST TO BE ALLOCATED							190147	34
35	UNIT COST MULTIPLIER							.241239	35

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1566

WORKSHEET K-5
PART I

	HOSPICE COST CENTER	HOSPICE TRIAL BALANCE 0	OLD CAP BLDGS & FIXTURES 1	NEW CAP BLDGS & FIXTURES 3	NEW CPTL BLG INTRST 3.01	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	COMMUNICTN 6.01	SYSTEM + COMPUTERS 6.02	
1	ADMINISTRATIVE AND GENERAL									1
2	INPATIENT - GENERAL CARE			21	13	14	17	16	39	2
3	INPATIENT - RESPITE CARE						1		1	3
4	PHYSICIAN SERVICES									4
5	NURSING CARE	693786		3825	2458	3077	3753	3356	8452	5
5.20	NURSING CARE-CONTINUOUS HOM									5.20
6	PHYSICAL THERAPY			7	4	5	6		13	6
7	OCCUPATIONAL THERAPY									7
8	SPEECH/LANGUAGE PATHOLOGY									8
9	MEDICAL SOCIAL SERV. - DIRE	103115		21	13	19	23	16	51	9
10	SPIRITUAL COUNSELING	75198								10
11	DIETARY COUNSELING									11
12	COUNSELING - OTHER									12
13	HOME HLTH AIDE & HOMEMAKERS	106258		28	18	20	24	16	54	13
13.20	HH AIDE & HMKR-CONT. HOME C									13.20
14	OTHER									14
15	DRUGS,BIOLOGICALS & INFUSIO									15
15.30	ANALGESICS									15.30
15.31	SEDATIVES / HYPNOTICS									15.31
15.32	OTHER - SPECIFY									15.32
16	DURABLE MED. EQUIP./OXYGEN									16
17	PATIENT TRANSPORTATION									17
18	IMAGING SERVICES									18
19	LABS AND DIAGNOSTICS									19
20	MEDICAL SUPPLIES									20
21	OUTPAT. SERV.(INCL.E/R DEPT									21
22	RADIATION THERAPY									22
23	CHEMOTHERAPY									23
24	OTHER									24
25	BEREAVEMENT PROGRAM COSTS									25
26	VOLUNTEER PROGRAM COSTS									26
27	FUNDRAISING									27
28	OTHER PROGRAM COSTS									28
29	TOTALS	978357		3902	2506	3135	3824	3404	8610	29
30	UNIT COST MULTIPLIER									30

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1566

WORKSHEET K-5
PART I

	HOSPICE COST CENTER	PURCHASING 6.03	OPC STORES 6.04	PATIENT AFFAIRS 6.05	PATIENT ADMITTING 6.06	PATIENT ACCOUNTS 6.07	SUBTOTAL 5A	ACCOUNTING 6.08	EMPLOYEE HEALTH SERVICES 6.09	
1	ADMINISTRATIVE AND GENERAL									1
2	INPATIENT - GENERAL CARE					34	154	1		2
3	INPATIENT - RESPITE CARE					1	3			3
4	PHYSICIAN SERVICES									4
5	NURSING CARE	36			8	7398	726149	3711	2247	5
5.20	NURSING CARE-CONTINUOUS HOM									5.20
6	PHYSICAL THERAPY					12	47			6
7	OCCUPATIONAL THERAPY									7
8	SPEECH/LANGUAGE PATHOLOGY									8
9	MEDICAL SOCIAL SERV. - DIRE					44	103302	528		9
10	SPIRITUAL COUNSELING						75198	384		10
11	DIETARY COUNSELING									11
12	COUNSELING - OTHER									12
13	HOME HLTH AIDE & HOMEMAKERS					48	106466	544		13
13.20	HH AIDE & HMKR-CONT. HOME C									13.20
14	OTHER									14
15	DRUGS,BIOLOGICALS & INFUSIO									15
15.30	ANALGESICS									15.30
15.31	SEDATIVES / HYPNOTICS									15.31
15.32	OTHER - SPECIFY									15.32
16	DURABLE MED. EQUIP./OXYGEN									16
17	PATIENT TRANSPORTATION									17
18	IMAGING SERVICES									18
19	LABS AND DIAGNOSTICS									19
20	MEDICAL SUPPLIES									20
21	OUTPAT. SERV.(INCL.E/R DEPT									21
22	RADIATION THERAPY									22
23	CHEMOTHERAPY									23
24	OTHER									24
25	BEREAVEMENT PROGRAM COSTS									25
26	VOLUNTEER PROGRAM COSTS									26
27	FUNDRAISING									27
28	OTHER PROGRAM COSTS									28
29	TOTALS	36			8	7537	1011319	5168	2247	29
30	UNIT COST MULTIPLIER									30

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1566

WORKSHEET K-5
PART I

	HOSPICE COST CENTER	SUBTOTAL	PASTORAL CARE 6.10	SUBTOTAL	HOSPITAL ADMINSTRTN 6.11	SUBTOTAL	AMBULATORY ADMIN 6.12	SUBTOTAL	PRIMARY CARE ADMIN 6.14	
1	ADMINISTRATIVE AND GENERAL									1
2	INPATIENT - GENERAL CARE	155		155	19	174	2	176	1	2
3	INPATIENT - RESPITE CARE	3		3		3		3		3
4	PHYSICIAN SERVICES									4
5	NURSING CARE	732107	1739	733846	88223	822069	8109	830178	2957	5
5.20	NURSING CARE-CONTINUOUS HOM									5.20
6	PHYSICAL THERAPY	47		47	6	53	1	54		6
7	OCCUPATIONAL THERAPY									7
8	SPEECH/LANGUAGE PATHOLOGY									8
9	MEDICAL SOCIAL SERV. - DIRE	103830	246	104076	12512	116588	1150	117738	419	9
10	SPIRITUAL COUNSELING	75582	179	75761	9108	84869	837	85706	305	10
11	DIETARY COUNSELING									11
12	COUNSELING - OTHER									12
13	HOME HLTH AIDE & HOMEMAKERS	107010	254	107264	12895	120159	1185	121344	432	13
13.20	HH AIDE & HMKR-CONT. HOME C									13.20
14	OTHER									14
15	DRUGS,BIOLOGICALS & INFUSIO									15
15.30	ANALGESICS									15.30
15.31	SEDATIVES / HYPNOTICS									15.31
15.32	OTHER - SPECIFY									15.32
16	DURABLE MED. EQUIP./OXYGEN									16
17	PATIENT TRANSPORTATION									17
18	IMAGING SERVICES									18
19	LABS AND DIAGNOSTICS									19
20	MEDICAL SUPPLIES									20
21	OUTPAT. SERV.(INCL.E/R DEPT									21
22	RADIATION THERAPY									22
23	CHEMOTHERAPY									23
24	OTHER									24
25	BEREAVEMENT PROGRAM COSTS									25
26	VOLUNTEER PROGRAM COSTS									26
27	FUNDRAISING									27
28	OTHER PROGRAM COSTS									28
29	TOTALS	1018734	2418	1021152	122763	1143915	11284	1155199	4114	29
30	UNIT COST MULTIPLIER									30

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1566

WORKSHEET K-5
PART I

	HOSPICE COST CENTER	MAIN-TENANCE & REPAIRS 7	OPERATION OF PLANT 8	SAFETY & SECURITY 8.01	LAUNDRY + LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	MAIN-TENANCE OF PERSONNEL 13	
1	ADMINISTRATIVE AND GENERAL									1
2	INPATIENT - GENERAL CARE		60					5		2
3	INPATIENT - RESPITE CARE									3
4	PHYSICIAN SERVICES									4
5	NURSING CARE		10892	2445		1042		1131		5
5.20	NURSING CARE-CONTINUOUS HOM									5.20
6	PHYSICAL THERAPY		20					2		6
7	OCCUPATIONAL THERAPY									7
8	SPEECH/LANGUAGE PATHOLOGY									8
9	MEDICAL SOCIAL SERV. - DIRE		60					7		9
10	SPIRITUAL COUNSELING									10
11	DIETARY COUNSELING									11
12	COUNSELING - OTHER									12
13	HOME HLTH AIDE & HOMEMAKERS		80					7		13
13.20	HH AIDE & HMKR-CONT. HOME C									13.20
14	OTHER									14
15	DRUGS,BIOLOGICALS & INFUSIO									15
15.30	ANALGESICS									15.30
15.31	SEDATIVES / HYPNOTICS									15.31
15.32	OTHER - SPECIFY									15.32
16	DURABLE MED. EQUIP./OXYGEN									16
17	PATIENT TRANSPORTATION									17
18	IMAGING SERVICES									18
19	LABS AND DIAGNOSTICS									19
20	MEDICAL SUPPLIES									20
21	OUTPAT. SERV.(INCL.E/R DEPT									21
22	RADIATION THERAPY									22
23	CHEMOTHERAPY									23
24	OTHER									24
25	BEREAVEMENT PROGRAM COSTS									25
26	VOLUNTEER PROGRAM COSTS									26
27	FUNDRAISING									27
28	OTHER PROGRAM COSTS									28
29	TOTALS		11112	2445		1042		1152		29
30	UNIT COST MULTIPLIER									30

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1566

WORKSHEET K-5
PART I

	HOSPICE COST CENTER	PATIENT TRNSPRTN 13.01	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	CENTRAL PROCESSING 15.01	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	SOCIAL SERVICE 18	HOSPITAL MEDICAL ADMIN 18.01	
1	ADMINISTRATIVE AND GENERAL									1
2	INPATIENT - GENERAL CARE		89			148	38		114	2
3	INPATIENT - RESPITE CARE					5	1		3	3
4	PHYSICIAN SERVICES									4
5	NURSING CARE		15894	2		32312	8186		24735	5
5.20	NURSING CARE-CONTINUOUS HOM									5.20
6	PHYSICAL THERAPY		45			51	13		39	6
7	OCCUPATIONAL THERAPY									7
8	SPEECH/LANGUAGE PATHOLOGY									8
9	MEDICAL SOCIAL SERV. - DIRE		89			194	49		149	9
10	SPIRITUAL COUNSELING									10
11	DIETARY COUNSELING									11
12	COUNSELING - OTHER									12
13	HOME HLTH AIDE & HOMEMAKERS		89			208	53		159	13
13.20	HH AIDE & HMKR-CONT. HOME C									13.20
14	OTHER									14
15	DRUGS,BIOLOGICALS & INFUSIO									15
15.30	ANALGESICS									15.30
15.31	SEDATIVES / HYPNOTICS									15.31
15.32	OTHER - SPECIFY									15.32
16	DURABLE MED. EQUIP./OXYGEN									16
17	PATIENT TRANSPORTATION									17
18	IMAGING SERVICES									18
19	LABS AND DIAGNOSTICS									19
20	MEDICAL SUPPLIES									20
21	OUTPAT. SERV.(INCL.E/R DEPT									21
22	RADIATION THERAPY									22
23	CHEMOTHERAPY									23
24	OTHER									24
25	BEREAVEMENT PROGRAM COSTS									25
26	VOLUNTEER PROGRAM COSTS									26
27	FUNDRAISING									27
28	OTHER PROGRAM COSTS									28
29	TOTALS		16206	2		32918	8340		25199	29
30	UNIT COST MULTIPLIER									30

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1566

WORKSHEET K-5
PART I

	HOSPICE COST CENTER	NONPHYSIC. ANESTHET. 20	NURSING SCHOOL 21	I&R SALARY & FRINGES 22	I&R PROGRAM COSTS 23	PARAMED EDUCATION 24	PARAMED ED-MICU 24.01	PARAMED ED-SOCIAL WORK 24.02	SUBTOTAL 25	
1	ADMINISTRATIVE AND GENERAL									1
2	INPATIENT - GENERAL CARE								631	2
3	INPATIENT - RESPITE CARE								12	3
4	PHYSICIAN SERVICES									4
5	NURSING CARE								929774	5
5.20	NURSING CARE-CONTINUOUS HOM									5.20
6	PHYSICAL THERAPY								224	6
7	OCCUPATIONAL THERAPY									7
8	SPEECH/LANGUAGE PATHOLOGY									8
9	MEDICAL SOCIAL SERV. - DIRE								118705	9
10	SPIRITUAL COUNSELING								86011	10
11	DIETARY COUNSELING									11
12	COUNSELING - OTHER									12
13	HOME HLTH AIDE & HOMEMAKERS								122372	13
13.20	HH AIDE & HMKR-CONT. HOME C									13.20
14	OTHER									14
15	DRUGS,BIOLOGICALS & INFUSIO									15
15.30	ANALGESICS									15.30
15.31	SEDATIVES / HYPNOTICS									15.31
15.32	OTHER - SPECIFY									15.32
16	DURABLE MED. EQUIP./OXYGEN									16
17	PATIENT TRANSPORTATION									17
18	IMAGING SERVICES									18
19	LABS AND DIAGNOSTICS									19
20	MEDICAL SUPPLIES									20
21	OUTPAT. SERV.(INCL.E/R DEPT									21
22	RADIATION THERAPY									22
23	CHEMOTHERAPY									23
24	OTHER									24
25	BEREAVEMENT PROGRAM COSTS									25
26	VOLUNTEER PROGRAM COSTS									26
27	FUNDRAISING									27
28	OTHER PROGRAM COSTS									28
29	TOTALS								1257729	29
30	UNIT COST MULTIPLIER									30

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1566

WORKSHEET K-5
PART I

	HOSPICE COST CENTER	I&R COST & POST STEP-DOWN ADJS 26	SUBTOTAL 27	ALLOCATED HOSPICE A & G 28	TOTAL HOSPICE COSTS 29	
1	ADMINISTRATIVE AND GENERAL					1
2	INPATIENT - GENERAL CARE		631		631	2
3	INPATIENT - RESPITE CARE		12		12	3
4	PHYSICIAN SERVICES					4
5	NURSING CARE		929774		929774	5
5.20	NURSING CARE-CONTINUOUS HOM					5.20
6	PHYSICAL THERAPY		224		224	6
7	OCCUPATIONAL THERAPY					7
8	SPEECH/LANGUAGE PATHOLOGY					8
9	MEDICAL SOCIAL SERV. - DIRE		118705		118705	9
10	SPIRITUAL COUNSELING		86011		86011	10
11	DIETARY COUNSELING					11
12	COUNSELING - OTHER					12
13	HOME HLTH AIDE & HOMEMAKERS		122372		122372	13
13.20	HH AIDE & HMKR-CONT. HOME C					13.20
14	OTHER					14
15	DRUGS,BIOLOGICALS & INFUSIO					15
15.30	ANALGESICS					15.30
15.31	SEDATIVES / HYPNOTICS					15.31
15.32	OTHER - SPECIFY					15.32
16	DURABLE MED. EQUIP./OXYGEN					16
17	PATIENT TRANSPORTATION					17
18	IMAGING SERVICES					18
19	LABS AND DIAGNOSTICS					19
20	MEDICAL SUPPLIES					20
21	OUTPAT. SERV.(INCL.E/R DEPT					21
22	RADIATION THERAPY					22
23	CHEMOTHERAPY					23
24	OTHER					24
25	BEREAVEMENT PROGRAM COSTS					25
26	VOLUNTEER PROGRAM COSTS					26
27	FUNDRAISING					27
28	OTHER PROGRAM COSTS					28
29	TOTALS		1257729		1257729	29
30	UNIT COST MULTIPLIER					30

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1566 WORKSHEET K-5
STATISTICAL BASIS PART II

	HOSPICE COST CENTER	OLD CAP BLDGS & FIXTURES SQUARE FEET 1	NEW CAP BLDGS & FIXTURES SQUARE FEET 3	NEW CPTL BLG INTRST SQUARE FEET 3.01	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE 4	EMPLOYEE BENEFITS GROSS SALARIES 5	COMMUNICTN PHONE COST 6.01	SYSTEM + COMPUTERS GROSS REVENUE 6.02	PURCHASING NUMBER OF ISSUES 6.03	
1	ADMINISTRATIVE AND GENERAL									1
2	INPATIENT - GENERAL CARE	3	3	3	14	2687	1	5267	13	2
3	INPATIENT - RESPITE CARE					84		165		3
4	PHYSICIAN SERVICES									4
5	NURSING CARE	547	547	547	3080	586526	211	1149818	2945	5
5.20	NURSING CARE-CONTINUOUS HOM									5.20
6	PHYSICAL THERAPY	1	1	1	5	924		1810	5	6
7	OCCUPATIONAL THERAPY									7
8	SPEECH/LANGUAGE PATHOLOGY									8
9	MEDICAL SOCIAL SERV. - DIRE	3	3	3	19	3526	1	6913	18	9
10	SPIRITUAL COUNSELING									10
11	DIETARY COUNSELING									11
12	COUNSELING - OTHER									12
13	HOME HLTH AIDE & HOMEMAKERS	4	4	4	20	3778	1	7407	19	13
13.20	HH AIDE & HMKR-CONT. HOME C									13.20
14	OTHER									14
15	DRUGS,BIOLOGICALS & INFUSIO									15
15.30	ANALGESICS									15.30
15.31	SEDATIVES / HYPNOTICS									15.31
15.32	OTHER - SPECIFY									15.32
16	DURABLE MED. EQUIP./OXYGEN									16
17	PATIENT TRANSPORTATION									17
18	IMAGING SERVICES									18
19	LABS AND DIAGNOSTICS									19
20	MEDICAL SUPPLIES									20
21	OUTPAT. SERV.(INCL.E/R DEPT									21
22	RADIATION THERAPY									22
23	CHEMOTHERAPY									23
24	OTHER									24
25	BEREAVEMENT PROGRAM COSTS									25
26	VOLUNTEER PROGRAM COSTS									26
27	FUNDRAISING									27
28	OTHER PROGRAM COSTS									28
29	TOTAL	558	558	558	3138	597525	214	1171380	3000	29
30	TOTAL COST TO BE ALLOCATED		3902	2506	3135	3824	3404	8610	36	30
31	UNIT COST MULTIPLIER			4.491039		.006400		.007350		31
31	UNIT COST MULTIPLIER		6.992832		.999044		15.906542		.012000	31

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

HOSPICE NO.: 14-1566

WORKSHEET K-5
PART II

	HOSPICE COST CENTER	OPC STORES NUMBER OF ISSUES 6.04	PATIENT AFFAIRS NUMBER OF VISITS 6.05	PATIENT ADMITTING INPATIENT REVENUE 6.06	PATIENT ACCOUNTS GROSS REVENUE 6.07	RECON-CILIATION 6A.08	ACCOUNTING ACCUM COST 6.08	EMPLOYEE HEALTH SERVICES FTES 6.09	RECON-CILIATION	
1	ADMINISTRATIVE AND GENERAL									1
2	INPATIENT - GENERAL CARE			20	5267		154			2
3	INPATIENT - RESPITE CARE			1	165		3			3
4	PHYSICIAN SERVICES									4
5	NURSING CARE			4366	1149818		726149	10		5
5.20	NURSING CARE-CONTINUOUS HOM									5.20
6	PHYSICAL THERAPY			7	1810		47			6
7	OCCUPATIONAL THERAPY									7
8	SPEECH/LANGUAGE PATHOLOGY									8
9	MEDICAL SOCIAL SERV. - DIRE			26	6913		103302			9
10	SPIRITUAL COUNSELING						75198			10
11	DIETARY COUNSELING									11
12	COUNSELING - OTHER									12
13	HOME HLTH AIDE & HOMEMAKERS			28	7407		106466			13
13.20	HH AIDE & HMKR-CONT. HOME C									13.20
14	OTHER									14
15	DRUGS,BIOLOGICALS & INFUSIO									15
15.30	ANALGESICS									15.30
15.31	SEDATIVES / HYPNOTICS									15.31
15.32	OTHER - SPECIFY									15.32
16	DURABLE MED. EQUIP./OXYGEN									16
17	PATIENT TRANSPORTATION									17
18	IMAGING SERVICES									18
19	LABS AND DIAGNOSTICS									19
20	MEDICAL SUPPLIES									20
21	OUTPAT. SERV.(INCL.E/R DEPT									21
22	RADIATION THERAPY									22
23	CHEMOTHERAPY									23
24	OTHER									24
25	BEREAVEMENT PROGRAM COSTS									25
26	VOLUNTEER PROGRAM COSTS									26
27	FUNDRAISING									27
28	OTHER PROGRAM COSTS									28
29	TOTAL			4448	1171380		1011319	10		29
30	TOTAL COST TO BE ALLOCATED			8	7537		5168	2247		30
31	UNIT COST MULTIPLIER			.001799				224.700000		31
31	UNIT COST MULTIPLIER				.006434		.005110			31

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1566 WORKSHEET K-5
STATISTICAL BASIS PART II

	HOSPICE COST CENTER	PASTORAL CARE ACCUM COST 6.10	RECON-CILIATION	HOSPITAL ADMINSTRTN ACCUM COST 6.11	RECON-CILIATION	AMBULATORY ADMIN ACCUM COST 6.12	RECON-CILIATION	PRIMARY CARE ADMIN ACCUM COST 6.14	MAIN-TENANCE & REPAIRS SQUARE FEET 7	
1	ADMINISTRATIVE AND GENERAL									1
2	INPATIENT - GENERAL CARE	155		155		174		176		2
3	INPATIENT - RESPITE CARE	3		3		3		3		3
4	PHYSICIAN SERVICES									4
5	NURSING CARE	732107		733846		822069		830178		5
5.20	NURSING CARE-CONTINUOUS HOM									5.20
6	PHYSICAL THERAPY	47		47		53		54		6
7	OCCUPATIONAL THERAPY									7
8	SPEECH/LANGUAGE PATHOLOGY									8
9	MEDICAL SOCIAL SERV. - DIRE	103830		104076		116588		117738		9
10	SPIRITUAL COUNSELING	75582		75761		84869		85706		10
11	DIETARY COUNSELING									11
12	COUNSELING - OTHER									12
13	HOME HLTH AIDE & HOMEMAKERS	107010		107264		120159		121344		13
13.20	HH AIDE & HMKR-CONT. HOME C									13.20
14	OTHER									14
15	DRUGS,BIOLOGICALS & INFUSIO									15
15.30	ANALGESICS									15.30
15.31	SEDATIVES / HYPNOTICS									15.31
15.32	OTHER - SPECIFY									15.32
16	DURABLE MED. EQUIP./OXYGEN									16
17	PATIENT TRANSPORTATION									17
18	IMAGING SERVICES									18
19	LABS AND DIAGNOSTICS									19
20	MEDICAL SUPPLIES									20
21	OUTPAT. SERV.(INCL.E/R DEPT									21
22	RADIATION THERAPY									22
23	CHEMOTHERAPY									23
24	OTHER									24
25	BEREAVEMENT PROGRAM COSTS									25
26	VOLUNTEER PROGRAM COSTS									26
27	FUNDRAISING									27
28	OTHER PROGRAM COSTS									28
29	TOTAL	1018734		1021152		1143915		1155199		29
30	TOTAL COST TO BE ALLOCATED	2418		122763		11284		4114		30
31	UNIT COST MULTIPLIER	.002374		.120220		.009864		.003561		31
31	UNIT COST MULTIPLIER									31

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

HOSPICE NO.: 14-1566

WORKSHEET K-5
PART II

	HOSPICE COST CENTER	OPERATION OF PLANT SQUARE FEET 8	SAFETY & SECURITY HOURS OF SERVICES 8.01	LAUNDRY + LINEN SERVICE LAUNDRY COST 9	HOUSE-KEEPING HOURS OF SERVICE 10	DIETARY MEALS SERVED 11	CAFETERIA PAID HOURS 12	MAIN-TENANCE OF PERSONNEL NUMBER HOUSED 13	PATIENT TRNSPRTN NUMBER OF TRIPS 13.01	
1	ADMINISTRATIVE AND GENERAL									1
2	INPATIENT - GENERAL CARE	3					89			2
3	INPATIENT - RESPITE CARE						3			3
4	PHYSICIAN SERVICES									4
5	NURSING CARE	547	47		47		19416			5
5.20	NURSING CARE-CONTINUOUS HOM									5.20
6	PHYSICAL THERAPY	1					31			6
7	OCCUPATIONAL THERAPY									7
8	SPEECH/LANGUAGE PATHOLOGY									8
9	MEDICAL SOCIAL SERV. - DIRE	3					117			9
10	SPIRITUAL COUNSELING									10
11	DIETARY COUNSELING									11
12	COUNSELING - OTHER									12
13	HOME HLTH AIDE & HOMEMAKERS	4					125			13
13.20	HH AIDE & HMKR-CONT. HOME C									13.20
14	OTHER									14
15	DRUGS,BIOLOGICALS & INFUSIO									15
15.30	ANALGESICS									15.30
15.31	SEDATIVES / HYPNOTICS									15.31
15.32	OTHER - SPECIFY									15.32
16	DURABLE MED. EQUIP./OXYGEN									16
17	PATIENT TRANSPORTATION									17
18	IMAGING SERVICES									18
19	LABS AND DIAGNOSTICS									19
20	MEDICAL SUPPLIES									20
21	OUTPAT. SERV.(INCL.E/R DEPT									21
22	RADIATION THERAPY									22
23	CHEMOTHERAPY									23
24	OTHER									24
25	BEREAVEMENT PROGRAM COSTS									25
26	VOLUNTEER PROGRAM COSTS									26
27	FUNDRAISING									27
28	OTHER PROGRAM COSTS									28
29	TOTAL	558	47		47		19781			29
30	TOTAL COST TO BE ALLOCATED	11112	2445		1042		1152			30
31	UNIT COST MULTIPLIER	19.913978								31
31	UNIT COST MULTIPLIER		52.021277		22.170213		.058238			31

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1566 WORKSHEET K-5
STATISTICAL BASIS PART II

	HOSPICE COST CENTER	NURSING ADMINIS-TRATION RN FTES 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	CENTRAL PROCESSING NUMBER OF INSTRUMENT 15.01	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS + LIBRARY GROSS REVENUE 17	SOCIAL SERVICE TIME SPENT 18	HOSPITAL MEDICAL ADMIN MED ADMIN COMPNSTN 18.01	NONPHYSIC. ANESTHET. ASSIGNED TIME 20	
1	ADMINISTRATIVE AND GENERAL									1
2	INPATIENT - GENERAL CARE	2			672	5267		102		2
3	INPATIENT - RESPITE CARE				21	165		3		3
4	PHYSICIAN SERVICES									4
5	NURSING CARE	357	14		146633	1149818		22224		5
5.20	NURSING CARE-CONTINUOUS HOM									5.20
6	PHYSICAL THERAPY	1			231	1810		35		6
7	OCCUPATIONAL THERAPY									7
8	SPEECH/LANGUAGE PATHOLOGY									8
9	MEDICAL SOCIAL SERV. - DIRE	2			882	6913		134		9
10	SPIRITUAL COUNSELING									10
11	DIETARY COUNSELING									11
12	COUNSELING - OTHER									12
13	HOME HLTH AIDE & HOMEMAKERS	2			945	7407		143		13
13.20	HH AIDE & HMKR-CONT. HOME C									13.20
14	OTHER									14
15	DRUGS,BIOLOGICALS & INFUSIO									15
15.30	ANALGESICS									15.30
15.31	SEDATIVES / HYPNOTICS									15.31
15.32	OTHER - SPECIFY									15.32
16	DURABLE MED. EQUIP./OXYGEN									16
17	PATIENT TRANSPORTATION									17
18	IMAGING SERVICES									18
19	LABS AND DIAGNOSTICS									19
20	MEDICAL SUPPLIES									20
21	OUTPAT. SERV.(INCL.E/R DEPT									21
22	RADIATION THERAPY									22
23	CHEMOTHERAPY									23
24	OTHER									24
25	BEREAVEMENT PROGRAM COSTS									25
26	VOLUNTEER PROGRAM COSTS									26
27	FUNDRAISING									27
28	OTHER PROGRAM COSTS									28
29	TOTAL	364	14		149384	1171380		22641		29
30	TOTAL COST TO BE ALLOCATED	16206	2		32918	8340		25199		30
31	UNIT COST MULTIPLIER	44.521978				.007120		1.112981		31
31	UNIT COST MULTIPLIER		.142857		.220358					31

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1566 WORKSHEET K-5
STATISTICAL BASIS PART II

	HOSPICE COST CENTER	NURSING SCHOOL PATIENT DAYS 21	I&R SALARY & FRINGES ASSIGNED TIME 22	I&R PROGRAM COSTS ASSIGNED TIME 23	PARAMED EDUCATION ASSIGNED TIME 24	PARAMED ED-MICU TIME SPENT 24.01	PARAMED ED-SOCIAL WORK TIME SPENT 24.02	
1	ADMINISTRATIVE AND GENERAL							1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES							4
5	NURSING CARE							5
5.20	NURSING CARE-CONTINUOUS HOM							5.20
6	PHYSICAL THERAPY							6
7	OCCUPATIONAL THERAPY							7
8	SPEECH/LANGUAGE PATHOLOGY							8
9	MEDICAL SOCIAL SERV. - DIRE							9
10	SPIRITUAL COUNSELING							10
11	DIETARY COUNSELING							11
12	COUNSELING - OTHER							12
13	HOME HLTH AIDE & HOMEMAKERS							13
13.20	HH AIDE & HMKR-CONT. HOME C							13.20
14	OTHER							14
15	DRUGS,BIOLOGICALS & INFUSIO							15
15.30	ANALGESICS							15.30
15.31	SEDATIVES / HYPNOTICS							15.31
15.32	OTHER - SPECIFY							15.32
16	DURABLE MED. EQUIP./OXYGEN							16
17	PATIENT TRANSPORTATION							17
18	IMAGING SERVICES							18
19	LABS AND DIAGNOSTICS							19
20	MEDICAL SUPPLIES							20
21	OUTPAT. SERV.(INCL.E/R DEPT							21
22	RADIATION THERAPY							22
23	CHEMOTHERAPY							23
24	OTHER							24
25	BEREAVEMENT PROGRAM COSTS							25
26	VOLUNTEER PROGRAM COSTS							26
27	FUNDRAISING							27
28	OTHER PROGRAM COSTS							28
29	TOTAL							29
30	TOTAL COST TO BE ALLOCATED							30
31	UNIT COST MULTIPLIER							31
31	UNIT COST MULTIPLIER							31

APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE NO.: 14-1566

WORKSHEET K-5
PART III

PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

		WKST C, PART I, COL. 9, LINE 0	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3	
	ANCILLARY SERVICE COST CENTERS					
1	PHYSICAL THERAPY	50	0.434717			1
2	OCCUPATIONAL THERAPY	51	0.388116			2
3	SPEECH/LANGUAGE PATHOLOGY	52	0.531919			3
4	DRUGS, BIOLOGICALS AND INFUSION	56	0.277137			4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	67	0.864452			5
6	LABS AND DIAGNOSTICS	44	0.152115			6
6.01	LABORATORY-SURGICAL PATHOLOGY	44.01	0.313552			6.01
6.02	LABORATORY-NEUROSURGICAL	44.02				6.02
6.03	LABORATORY-HLA	44.03	0.516080			6.03
7	MEDICAL SUPPLIES	55	0.678891			7
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	61	0.292926			8
9	RADIATION THERAPY	41	0.440077			9
9.01	RADIOLOGY-ULTRASOUND	41.01	0.257416			9.01
9.02	RADIOLOGY-MRI	41.02	0.187126			9.02
9.03	RADIOLOGY-CAT SCAN	41.03	0.118807			9.03
10	PULMONARY LABS	59	0.328034			10
10.01	OCCUPATIONAL HEALTH	59.01	0.699532			10.01
10.03	HYPERALIMENTATION	59.03	0.471464			10.03
10.04	PERIPHERAL VASCULAR	59.04	0.309817			10.04
10.05	PEDIATRIC ENDO NUTRITION	59.05				10.05
10.06	CARDIAC CATHETER LAB	59.06	0.246526			10.06
10.07	GASTROINTESTINAL SERVICE	59.07	0.333922			10.07
10.08	BIOPSY/RIGHT CARDIAC CATH LAB	59.08				10.08
10.09	BONE MARROW PROCUREMENT	59.09	1.008315			10.09
11	TOTALS					11

CALCULATION OF HOSPICE PER DIEM COST

HOSPICE NO.: 14-1566

WORKSHEET K-6

	COMPUTATION OF PER DIEM COST	TITLE XVIII 1	TITLE XIX 2	OTHER 3	TOTAL 4	
1	TOTAL COST				1257729	1
2	TOTAL UNDUPLICATED DAYS				7117	2
3	AGGREGATE COST PER DIEM				176.72	3
4	UNDUPLICATED MEDICARE DAYS	6342				4
5	AGGREGATE MEDICARE COST	1120758				5
6	UNDUPLICATED MEDICAID DAYS					6
7	AGGREGATE MEDICAID COST					7
8	UNDUPLICATED SNF DAYS					8
9	AGGREGATE SNF COST					9
10	UNDUPLICATED NF DAYS					10
11	AGGREGATE NF COST					11
12	OTHER UNDUPLICATED DAYS			775		12
13	AGGREGATE COST FOR OTHER DAYS			136958		13

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

		HOSPITAL (14-0276)	SUB I	SUB II (14-T276)	SUB III	SUB IV	
	PART I - FULLY PROSPECTIVE METHOD						
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS						1
	CAPITAL FEDERAL AMOUNT						
2	CAPITAL DRG OTHER THAN OUTLIER	7312744					2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997						3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997	217518					3.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT						
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI,LN.18]	352.43					4
4.01	NO. OF INTERNS & RESIDENTS 314.18 [E,PT A,LN.3.17] 0.00 [x E-3,PT VI,LN.1]	314.18					4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	28.60					4.02
4.03	INDIRECT MEDICAL EDUCATON ADJUSTMENT	2091445					4.03
	DISPROPORTIONATE SHARE ADJUSTMENT						
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS	0.0466					5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I	0.2190					5.01
5.02	SUM OF LINES 5 AND 5.01	0.2656					5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0553					5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	404395					5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	10026102					6
	PART II - HOLD HARMLESS METHOD						
1	NEW CAPITAL						1
2	OLD CAPITAL						2
3	TOTAL CAPITAL						3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL						4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE						5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT						6
7	REDUCED OLD CAPITAL AMOUNT						7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL						8
9	SUBTOTAL						9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)						10
	PART III - PAYMENT UNDER REASONABLE COST						
1	PROGRAM INPATIENT ROUTINE CAPITAL COST						1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST						2
3	TOTAL INPATIENT PROGRAM CAPITAL						3
4	CAPITAL COST PAYMENT FACTOR						4
5	TOTAL INPATIENT PROGRAM CAPITAL COST						5
	PART IV - COMPUTATION OF EXCEPTION PAYMENTS						
1	PROGRAM INPATIENT CAPITAL COSTS						1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES						2
3	NET PROGRAM INPATIENT CAPITAL COSTS						3
4	APPLICABLE EXCEPTION PERCENTAGE						4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS						5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES						6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES						7
8	CAPITAL MINIMUM PAYMENT LEVEL						8
9	CURRENT YEAR CAPITAL PAYMENTS						9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS						10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT						11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS						12
13	CURRENT YEAR EXCEPTION PAYMENT						13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD						14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)						15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)						16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT						17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

	COST CENTER DESCRIPTION	EXTRAORDI-NARY CAP-REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		0	4A	25	26	27	
	GENERAL SERVICE COST CENTERS						
1	OLD CAP REL COSTS-BLDG & FIXT						1
3	NEW CAP REL COSTS-BLDG & FIXT						3
3.01	NEW CAPITAL-BLDG INTEREST						3.01
4	NEW CAP REL COSTS-MVBLE EQUIP						4
5	EMPLOYEE BENEFITS						5
6.01	COMMUNICATION						6.01
6.02	SYSTEM & COMPUTERS						6.02
6.03	PURCHASING						6.03
6.04	OPC STORES						6.04
6.05	PATIENT AFFAIRS						6.05
6.06	PATIENT ADMITTING						6.06
6.07	PATIENT ACCOUNTS						6.07
6.08	ACCOUNTING						6.08
6.09	EMPLOYEE HEALTH SERVICES						6.09
6.10	PASTORAL CARE						6.10
6.11	HOSPITAL ADMINSTRATION						6.11
6.12	AMBULATORY ADMINISTRATION						6.12
6.14	PRIMARY CARE ADMINISTRATION						6.14
7	MAINTENANCE & REPAIRS						7
8	OPERATION OF PLANT						8
8.01	SAFETY AND SECURITY						8.01
9	LAUNDRY & LINEN SERVICE						9
10	HOUSEKEEPING						10
11	DIETARY						11
12	CAFETERIA						12
13	MAINTENANCE OF PERSONNEL						13
13.01	PATIENT TRANSPORTATION						13.01
14	NURSING ADMINISTRATION						14
15	CENTRAL SERVICES & SUPPLY						15
15.01	CENTRAL PROCESSING						15.01
16	PHARMACY						16
17	MEDICAL RECORDS & LIBRARY						17
18	SOCIAL SERVICE						18
18.01	HOSPITAL MEDICAL ADMIN						18.01
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A						22
23	I&R SERVICES-OTHER PRGM COSTS A						23
24	PARAMED ED PRGM-(SPECIFY)						24
24.01	PARAMEDICAL ED-MICU						24.01
24.02	PARAMEDICAL ED-SOCIAL WORK						24.02
	INPATIENT ROUTINE SERV COST CENTERS						
25	ADULTS & PEDIATRICS						25
26	INTENSIVE CARE UNIT						26
28	BURN INTENSIVE CARE UNIT						28
30	NEONATAL INTENSIVE CARE						30
30.01	PEDIATRIC INTENSIVE CARE						30.01
30.03	HEART TRANSPLANT ICU						30.03
30.04	BONE INTENSIVE CARE						30.04
31.01	SUBPROVIDER II-REHAB						31.01
33	NURSERY						33
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM						37
37.01	AMBULATORY SURGERY CENTER						37.01
38	RECOVERY ROOM						38
39	DELIVERY ROOM & LABOR ROOM						39
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC						41
41.01	RADIOLOGY-ULTRASOUND						41.01
41.02	RADIOLOGY-MRI						41.02
41.03	RADIOLOGY-CAT SCAN						41.03
42	RADIOLOGY-THERAPEUTIC						42
43	RADIOISOTOPE						43
44	LABORATORY						44
44.01	LABORATORY-SURGICAL PATHOLOGY						44.01
44.02	LABORATORY-NEUROSURGICAL						44.02
44.03	LABORATORY-HLA						44.03
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
47	BLOOD STORING, PROCESSING & TRA						47
49	RESPIRATORY THERAPY						49
50	PHYSICAL THERAPY						50
51	OCCUPATIONAL THERAPY						51
52	SPEECH PATHOLOGY						52
53	ELECTROCARDIOLOGY						53

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

	COST CENTER DESCRIPTION	EXTRAORDI-NARY CAP-REL COSTS 0	SUBTOTAL 4A	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26	TOTAL 27	
54	ELECTROENCEPHALOGRAPHY						54
55	MEDICAL SUPPLIES CHARGED TO PAT						55
56	DRUGS CHARGED TO PATIENTS						56
57	RENAL DIALYSIS						57
59	PULMONARY LABS						59
59.01	OCCUPATIONAL HEALTH						59.01
59.03	HYPERALIMENTATION						59.03
59.04	PERIPHERAL VASCULAR						59.04
59.05	PEDIATRIC ENDO NUTRITION						59.05
59.06	CARDIAC CATHETER LAB						59.06
59.07	GASTROINTESTINAL SERVICE						59.07
59.08	BIOPSY/RIGHT CARDIAC CATH LAB						59.08
59.09	BONE MARROW PROCUREMENT						59.09
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC						60
60.01	CARDIAC REHABILITATION						60.01
60.02	CANCER CENTER						60.02
60.03	PSYCH SOCIAL REHAB						60.03
60.04	WELLNESS ASSESSMENT						60.04
60.06	HEART FAILURE CLINIC						60.06
60.07	LOC OUTPATIENT CENTER						60.07
60.08	OBT OUTPATIENT CENTER						60.08
60.09	ELMHURST IMMEDIATE CARE						60.09
60.10	LAGRANGE FAMILY PCC						60.10
60.12	NORTH RIVERSIDE PCC						60.12
60.13	GLENDALE HEIGHTS PCC						60.13
60.14	WHEATON PCC						60.14
60.15	OBT II PCC						60.15
60.16	HICKORY HILLS PCC						60.16
60.18	DARIEN PCC						60.18
60.20	ORLANAD PARK - FP						60.20
60.21	FAMILY PRACTICE MAYWOOD PCC						60.21
60.22	HOMER GLEN PCC						60.22
60.23	OAK PARK PCC						60.23
60.24	PARK RIDGE PCC						60.24
61	EMERGENCY						61
62	OBSERVATION BEDS (NON-DISTINCT						62
62.01	OBSERVATION BEDS-DISTINCT						62.01
63.50	RHC						63.50
63.60	FQHC						63.60
	OTHER REIMBURSABLE COST CENTERS						
65	AMBULANCE SERVICES						65
67	DURABLE MEDICAL EQUIP-SOLD						67
69.10	CMHC						69.10
69.20	OUTPATIENT PHYSICAL THERAPY						69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY						69.30
69.40	OUTPATIENT SPEECH PATHOLOGY						69.40
71	HOME HEALTH AGENCY						71
82	LUNG ACQUISITION						82
	SPECIAL PURPOSE COST CENTERS						
83	KIDNEY ACQUISITION						83
84	LIVER ACQUISITION						84
85	HEART ACQUISITION						85
85.01	PANCREAS ACQUISITION						85.01
85.02	INTESTINAL ACQUISITION						85.02
86	OTHER ORGAN ACQUISITION (SPECIF						86
93	HOSPICE						93
95	SUBTOTALS						95
	NONREIMBURSABLE COST CENTERS						
96	GIFT, FLOWER, COFFEE SHOP & CAN						96
96.01	HINES RADIATION THERAPY						96.01
96.02	HOME INFUSION THERAPY						96.02
96.03	OP HOSPITAL PHARMACY						96.03
96.04	HOSPITALIST						96.04
98	PHYSICIANS' PRIVATE OFFICES						98
101	CROSS FOOT ADJUSTMENTS						101
102	NEGATIVE COST CENTER						102
103	TOTAL						103
104	TOTAL STATISTICAL BASIS						104
105	UNIT COST MULTIPLIER						105
105	UNIT COST MULTIPLIER						105

***** REPORT 97 ***** UTILIZATION STATISTICS ***** HOSPITAL

COST CENTERS	TITLE XVIII PART A 1	TITLE XVIII PART B 2	TITLE XIX INPATIENT 3	TITLE XIX OUTPATIENT 4	TITLE V INPATIENT 5	TITLE V OUTPATIENT 6	TOTAL THIRD PARTY UTIL 7	
UTILIZATION PERCENTAGES BASED ON DAYS								
25 ADULTS & PEDIATRICS	36.09		19.02				55.11	25
26 INTENSIVE CARE UNIT	52.71		13.72				66.43	26
28 BURN INTENSIVE CARE UNIT	23.59		24.29				47.88	28
30 NEONATAL INTENSIVE CARE			51.33				51.33	30
30.01 PEDIATRIC INTENSIVE CARE	1.66		55.21				56.87	30.01
30.03 HEART TRANSPLANT ICU	57.83		8.26				66.09	30.03
30.04 BONE INTENSIVE CARE	12.90		12.72				25.62	30.04
33 NURSERY			15.14				15.14	33
UTILIZATION PERCENTAGES BASED ON CHARGES								
37 OPERATING ROOM	29.90	1.79					31.69	37
37.01 AMBULATORY SURGERY CENTER	0.31	19.89					20.20	37.01
38 RECOVERY ROOM	26.66	3.66					30.32	38
39 DELIVERY ROOM & LABOR ROOM	2.88	0.78					3.66	39
40 ANESTHESIOLOGY	31.28	2.05					33.33	40
41 RADIOLOGY-DIAGNOSTIC	19.88	13.25					33.13	41
41.01 RADIOLOGY-ULTRASOUND	9.75	14.71					24.46	41.01
41.02 RADIOLOGY-MRI	10.01	18.64					28.65	41.02
41.03 RADIOLOGY-CAT SCAN	12.18	20.77					32.95	41.03
43 RADIOISOTOPE	7.31	34.14					41.45	43
44 LABORATORY	19.59	1.05					20.64	44
44.01 LABORATORY-SURGICAL PATHOLOGY	13.55	12.03					25.58	44.01
44.03 LABORATORY-HLA	3.70	1.01					4.71	44.03
47 BLOOD STORING, PROCESSING & TRA	25.01	6.66					31.67	47
49 RESPIRATORY THERAPY	34.63	0.24					34.87	49
50 PHYSICAL THERAPY	12.38						12.38	50
51 OCCUPATIONAL THERAPY	15.37						15.37	51
52 SPEECH PATHOLOGY	24.50						24.50	52
53 ELECTROCARDIOLOGY	32.74	11.89					44.63	53
54 ELECTROENCEPHALOGRAPHY	11.97	13.79					25.76	54
55 MEDICAL SUPPLIES CHARGED TO PAT	30.61	1.13					31.74	55
56 DRUGS CHARGED TO PATIENTS	29.98	1.60					31.58	56
57 RENAL DIALYSIS	6.81						6.81	57
59 PULMONARY LABS	11.02	25.91					36.93	59
59.03 HYPERALIMENTATION	46.18	2.65					48.83	59.03
59.04 PERIPHERAL VASCULAR	23.54	25.70					49.24	59.04
59.06 CARDIAC CATHETER LAB	40.08	13.06					53.14	59.06
59.07 GASTROINTESTINAL SERVICE	8.61	25.02					33.63	59.07
59.09 BONE MARROW PROCUREMENT	12.80						12.80	59.09
60 CLINIC	0.36	13.76					14.12	60
60.01 CARDIAC REHABILITATION	46.31	0.53					46.84	60.01
60.02 CANCER CENTER	0.66	37.80					38.46	60.02
60.03 PSYCH SOCIAL REHAB	0.05	61.70					61.75	60.03
60.07 LOC OUTPATIENT CENTER	0.88	35.14					36.02	60.07
60.08 OBT OUTPATIENT CENTER	0.22	21.07					21.29	60.08
60.09 ELMHURST IMMEDIATE CARE	0.20	36.68					36.88	60.09
60.10 LAGRANGE FAMILY PCC	0.14	26.86					27.00	60.10
60.12 NORTH RIVERSIDE PCC	0.20	13.82					14.02	60.12
60.13 GLENDALE HEIGHTS PCC	0.18	17.60					17.78	60.13
60.14 WHEATON PCC	0.04	25.37					25.41	60.14
60.15 OBT II PCC	0.27	9.49					9.76	60.15
60.16 HICKORY HILLS PCC	0.24	29.83					30.07	60.16
60.18 DARIEN PCC	0.31	27.04					27.35	60.18
60.20 ORLANAD PARK - FP	0.08	47.30					47.38	60.20
60.21 FAMILY PRACTICE MAYWOOD PCC	0.30	22.00					22.30	60.21
60.22 HOMER GLEN PCC	0.10	30.51					30.61	60.22
60.23 OAK PARK PCC	0.64	43.03					43.67	60.23
60.24 PARK RIDGE PCC	0.51	50.79					51.30	60.24
61 EMERGENCY	14.38	7.89					22.27	61
62 OBSERVATION BEDS (NON-DISTINCT		19.54					19.54	62
62.01 OBSERVATION BEDS-DISTINCT	6.11	30.35					36.46	62.01
101 TOTAL CHARGES	15.55	9.69					25.24	101

***** REPORT 97 ***** UTILIZATION STATISTICS *****

SUBPROVIDER II

COST CENTERS	TITLE XVIII PART A 1	TITLE XVIII PART B 2	TITLE XIX INPATIENT 3	TITLE XIX OUTPATIENT 4	TITLE V INPATIENT 5	TITLE V OUTPATIENT 6	TOTAL THIRD PARTY UTIL 7	
UTILIZATION PERCENTAGES BASED ON DAYS								
31.01 SUBPROVIDER II-REHAB	64.58		8.76				73.34	31.01
UTILIZATION PERCENTAGES BASED ON CHARGES								
40 ANESTHESIOLOGY	0.01						0.01	40
41 RADIOLOGY-DIAGNOSTIC	0.24						0.24	41
41.01 RADIOLOGY-ULTRASOUND	0.09						0.09	41.01
41.02 RADIOLOGY-MRI	0.13						0.13	41.02
41.03 RADIOLOGY-CAT SCAN	0.17						0.17	41.03
43 RADIOISOTOPE	0.06						0.06	43
44 LABORATORY	0.56						0.56	44
44.01 LABORATORY-SURGICAL PATHOLOGY	0.04						0.04	44.01
44.03 LABORATORY-HLA	0.02						0.02	44.03
47 BLOOD STORING, PROCESSING & TRA	0.18						0.18	47
49 RESPIRATORY THERAPY	1.19						1.19	49
50 PHYSICAL THERAPY	8.76						8.76	50
51 OCCUPATIONAL THERAPY	17.47						17.47	51
52 SPEECH PATHOLOGY	15.65						15.65	52
53 ELECTROCARDIOLOGY	0.06						0.06	53
54 ELECTROENCEPHALOGRAPHY	0.02						0.02	54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.91						0.91	55
56 DRUGS CHARGED TO PATIENTS	0.87						0.87	56
57 RENAL DIALYSIS	0.26						0.26	57
59 PULMONARY LABS	0.04						0.04	59
59.03 HYPERALIMENTATION	0.45						0.45	59.03
59.04 PERIPHERAL VASCULAR	0.59						0.59	59.04
59.07 GASTROINTESTINAL SERVICE	0.07						0.07	59.07
60.07 LOC OUTPATIENT CENTER	0.06						0.06	60.07
101 TOTAL CHARGES	0.36						0.36	101

	COST CENTER	--- DIRECT COSTS --- AMOUNT	%	-- ALLOCATED OVERHEAD -- AMOUNT	%	--- TOTAL COSTS --- AMOUNT	%	
	GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT							1
3	NEW CAP REL COSTS-BLDG & FIXT	11457567	1.74	-11457567	-4.30			3
3.01	NEW CAPITAL-BLDG INTEREST	7357724	1.12	-7357724	-2.76			3.01
4	NEW CAP REL COSTS-MVBLE EQUIP	21376766	3.25	-21376766	-8.02			4
5	EMPLOYEE BENEFITS	1753552	.27	-1753552	-.66			5
6.01	COMMUNICATION	2312720	.35	-2312720	-.87			6.01
6.02	SYSTEM & COMPUTERS	8948849	1.36	-8948849	-3.36			6.02
6.03	PURCHASING	2466818	.38	-2466818	-.93			6.03
6.04	OPC STORES	332161	.05	-332161	-.12			6.04
6.05	PATIENT AFFAIRS	1699782	.26	-1699782	-.64			6.05
6.06	PATIENT ADMITTING	1612018	.25	-1612018	-.61			6.06
6.07	PATIENT ACCOUNTS	9546968	1.45	-9546968	-3.58			6.07
6.08	ACCOUNTING	3011316	.46	-3011316	-1.13			6.08
6.09	EMPLOYEE HEALTH SERVICES	960674	.15	-960674	-.36			6.09
6.10	PASTORAL CARE	1317157	.20	-1317157	-.49			6.10
6.11	HOSPITAL ADMINSTRATION	68187715	10.38	-68187715	-25.60			6.11
6.12	AMBULATORY ADMINISTRATION	5590755	.85	-5590755	-2.10			6.12
6.14	PRIMARY CARE ADMINISTRATION	2043492	.31	-2043492	-.77			6.14
7	MAINTENANCE & REPAIRS							7
8	OPERATION OF PLANT	21023262	3.20	-21023262	-7.89			8
8.01	SAFETY AND SECURITY	3130706	.48	-3130706	-1.18			8.01
9	LAUNDRY & LINEN SERVICE	982583	.15	-982583	-.37			9
10	HOUSEKEEPING	7643168	1.16	-7643168	-2.87			10
11	DIETARY	5917922	.90	-5917922	-2.22			11
12	CAFETERIA							12
13	MAINTENANCE OF PERSONNEL							13
13.01	PATIENT TRANSPORTATION	1470542	.22	-1470542	-.55			13.01
14	NURSING ADMINISTRATION	4659785	.71	-4659785	-1.75			14
15	CENTRAL SERVICES & SUPPLY	1184533	.18	-1184533	-.44			15
15.01	CENTRAL PROCESSING	130800	.02	-130800	-.05			15.01
16	PHARMACY	10115530	1.54	-10115530	-3.80			16
17	MEDICAL RECORDS & LIBRARY	6116708	.93	-6116708	-2.30			17
18	SOCIAL SERVICE	1723069	.26	-1723069	-.65			18
18.01	HOSPITAL MEDICAL ADMIN	8185240	1.25	-8185240	-3.07			18.01
20	NONPHYSICIAN ANESTHETISTS							20
21	NURSING SCHOOL							21
22	I&R SERVICES-SALARY & FRINGES A	20477011	3.12	-20477011	-7.69			22
23	I&R SERVICES-OTHER PRGM COSTS A	23132955	3.52	-23132955	-8.68			23
24	PARAMED ED PRGM-(SPECIFY)							24
24.01	PARAMEDICAL ED-MICU	529091	.08	-529091	-.20			24.01
24.02	PARAMEDICAL ED-SOCIAL WORK							24.02
	INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	43326105	6.60	43122960	16.19	86449065	13.16	25
26	INTENSIVE CARE UNIT	18099119	2.76	12159418	4.56	30258537	4.61	26
28	BURN INTENSIVE CARE UNIT	2341645	.36	2791743	1.05	5133388	.78	28
30	NEONATAL INTENSIVE CARE	10317062	1.57	5252288	1.97	15569350	2.37	30

	COST CENTER	--- DIRECT COSTS --- AMOUNT	%	-- ALLOCATED OVERHEAD -- AMOUNT	%	--- TOTAL COSTS --- AMOUNT	%	
30.01	PEDIATRIC INTENSIVE CARE	2457545	.37	1674340	.63	4131885	.63	30.01
30.03	HEART TRANSPLANT ICU	2685389	.41	2258478	.85	4943867	.75	30.03
30.04	BONE INTENSIVE CARE	3227743	.49	3044697	1.14	6272440	.95	30.04
31.01	SUBPROVIDER II-REHAB	2734636	.42	2809082	1.05	5543718	.84	31.01
33	NURSERY	980754	.15	202093	.08	1182847	.18	33
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	42885521	6.53	25249409	9.48	68134930	10.37	37
37.01	AMBULATORY SURGERY CENTER	6491633	.99	6189423	2.32	12681056	1.93	37.01
38	RECOVERY ROOM	3204344	.49	2206523	.83	5410867	.82	38
39	DELIVERY ROOM & LABOR ROOM	3339399	.51	2192599	.82	5531998	.84	39
40	ANESTHESIOLOGY	1755534	.27	8726046	3.28	10481580	1.60	40
41	RADIOLOGY-DIAGNOSTIC	12166250	1.85	10199457	3.83	22365707	3.41	41
41.01	RADIOLOGY-ULTRASOUND	1411503	.21	1326903	.50	2738406	.42	41.01
41.02	RADIOLOGY-MRI	3401467	.52	3363294	1.26	6764761	1.03	41.02
41.03	RADIOLOGY-CAT SCAN	4642583	.71	4056550	1.52	8699133	1.32	41.03
42	RADIOLOGY-THERAPEUTIC							42
43	RADIOISOTOPE	3284205	.50	2928721	1.10	6212926	.95	43
44	LABORATORY	16196551	2.47	9811344	3.68	26007895	3.96	44
44.01	LABORATORY-SURGICAL PATHOLOGY	4045318	.62	4814850	1.81	8860168	1.35	44.01
44.02	LABORATORY-NEUROSURGICAL							44.02
44.03	LABORATORY-HLA	925962	.14	386553	.15	1312515	.20	44.03
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
47	BLOOD STORING, PROCESSING & TRA	7236636	1.10	2259769	.85	9496405	1.45	47
49	RESPIRATORY THERAPY	8191481	1.25	3106597	1.17	11298078	1.72	49
50	PHYSICAL THERAPY	3774318	.57	1815367	.68	5589685	.85	50
51	OCCUPATIONAL THERAPY	1647958	.25	815310	.31	2463268	.38	51
52	SPEECH PATHOLOGY	566710	.09	235581	.09	802291	.12	52
53	ELECTROCARDIOLOGY	12717125	1.94	6158069	2.31	18875194	2.87	53
54	ELECTROENCEPHALOGRAPHY	1577943	.24	1022703	.38	2600646	.40	54
55	MEDICAL SUPPLIES CHARGED TO PAT	6916615	1.05	2308120	.87	9224735	1.40	55
56	DRUGS CHARGED TO PATIENTS	20562412	3.13	10235235	3.84	30797647	4.69	56
57	RENAL DIALYSIS	6163632	.94	2912445	1.09	9076077	1.38	57
59	PULMONARY LABS	467683	.07	895548	.34	1363231	.21	59
59.01	OCCUPATIONAL HEALTH	293549	.04	222163	.08	515712	.08	59.01
59.03	HYPERALIMENTATION	37699	.01	63992	.02	101691	.02	59.03
59.04	PERIPHERAL VASCULAR	867124	.13	685427	.26	1552551	.24	59.04
59.05	PEDIATRIC ENDO NUTRITION							59.05
59.06	CARDIAC CATHETER LAB	7420142	1.13	4563137	1.71	11983279	1.82	59.06
59.07	GASTROINTESTINAL SERVICE	3299856	.50	1783877	.67	5083733	.77	59.07
59.08	BIOPSY/RIGHT CARDIAC CATH LAB							59.08
59.09	BONE MARROW PROCUREMENT	1548593	.24	267529	.10	1816122	.28	59.09
60	CLINIC	284994	.04	546588	.21	831582	.13	60
60.01	CARDIAC REHABILITATION	302138	.05	65304	.02	367442	.06	60.01
60.02	CANCER CENTER	24456474	3.72	13200748	4.96	37657222	5.73	60.02
60.03	PSYCH SOCIAL REHAB	373623	.06	1224051	.46	1597674	.24	60.03
60.04	WELLNESS ASSESSMENT							60.04
60.06	HEART FAILURE CLINIC							60.06

	COST CENTER	--- DIRECT COSTS --- AMOUNT	%	-- ALLOCATED OVERHEAD -- AMOUNT	%	--- TOTAL COSTS --- AMOUNT	%	
60.07	LOC OUTPATIENT CENTER	26797918	4.08	28328951	10.63	55126869	8.39	60.07
60.08	OBT OUTPATIENT CENTER	6009550	.91	3085477	1.16	9095027	1.38	60.08
60.09	ELMHURST IMMEDIATE CARE	1382120	.21	420616	.16	1802736	.27	60.09
60.10	LAGRANGE FAMILY PCC	1923836	.29	632681	.24	2556517	.39	60.10
60.12	NORTH RIVERSIDE PCC	2608048	.40	840027	.32	3448075	.52	60.12
60.13	GLENDALE HEIGHTS PCC	755877	.12	215449	.08	971326	.15	60.13
60.14	WHEATON PCC	2535126	.39	810096	.30	3345222	.51	60.14
60.15	OBT II PCC	2301892	.35	901558	.34	3203450	.49	60.15
60.16	HICKORY HILLS PCC	3754840	.57	1245902	.47	5000742	.76	60.16
60.18	DARIEN PCC	1593859	.24	503547	.19	2097406	.32	60.18
60.20	ORLANAD PARK - FP	2464938	.38	734349	.28	3199287	.49	60.20
60.21	FAMILY PRACTICE MAYWOOD PCC	785336	.12	418256	.16	1203592	.18	60.21
60.22	HOMER GLEN PCC	6314791	.96	2369866	.89	8684657	1.32	60.22
60.23	OAK PARK PCC	1017232	.15	298567	.11	1315799	.20	60.23
60.24	PARK RIDGE PCC	362106	.06	169823	.06	531929	.08	60.24
61	EMERGENCY	8283961	1.26	9487490	3.56	17771451	2.71	61
62	OBSERVATION BEDS (NON-DISTINCT							62
62.01	OBSERVATION BEDS-DISTINCT	317014	.05	181331	.07	498345	.08	62.01
63.50	RHC							63.50
63.60	FQHC							63.60
	OTHER REIMBURSABLE COST CENTERS							
65	AMBULANCE SERVICES	616358	.09	161834	.06	778192	.12	65
67	DURABLE MEDICAL EQUIP-SOLD	1854603	.28	325046	.12	2179649	.33	67
	OUTPATIENT SERVICE COST CENTERS							
69.10	CMHC							69.10
69.20	OUTPATIENT PHYSICAL THERAPY							69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40	OUTPATIENT SPEECH PATHOLOGY							69.40
71	HOME HEALTH AGENCY	5504729	.84	1505134	.56	7009863	1.07	71
82	LUNG ACQUISITION	2081309	.32	550710	.21	2632019	.40	82
	SPECIAL PURPOSE COST CENTERS							
83	KIDNEY ACQUISITION	2228039	.34	673340	.25	2901379	.44	83
84	LIVER ACQUISITION	726303	.11	219699	.08	946002	.14	84
85	HEART ACQUISITION	1066117	.16	319207	.12	1385324	.21	85
85.01	PANCREAS ACQUISITION							85.01
85.02	INTESTINAL ACQUISITION							85.02
86	OTHER ORGAN ACQUISITION (SPECIF			5175		5175		86
93	HOSPICE	978356	.15	279372	.10	1257728	.19	93
	NONREIMBURSABLE COST CENTERS							
96	GIFT, FLOWER, COFFEE SHOP & CAN	314717	.05	129543	.05	444260	.07	96
96.01	HINES RADIATION THERAPY	932563	.14	178598	.07	1111161	.17	96.01
96.02	HOME INFUSION THERAPY	3157665	.48	1096875	.41	4254540	.65	96.02
96.03	OP HOSPITAL PHARMACY	2831503	.43	1052332	.40	3883835	.59	96.03
96.04	HOSPITALIST	284739	.04	97771	.04	382510	.06	96.04
98	PHYSICIANS' PRIVATE OFFICES			5986		5986		98
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	TOTAL	656811357	100.00	0	.00	656811357	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

	COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM	4590865	120535624	.038087	36036198	1372511	37
37.01	AMBULATORY SURGERY CENTER	1336158	36936027	.036175	112910	4085	37.01
38	RECOVERY ROOM	380273	32430467	.011726	8646929	101394	38
39	DELIVERY ROOM & LABOR ROOM	330709	12462628	.026536	359122	9530	39
40	ANESTHESIOLOGY	343534	56634162	.006066	17713955	107453	40
41	RADIOLOGY-DIAGNOSTIC	2586786	47030088	.055003	9349283	514239	41
41.01	RADIOLOGY-ULTRASOUND	264117	8913167	.029632	869360	25761	41.01
41.02	RADIOLOGY-MRI	777465	32313410	.024060	3235591	77848	41.02
41.03	RADIOLOGY-CAT SCAN	720932	69483409	.010376	8460653	87788	41.03
42	RADIOLOGY-THERAPEUTIC						42
43	RADIOISOTOPE	721693	18136342	.039793	1325357	52740	43
44	LABORATORY	1455241	170975030	.008511	33488167	285018	44
44.01	LABORATORY-SURGICAL PATHOLOGY	521805	21489610	.024282	2911899	70707	44.01
44.02	LABORATORY-NEUROSURGICAL						44.02
44.03	LABORATORY-HLA	76115	2543238	.029928	94070	2815	44.03
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
47	BLOOD STORING, PROCESSING & TRA	231410	22865121	.010121	5717463	57866	47
49	RESPIRATORY THERAPY	463350	35275518	.013135	12216935	160469	49
50	PHYSICAL THERAPY	297232	12858225	.023116	1591904	36798	50
51	OCCUPATIONAL THERAPY	120873	6346735	.019045	975501	18578	51
52	SPEECH PATHOLOGY	51894	1508295	.034406	369605	12717	52
53	ELECTROCARDIOLOGY	1808177	63402600	.028519	20761000	592083	53
54	ELECTROENCEPHALOGRAPHY	247735	4734537	.052325	566850	29660	54
55	MEDICAL SUPPLIES CHARGED TO PAT	228024	13587956	.016781	4159580	69802	55
56	DRUGS CHARGED TO PATIENTS	663437	111127967	.005970	33319733	198919	56
57	RENAL DIALYSIS	429972	22407310	.019189	1526870	29299	57
59	PULMONARY LABS	105026	3063585	.034282	337688	11577	59
59.01	OCCUPATIONAL HEALTH	67882	737224	.092078			59.01
59.03	HYPERALIMENTATION	1527	215692	.007080	99600	705	59.03
59.04	PERIPHERAL VASCULAR	290915	5011193	.058053	1179420	68469	59.04
59.05	PEDIATRIC ENDO NUTRITION						59.05
59.06	CARDIAC CATHETER LAB	1397029	48608645	.028740	19480079	559857	59.06
59.07	GASTROINTESTINAL SERVICE	489533	15224298	.032155	1310358	42135	59.07
59.08	BIOPSY/RIGHT CARDIAC CATH LAB						59.08
59.09	BONE MARROW PROCUREMENT	11685	1801145	.006488	230522	1496	59.09
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC	72539	341799	.212227	1244	264	60
60.01	CARDIAC REHABILITATION	4212	248840	.016927	115243	1951	60.01
60.02	CANCER CENTER	1583845	69904822	.022657	458341	10385	60.02
60.03	PSYCH SOCIAL REHAB	139734	106003	1.318208	53	70	60.03
60.04	WELLNESS ASSESSMENT						60.04
60.06	HEART FAILURE CLINIC						60.06
60.07	LOC OUTPATIENT CENTER	5325006	74082809	.071879	655393	47109	60.07
60.08	OBT OUTPATIENT CENTER	517706	16742191	.030922	37220	1151	60.08
60.09	ELMHURST IMMEDIATE CARE	68807	1337350	.051450	2645	136	60.09
60.10	LAGRANGE FAMILY PCC	129652	2594838	.049965	3522	176	60.10
60.12	NORTH RIVERSIDE PCC	94015	2882153	.032620	5877	192	60.12
60.13	GLENDALE HEIGHTS PCC	22449	317827	.070633	557	39	60.13
60.14	WHEATON PCC	92593	3053250	.030326	1104	33	60.14
60.15	OBT II PCC	80843	2433078	.033227	6619	220	60.15
60.16	HICKORY HILLS PCC	229565	6768534	.033917	16074	545	60.16
60.18	DARIEN PCC	60774	1642696	.036996	5110	189	60.18
60.20	ORLANAD PARK - FP	61687	1933578	.031903	1615	52	60.20
60.21	FAMILY PRACTICE MAYWOOD PCC	98298	1050112	.093607	3135	293	60.21
60.22	HOMER GLEN PCC	382276	13351006	.028633	13046	374	60.22
60.23	OAK PARK PCC	45327	632003	.071720	4037	290	60.23
60.24	PARK RIDGE PCC	82791	474817	.174364	2423	422	60.24
61	EMERGENCY	1161230	51317885	.022628	7378411	166959	61
62	OBSERVATION BEDS (NON-DISTINCT	207218	4693411	.044151			62
62.01	OBSERVATION BEDS-DISTINCT	49389	535391	.092248	32705	3017	62.01
	OTHER REIMBURSABLE COST CENTERS						
63.50	RHC						63.50
63.60	FQHC						63.60
65	AMBULANCE SERVICES						65
67	DURABLE MEDICAL EQUIP-SOLD	15284	2521423	.006062			67
101	TOTAL	31536634	1257625064		235190976	4836186	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

	COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
25	ADULTS & PEDIATRICS	4673382		4673382	88813	52.62	32051	1686524	25
26	INTENSIVE CARE UNIT	1313610		1313610	16987	77.33	8953	692335	26
28	BURN INTENSIVE CARE UNIT	255090		255090	3269	78.03	771	60161	28
30	NEONATAL INTENSIVE CARE	731278		731278	12604	58.02			30
30.01	PEDIATRIC INTENSIVE CARE	146397		146397	2650	55.24	44	2431	30.01
30.03	HEART TRANSPLANT ICU	273958		273958	3488	78.54	2017	158415	30.03
30.04	BONE INTENSIVE CARE	175709		175709	3356	52.36	433	22672	30.04
101	TOTAL	7569424		7569424			44269	2622538	101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS		2622538
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS		4836186
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS		7458724
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 8, COLUMN 13)	8219	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 8, COLUMN 4)	44269	
PER DISCHARGE CAPITAL COSTS		907.50
PER DIEM CAPITAL COSTS		168.49

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1.	TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	108094926
2.	HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	313698403
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.345

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

1.	TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	5433082
2.	TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 31 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-4 COLUMN 2 LINE 103	10228946
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.531

II. COST TO CHARGE RATIO FOR CAPITAL

1.	TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	7458724
2.	RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.024

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1.	TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x (WKST B, PART I, COLUMN 27 - COLUMNS 21 & 24 / WKST C, PART I, COLUMN 8) LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66) (SEE CR 5238))	65487278
2.	TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	146599595
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.447