

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

WORKSHEET S
 PARTS I, II & III

PART I - COST REPORT STATUS

PROVIDER USE ONLY 1. ELECTRONICALLY FILED COST REPORT DATE: 01-31-2012 TIME: 09:12
 2. MANUALLY SUBMITTED COST REPORT
 3. IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT
 4. MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.

CONTRACTOR USE ONLY 5. COST REPORT STATUS 6. DATE RECEIVED: _____ 10. NPR DATE: _____
 1 - AS SUBMITTED 7. CONTRACTOR NO: _____ 11. CONTRACTOR'S VENDOR CODE: _____
 2 - SETTLED WITHOUT AUDIT 8. INITIAL REPORT FOR THIS PROVIDER CCN 12. IF LINE 5, COLUMN 1 IS 4: ENTER
 3 - SETTLED WITH AUDIT 9. FINAL REPORT FOR THIS PROVIDER CCN NUMBER OF TIMES REOPENED - 0-9.
 4 - REOPENED
 5 - AMENDED

PART II - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR 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 07/01/2010 AND ENDING 06/30/2011, AND 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 IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART III - SETTLEMENT SUMMARY

| | TITLE V 1 | TITLE XVIII | | HIT 4 | TITLE XIX 5 |
|---------------------------------------|--------------|-------------|-------------|----------|----------------|
| | | PART A 2 | PART B 3 | | |
| 1 HOSPITAL | | 1,225,879 | 300,743 | -70,022 | 1 |
| 2 SUBPROVIDER - IPF | | | | | 2 |
| 3 SUBPROVIDER - IRF | | 158,595 | | | 3 |
| 4 SUBPROVIDER (OTHER) | | | | | 4 |
| 5 SWING BED - SNF | | | | | 5 |
| 6 SWING BED - NF | | | | | 6 |
| 7 SKILLED NURSING FACILITY | | | | | 7 |
| 8 NURSING FACILITY | | | | | 8 |
| 9 HOME HEALTH AGENCY | | | | | 9 |
| 10 HEALTH CLINIC - RHC | | | | | 10 |
| 11 HEALTH CLINIC - FQHC | | | | | 11 |
| 12 OUTPATIENT REHABILITATION PROVIDER | | | | | 12 |
| 200 TOTAL | | 1,384,474 | 300,743 | -70,022 | 200 |

THE ABOVE AMOUNTS REPRESENT 'DUE TO' OR 'DUE FROM' THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED.

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 673 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORT CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MARYLAND 21244-1850.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 2160 SOUTH FIRST AVENUE P.O. BOX: 1
 2 CITY: MAYWOOD STATE: IL ZIP CODE: 60153 COUNTY: COOK 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

| COMPONENT 0 | COMPONENT NAME 1 | CCN NUMBER 2 | CBSA NUMBER 3 | PROV TYPE 4 | DATE CERTIFIED 5 | PAYMENT SYSTEM (P, T, O, OR N) | | | | |
|----------------|-------------------------------------|-------------------------------|---------------------|-------------------|------------------------|-----------------------------------|------------|----------|---|----|
| | | | | | | V 6 | XVIII 7 | XIX 8 | | |
| 3 | HOSPITAL | LOYOLA UNIVERSITY MEDICAL CEN | 14-0276 | 16974 | 1 | 05/01/1969 | N | P | P | 3 |
| 4 | SUBPROVIDER - IPF | LOYOLA UNIVERSITY MEDICAL CEN | 14-S276 | 16974 | 4 | 07/01/1984 | N | P | O | 4 |
| 5 | SUBPROVIDER - IRF | LOYOLA UNIVERSITY MEDICAL CEN | 14-T276 | 16974 | 5 | 07/01/1999 | N | P | O | 5 |
| 6 | SUBPROVIDER - (OTHER) | | | | | | | | | 6 |
| 7 | SWING BEDS - SNF | | | | | | | | | 7 |
| 8 | SWING BEDS - NF | | | | | | | | | 8 |
| 9 | HOSPITAL-BASED SNF | | | | | | | | | 9 |
| 10 | HOSPITAL-BASED NF | | | | | | | | | 10 |
| 11 | HOSPITAL-BASED OLTC | | | | | | | | | 11 |
| 12 | HOSPITAL-BASED HHA | LOYOLA UNIVERSITY MEDICAL CEN | 14-7257 | 16974 | | 01/09/1984 | N | P | N | 12 |
| 13 | SEPARATELY CERTIFIED ASC | | | | | | | | | 13 |
| 14 | HOSPITAL-BASED HOSPICE | LOYOLA UNIVERSITY MEDICAL CEN | 14-1566 | 16974 | | 10/14/1994 | | | | 14 |
| 15 | HOSPITAL-BASED HEALTH CLINIC - RHC | | | | | | | | | 15 |
| 16 | HOSPITAL-BASED HEALTH CLINIC - FQHC | | | | | | | | | 16 |
| 17 | HOSPITAL-BASED (CMHC) | | | | | | | | | 17 |
| 18 | RENAL DIALYSIS | INPATIENT RENAL UNIT | 14-2329 | 16974 | | 03/31/2004 | | | | 18 |
| 19 | OTHER | | | | | | | | | 19 |
| 20 | COST REPORTING PERIOD (MM/DD/YYYY) | FROM: 07/01/2010 | | | | TO: 06/30/2011 | | | | 20 |
| 21 | TYPE OF CONTROL | | | | | | | | | 21 |

INPATIENT PPS INFORMATION

| | | | | | | | | | | |
|----|---|--|--|--|--|--|--|--|---|------|
| 22 | DOES THIS FACILITY QUALIFY FOR AND RECEIVE DISPROPORTIONATE SHARE HOSPITAL PAYMENT IN ACCORDANCE WITH 42 CFR §412.106 IN COLUMN 1, ENTER 'Y' FOR YES AND 'N' FOR NO. IS THIS FACILITY SUBJECT TO 42 CFR §412.06(c)(2)(PICKLE AMENDMENT HOSPITAL)? IN COLUMN 2, ENTER 'Y', FOR YES OR 'N' FOR NO. | | | | | | | | 1 | 2 |
| 23 | WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON LINES 24 AND/OR 25 BELOW? IN COLUMN 1, ENTER 1 IF DATE OF ADMISSION, 2 IF CENSUS DAYS, OR 3 IF DATE OF DISCHARGE. IS THE METHOD OF IDENTIFYING THE DAYS IN THIS COST REPORTING PERIOD DIFFERENT FROM THE METHOD USED IN THE PRIOR COST REPORTING PERIOD? IN COLUMN 2, ENTER 'Y' FOR YES OR 'N' FOR NO. | | | | | | | | 1 | N 23 |

| | IN-STATE MEDICAID PAID DAYS 1 | IN-STATE MEDICAID ELIGIBLE DAYS 2 | OUT-OF- STATE MEDICAID PAID DAYS 3 | OUT-OF- STATE MEDICAID ELIGIBLE DAYS 4 | MEDICAID HMO DAYS 5 | OTHER MEDICAID DAYS 6 | |
|----|--|---|---|---|------------------------------|--------------------------------|----|
| 24 | IF LINE 22 AND/OR 45 IS 'YES', AND THIS PROVIDER IS AN IPFS HOSPITAL ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6. | 25,902 | 4,321 | | 260 | | 24 |
| 25 | IF THIS PROVIDER IS AN IRF THEN, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF STATE MEDICAID DAYS IN COL. 3, OUT-OF STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6. | 990 | 221 | | | | 25 |
| 26 | ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL. | | | | 1 | | 26 |
| 27 | ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL. | | | | 1 | | 27 |
| 35 | IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD. | | | | | | 35 |
| 36 | ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. | | | BEGINNING: | | ENDING: | 36 |
| 37 | IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD. | | | | | | 37 |
| 38 | ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. | | | BEGINNING: | | ENDING: | 38 |

| | V 1 | XVIII 2 | XIX 3 | |
|----|---|------------|----------|---|
| 45 | PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL | | | |
| 46 | DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320? | N | Y | N |
| 47 | IS THIS FACILITY ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR §412.348(g)? IF YES, COMPLETE WORKSHEET L, PART III AND L-1, PARTS I THROUGH III. | N | N | N |
| 48 | IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO. | N | N | N |
| 49 | IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO. | N | N | N |

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS

| | 1 | 2 | 3 | |
|----|---|---|---|----|
| 56 | IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO. | Y | | 56 |
| 57 | IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE. | N | N | 57 |
| 58 | IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 21248? IF YES, COMPLETE WORKSHEET D-5. | N | | 58 |
| 59 | ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. | N | | 59 |
| 60 | ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS) | N | | 60 |

| | Y/N | IME AVERAGE | DIRECT GME AVERAGE | |
|----|---|-------------|--------------------|----|
| 61 | DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR IME IN COLUMN 2 AND DIRECT GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS) | N | | 61 |

ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)

| | | | | |
|-------|---|--|--|-------|
| 62 | ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS) | | | 62 |
| 62.01 | ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS) | | | 62.01 |

TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS

| | | | | |
|----|---|---|--|----|
| 63 | HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS) | N | | 63 |
|----|---|---|--|----|

SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS

| | UNWEIGHTED FTES NONPROVIDER SITE | UNWEIGHTED FTES IN HOSPITAL | RATIO (COL.1/(COL.1+COL.2)) | |
|----|--|-----------------------------|-----------------------------|----|
| 64 | ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS) | | | 64 |

ENTER IN LINES 65-65.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 + COLUMN 4)). (SEE INSTRUCTIONS)

| PROGRAM NAME | PROGRAM CODE | UNWEIGHTED FTES NONPROVIDER SITE | UNWEIGHTED FTES IN HOSPITAL | RATIO (COL.1/(COL.3+COL.4)) |
|--------------|--------------|----------------------------------|-----------------------------|-----------------------------|
| 1 | 2 | 3 | 4 | 5 |

SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS

| | UNWEIGHTED FTES NONPROVIDER SITE | UNWEIGHTED FTES IN HOSPITAL | RATIO (COL.1/(COL.1+COL.2)) | |
|----|--|-----------------------------|-----------------------------|----|
| 66 | ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS) | | | 66 |

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

ENTER IN LINES 67-67.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 ÷ COLUMN 4)). (SEE INSTRUCTIONS)

| PROGRAM NAME 1 | PROGRAM CODE 2 | UNWEIGHTED FTEs NONPROVIDER SITE 3 | UNWEIGHTED FTEs IN HOSPITAL 4 | RATIO (COL.1/ (COL.3+COL.4)) 5 | |
|--|--|--|---|--|-----------|
| INPATIENT PSYCHIATRIC FACILITY PPS | | | | | |
| 70 | IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO. | | | Y | 70 |
| 71 | IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. | | | N | 71 |
| INPATIENT REHABILITATION FACILITY PPS | | | | | |
| 75 | IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO. | | | Y | 75 |
| 76 | IF LINE 75 YES: COLUMN 1: DID 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. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. | | | Y N | 76 |
| LONG TERM CARE HOSPITAL PPS | | | | | |
| 80 | IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO. | | | N | 80 |
| TEFRA PROVIDERS | | | | | |
| 85 | IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA?. ENTER 'Y' FOR YES OR 'N' FOR NO. | | | N | 85 |
| 86 | DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO. | | | N | 86 |
| TITLE V AND XIX INPATIENT SERVICES | | | | | |
| 90 | DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN. | | | V 1 2 N Y | XIX 90 |
| 91 | IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN. | | | N N | 91 |
| 92 | ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN. | | | N | 92 |
| 93 | DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN. | | | N N | 93 |
| 94 | DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN. | | | N N | 94 |
| 95 | IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN. | | | | 95 |
| 96 | DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN. | | | N N | 96 |
| 97 | IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN. | | | | 97 |
| RURAL PROVIDERS | | | | | |
| 105 | DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)? | | | 1 N | 2 105 |
| 106 | IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES. | | | | 106 |
| 107 | COLUMN 1: 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 IN COLUMN 1. 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, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&RS IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. | | | | 107 |
| 108 | IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO. | | | N | 108 |
| 109 | IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY. | | | PHY- OCCUP- RESPI- SICAL ATIONAL SPEECH RATORY Y Y Y N | 109 |

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

| | | | | |
|-----|--|---|------------|----------------|
| 115 | IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2. | N | | 115 |
| 116 | IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO. | N | | 116 |
| 117 | IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO. | Y | | 117 |
| 118 | IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE. | 1 | | 118 |
| 119 | WHAT IS THE LIABILITY LIMIT FOR THE MALPRACTICE INSURANCE POLICY? ENTER IN COLUMN 1 THE MONETARY LIMIT PER LAWSUIT. ENTER IN COLUMN 2 THE MONETARY LIMIT PER POLICY YEAR. | | 85,000,000 | 85,000,000 119 |
| 120 | IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? AS AMENDED BY THE MEDICAID EXTENDER ACT (MMEA) §108? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. | N | | N 120 |
| 121 | DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO. | N | | 121 |

TRANSPLANT CENTER INFORMATION

| | | | | |
|-----|--|--|------------|-----|
| 125 | DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, ENTER CERTIFICATION DATE(S) (MM/DD/YYYY) BELOW. | | Y | 125 |
| 126 | IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2. | | 01/01/1985 | 126 |
| 127 | IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2. | | 10/17/1986 | 127 |
| 128 | IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2. | | 10/10/2000 | 128 |
| 129 | IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2. | | 02/02/1995 | 129 |
| 130 | IF THIS IS A MEDICARE CERTIFIED PANCREAS TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2. | | | 130 |
| 131 | IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2. | | | 131 |
| 132 | IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2. | | | 132 |
| 133 | IF THIS IS A MEDICARE CERTIFIED OTHER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2. | | | 133 |
| 134 | IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2. | | | 134 |

ALL PROVIDERS

| | | | | |
|-----|--|---|--|-----|
| 140 | ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER. | Y | | 140 |
|-----|--|---|--|-----|

IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.

| | | | | |
|-----|---|--------------------|----------------------|-----|
| 141 | NAME: | CONTRACTOR'S NAME: | CONTRACTOR'S NUMBER: | 141 |
| 142 | STREET: | P.O. BOX: | | 142 |
| 143 | CITY: | STATE: | ZIP CODE: | 143 |
| 144 | ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? | N | | 144 |
| 145 | IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO. | N | | 145 |
| 146 | HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2. | N | | 146 |
| 147 | WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO. | N | | 147 |
| 148 | WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO. | N | | 148 |
| 149 | WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO. | N | | 149 |

DOES THIS FACILITY CONTAIN A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES? ENTER 'Y' FOR YES OR 'N' FOR NO FOR EACH COMPONENT FOR PART A AND PART B.
 SEE 42 CFR §413.13)

| | | | | |
|-----|-----------------------|---|---|-----|
| 155 | HOSPITAL | 1 | 2 | |
| 156 | SUBPROVIDER - IPF | N | N | 155 |
| 157 | SUBPROVIDER - IRF | N | N | 156 |
| 158 | SUBPROVIDER - (OTHER) | N | N | 157 |
| 159 | SNF | N | N | 158 |
| 160 | HHA | N | N | 159 |
| 161 | CMHC | N | N | 160 |

MULTICAMPUS

| | | | | | | |
|-----|--|--------|-------|----------|------|------------|
| 165 | IS THIS HOSPITAL PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSAs? ENTER 'Y' FOR YES OR 'N' FOR NO. | N | | 165 | | |
| 166 | IF LINE 165 IS YES, FOR EACH CAMPUS, ENTER THE NAME IN COLUMN 0, COUNTY IN COLUMN 1, STATE IN COLUMN 2, ZIP IN COLUMN 3, CBSA IN COLUMN 4, FTE/CAMPUS IN COLUMN 5. | | | | | |
| | NAME | COUNTY | STATE | ZIP CODE | CBSA | FTE/CAMPUS |
| | 0 | 1 | 2 | 3 | 4 | 5 |

HEALTH INFORMATION TECHNOLOGY (HIT) INCENTIVE IN THE AMERICAN RECOVERY AND REINVESTMENT ACT

| | | | | |
|-----|---|---|------|-----|
| 167 | IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(m)? ENTER 'Y' FOR YES OR 'N' FOR NO. | Y | | 167 |
| 168 | IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS 'Y'), ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS. | | | 168 |
| 169 | IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH (LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR. | | 1.00 | 169 |

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
 PART II

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.
 ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

COMPLETED BY ALL HOSPITALS

| PROVIDER ORGANIZATION AND OPERATION | | Y/N | DATE | | |
|-------------------------------------|--|--------|------|--------|------|
| 1 | HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS) | N | | 1 | |
| 2 | HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY. | N | | 2 | |
| 3 | IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS) | N | | 3 | |
| FINANCIAL DATA AND REPORTS | | Y/N | TYPE | DATE | |
| 4 | COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS. | Y | A | 4 | |
| 5 | ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION. | N | | 5 | |
| APPROVED EDUCATIONAL ACTIVITIES | | Y/N | Y/N | Y/N | |
| 6 | COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM? | N | | 6 | |
| 7 | ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS. | | | 7 | |
| 8 | WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD? | N | | 8 | |
| 9 | ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS. | Y | | 9 | |
| 10 | WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | | | 10 | |
| 11 | ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS. | N | | 11 | |
| 12 | IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS. | | | 12 | |
| 13 | IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY. | | | 13 | |
| 14 | IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS. | | | 14 | |
| BED COMPLEMENT | | | | | |
| 15 | DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | | | N 15 | |
| PS&R REPORT DATA | | PART A | | PART B | |
| | | Y/N | DATE | Y/N | DATE |
| 16 | WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS) | N | | N | |
| 17 | WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS) | N | | N | |
| 18 | IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS. | N | | N | |
| 19 | IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS. | N | | N | |
| 20 | IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS: | N | | N | |
| 21 | WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS. | N | | N | |

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.
ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)

CAPITAL RELATED COST

- | | | |
|----|---|----|
| 22 | HAVE ASSETS BEEN RELIEFED FOR MEDICARE PURPOSES? IF YES, SEE INSTRUCTIONS. | 22 |
| 23 | HAVE CHANGES OCCURRED IN THE MEDICARE DEPRECIATION EXPENSE DUE TO APPRAISALS MADE DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 23 |
| 24 | WERE NEW LEASES AND/OR AMENDMENTS TO EXISTING LEASES ENTERED INTO DURING THIS COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 24 |
| 25 | HAVE THERE BEEN NEW CAPITALIZED LEASES ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 25 |
| 26 | WERE ASSETS SUBJECT TO SEC. 2314 OF DEFRA ACQUIRED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 26 |
| 27 | HAS THE PROVIDER'S CAPITALIZED POLICY CHANGED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 27 |

INTEREST EXPENSE

- | | | |
|----|---|----|
| 28 | WERE NEW LOANS, MORTGAGE AGREEMENTS OR LETTERS OF CREDIT ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 28 |
| 29 | DID THE PROVIDER HAVE A FUNDED DEPRECIATION ACCOUNT AND/OR BOND FUNDS (DEBT SERVICE RESERVE FUND) TREATED AS A FUNDED DEPRECIATION ACCOUNT? IF YES, SEE INSTRUCTIONS. | 29 |
| 30 | HAS EXISTING DEBT BEEN REPLACED PRIOR TO ITS SCHEDULED MATURITY WITH NEW DEBT? IF YES, SEE INSTRUCTIONS. | 30 |
| 31 | HAS DEBT BEEN RECALLED BEFORE SCHEDULED MATURITY WITHOUT ISSUANCE OF NEW DEBT? IF YES, SEE INSTRUCTIONS. | 31 |

PURCHASED SERVICES

- | | | |
|----|---|----|
| 32 | HAVE CHANGES OR NEW AGREEMENTS OCCURRED IN PATIENT CARE SERVICES FURNISHED THROUGH CONTRACTUAL ARRANGEMENTS WITH SUPPLIERS OF SERVICES? IF YES, SEE INSTRUCTIONS. | 32 |
| 33 | IF LINE 32 IS YES, WERE THE REQUIREMENTS OF SEC. 2135.2 APPLIED PERTAINING TO COMPETITIVE BIDDING? IF NO, SEE INSTRUCTIONS. | 33 |

PROVIDER-BASED PHYSICIANS

- | | | |
|----|--|----|
| 34 | ARE SERVICES FURNISHED AT THE PROVIDER FACILITY UNDER AN ARRANGEMENT WITH PROVIDER-BASED PHYSICIANS? IF YES, SEE INSTRUCTIONS. | 34 |
| 35 | IF LINE 34 IS YES, WERE THERE NEW AGREEMENTS OR AMENDED EXISTING AGREEMENTS WITH THE PROVIDER-BASED PHYSICIANS DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 35 |

HOME OFFICE COSTS

- | | | Y/N | DATE | |
|----|--|-----|------|----|
| | | 1 | 2 | |
| 36 | WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT? | | | 36 |
| 37 | IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS. | | | 37 |
| 38 | IF LINE 36 IS YES, WAS THE FISCAL YEAR END OF THE HOME OFFICE DIFFERENT FROM THAT OF THE PROVIDER? IF YES, ENTER IN COLUMN 2 THE FISCAL YEAR END OF THE HOME OFFICE. | | | 38 |
| 39 | IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS. | | | 39 |
| 40 | IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS. | | | 40 |

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II & III

PART II - WAGE DATA

| LINE | DESCRIPTION | WKST A NUMBER | AMOUNT REPORTED | RECLASS OF SALARIES (FROM WKST A-6) | ADJUSTED SALARIES (COL. 2 + COL. 3) | PAID HOURS RELATED TO SALARIES IN COL. 4 | AVERAGE HOURLY WAGE (COL. 4 + COL. 5) | |
|------|---|---------------|-----------------|-------------------------------------|-------------------------------------|--|---------------------------------------|------|
| | | 1 | 2 | 3 | 4 | 5 | 6 | |
| 1 | SALARIES | | | | | | | |
| 1 | TOTAL SALARIES (SEE INSTRUCTIONS) | 200 | 418,394,969 | 34,511,635 | 452,906,604 | 10,709,498.00 | 42.29 | 1 |
| 2 | NON-PHYSICIAN ANESTHETIST PART A | | | | | | | 2 |
| 3 | NON-PHYSICIAN ANESTHETIST PART B | | 2,523,437 | | 2,523,437 | 32,564.00 | 77.49 | 3 |
| 4 | PHYSICIAN-PART A | | 2,146,521 | | 2,146,521 | 27,315.00 | 78.58 | 4 |
| 4.01 | PHYSICIANS-PART A - DIRECT TEACHING | | 238,502 | | 238,502 | 3,035.00 | 78.58 | 4.01 |
| 5 | PHYSICIAN-PART B | | 14,271,025 | | 14,271,025 | 140,026.00 | 101.92 | 5 |
| 6 | NON-PHYSICIAN-PART B | | | | | | | 6 |
| 7 | INTERNS & RESIDENTS (IN AN APPROVED PROGRAM) | 21 | 19,049,033 | 3,875,550 | 22,924,583 | 815,038.00 | 28.13 | 7 |
| 7.01 | CONTRACTED INTERNS & RESIDENTS (IN APPROVED PROGRAMS) | | | | | | | 7.01 |
| 8 | HOME OFFICE PERSONNEL | | | | | | | 8 |
| 9 | SNF | 44 | | | | | | 9 |
| 10 | EXCLUDED AREA SALARIES (SEE INSTRUCTIONS) | | 123,123,266 | -8,446,047 | 114,677,219 | 1,188,109.00 | 96.52 | 10 |
| | OTHER WAGES & RELATED COSTS | | | | | | | |
| 11 | CONTRACT LABOR (SEE INSTRUCTIONS) | | 1,743,360 | | 1,743,360 | 46,220.00 | 37.72 | 11 |
| 12 | MANAGEMENT AND ADMINISTRATIVE SERVICES | | | | | | | 12 |
| 13 | CONTRACT LABOR: PHYSICIAN-PART A | | | | | | | 13 |
| 14 | HOME OFFICE SALARIES & WAGE-RELATED COSTS | | | | | | | 14 |
| 15 | HOME OFFICE: PHYSICIAN-PART A | | 2,422,645 | | 2,422,645 | 14,541.00 | 166.61 | 15 |
| 16 | TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS) | | 5,533,656 | | 5,533,656 | 33,213.00 | 166.61 | 16 |
| | WAGE-RELATED COSTS | | | | | | | |
| 17 | WAGE-RELATED COSTS (CORE) | | 53,051,928 | | 53,051,928 | | | 17 |
| 18 | WAGE-RELATED COSTS (OTHER) | | | | | | | 18 |
| 19 | EXCLUDED AREAS | | 25,210,918 | | 25,210,918 | | | 19 |
| 20 | NON-PHYSICIAN ANESTHETIST PART A | | | | | | | 20 |
| 21 | NON-PHYSICIAN ANESTHETIST PART B | | 534,426 | | 534,426 | | | 21 |
| 22 | PHYSICIAN PART A | | 2,261,763 | | 2,261,763 | | | 22 |
| 23 | PHYSICIAN PART B | | 15,037,208 | | 15,037,208 | | | 23 |
| 24 | WAGE-RELATED COSTS (RHC/FQHC) | | | | | | | 24 |
| 25 | INTERNS & RESIDENTS (IN AN APPROVED PROGRAM) | | 4,034,301 | | 4,034,301 | | | 25 |
| | OVERHEAD COSTS - DIRECT SALARIES | | | | | | | |
| 26 | EMPLOYEE BENEFITS | | 1,908,070 | | 1,908,070 | 67,938.00 | 28.09 | 26 |
| 27 | ADMINISTRATIVE & GENERAL | | 63,914,346 | 12,286,267 | 76,200,613 | 1,292,837.00 | 58.94 | 27 |
| 28 | ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.) | | 1,160,672 | | 1,160,672 | 20,935.00 | 55.44 | 28 |
| 29 | MAINTENANCE & REPAIRS | | | | | | | 29 |
| 30 | OPERATION OF PLANT | | 10,868,047 | | 10,868,047 | 420,723.00 | 25.83 | 30 |
| 31 | LAUNDRY & LINEN SERVICE | | 220,979 | | 220,979 | 15,666.00 | 14.11 | 31 |
| 32 | HOUSEKEEPING | | 1,438,756 | -1,438,756 | | 436,751.00 | | 32 |
| 33 | HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS) | | | | | | | 33 |
| 34 | DIETARY | | 2,774,977 | -782,928 | 1,992,049 | 139,980.00 | 14.23 | 34 |
| 35 | DIETARY UNDER CONTRACT (SEE INSTRUCTIONS) | | | | | | | 35 |
| 36 | CAFETERIA | | 459,830 | 529,906 | 989,736 | 95,456.00 | 10.37 | 36 |
| 37 | MAINTENANCE OF PERSONNEL | | 929,053 | | 929,053 | 83,169.00 | 11.17 | 37 |
| 38 | NURSING ADMINISTRATION | | 1,834,578 | 192,233 | 2,026,811 | 50,201.00 | 40.37 | 38 |
| 39 | CENTRAL SERVICES AND SUPPLY | | 1,426,566 | | 1,426,566 | 84,120.00 | 16.96 | 39 |
| 40 | PHARMACY | | 6,822,764 | | 6,822,764 | 184,775.00 | 36.92 | 40 |
| 41 | MEDICAL RECORDS & MEDICAL RECORDS LIBRARY | | 3,082,499 | | 3,082,499 | 152,185.00 | 20.25 | 41 |
| 42 | SOCIAL SERVICE | | 3,925,035 | 63,208 | 3,988,243 | 105,441.00 | 37.82 | 42 |
| 43 | OTHER GENERAL SERVICE | | | | | | | 43 |

PART III - HOSPITAL WAGE INDEX SUMMARY

| | | | | | | | | |
|---|--|--|-------------|------------|-------------|-------------|--------|---|
| 1 | NET SALARIES (SEE INSTRUCTIONS) | | 383,473,644 | 30,636,085 | 414,109,729 | 9,739,770.0 | 42.52 | 1 |
| 2 | EXCLUDED AREA SALARIES (SEE INSTRUCTIONS) | | 123,123,266 | -8,446,047 | 114,677,219 | 1,188,109.0 | 96.52 | 2 |
| 3 | SUBTOTAL SALARIES (LINE 1 MINUS LINE 2) | | 260,350,378 | 39,082,132 | 299,432,510 | 8,551,661.0 | 35.01 | 3 |
| 4 | SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.) | | 4,166,005 | | 4,166,005 | 60,761.00 | 68.56 | 4 |
| 5 | SUBTOTAL WAGE-RELATED COSTS (SEE INST.) | | 55,313,691 | | 55,313,691 | | 18.47% | 5 |
| 6 | TOTAL (SUM OF LINES 3 THRU 5) | | 319,830,074 | 39,082,132 | 358,912,206 | 8,612,422.0 | 41.67 | 6 |
| 7 | TOTAL OVERHEAD COST (SEE INSTRUCTIONS) | | 100,766,172 | 10,849,930 | 111,616,102 | 3,150,177.0 | 35.43 | 7 |

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART A - CORE LIST

| | AMOUNT REPORTED | |
|---|--------------------|----|
| RETIREMENT COST | | |
| 1 401K EMPLOYER CONTRIBUTIONS | | 1 |
| 2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION | 29,691,211 | 2 |
| 3 QUALIFIED AND NON-QUALIFIED PENSION PLAN COST | | 3 |
| 4 PRIOR YEAR PENSION SERVICE COST | | 4 |
| PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION) | | |
| 5 401K/TSA PLAN ADMINISTRATION FEES | | 5 |
| 6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN | | 6 |
| 7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES | 66,683 | 7 |
| HEALTH AND INSURANCE COST | | |
| 8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED) | 21,272,554 | 8 |
| 9 PRESCRIPTION DRUG PLAN | | 9 |
| 10 DENTAL, HEARING AND VISION PLAN | 745,092 | 10 |
| 11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY) | 964,369 | 11 |
| 12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY) | 5,050 | 12 |
| 13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY) | 1,630,476 | 13 |
| 14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY) | | 14 |
| 15 WORKERS' COMPENSATION INSURANCE | 4,631,507 | 15 |
| 16 RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION) | -1,132,805 | 16 |
| TAXES | | |
| 17 FICA-EMPLOYERS PORTION ONLY | 26,542,411 | 17 |
| 18 MEDICARE TAXES - EMPLOYERS PORTION ONLY | | 18 |
| 19 UNEMPLOYMENT INSURANCE | 503,739 | 19 |
| 20 STATE OR FEDERAL UNEMPLOYMENT TAXES | | 20 |
| OTHER | | |
| 21 EXECUTIVE DEFERRED COMPENSATION | | 21 |
| 22 DAY CARE COSTS AND ALLOWANCES | 3,689,536 | 22 |
| 23 TUITION REIMBURSEMENT | | 23 |
| 24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23) | 88,609,823 | 24 |
| PART B - OTHER THAN CORE RELATED COST | | |
| 25 OTHER WAGE RELATED (OTHER WAGE RELATED COST) | | 25 |

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
01/31/2012 09:12

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

| COMPONENT | | CONTRACT | BENEFIT |
|-----------|--|----------|---------|
| 0 | | LABOR | COST |
| | | 1 | 2 |
| 1 | TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST | | 1 |
| 2 | HOSPITAL | | 2 |
| 3 | SUBPROVIDER - IPF | | 3 |
| 4 | SUBPROVIDER - IRF | | 4 |
| 5 | SUBPROVIDER - (OTHER) | | 5 |
| 6 | SWING BEDS - SNF | | 6 |
| 7 | SWING BEDS - NF | | 7 |
| 8 | HOSPITAL-BASED SNF | | 8 |
| 9 | HOSPITAL-BASED NF | | 9 |
| 10 | HOSPITAL-BASED OLTC | | 10 |
| 11 | HOSPITAL-BASED HHA | | 11 |
| 12 | SEPARATELY CERTIFIED ASC | | 12 |
| 13 | HOSPITAL-BASED HOSPICE | | 13 |
| 14 | HOSPITAL-BASED HEALTH CLINIC - RHC | | 14 |
| 15 | HOSPITAL-BASED HEALTH CLINIC - FQHC | | 15 |
| 16 | HOSPITAL-BASED (CMHC) | | 16 |
| 17 | RENAL DIALYSIS | | 17 |
| 18 | OTHER | | 18 |

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 | | | | | | 1 |
| 2 UNDUPLICATED CENSUS COUNT (SEE INSTRUCTION) | | 1,030.00 | 330.00 | 703.00 | | 2 |

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

| ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: .00 | ----- NUMBER OF EMPLOYEES ----- (FULL TIME EQUIVALENT) | | | TOTAL 3 | |
|--|---|---------------|--|------------|----|
| | STAFF 1 | CONTRACT 2 | | | |
| 3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S) | | | | | 3 |
| 4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S) | | 0.67 | | 0.67 | 4 |
| 5 OTHER ADMINISTRATIVE PERSONNEL | | 14.76 | | 14.76 | 5 |
| 6 DIRECT NURSING SERVICE | | 24.94 | | 24.94 | 6 |
| 7 NURSING SUPERVISOR | | | | | 7 |
| 8 PHYSICAL THERAPY SERVICE | | 5.17 | | 5.17 | 8 |
| 9 PHYSICAL THERAPY SUPERVISOR | | | | | 9 |
| 10 OCCUPATIONAL THERAPY SERVICE | | 1.01 | | 1.01 | 10 |
| 11 OCCUPATIONAL THERAPY SUPERVISOR | | | | | 11 |
| 12 SPEECH PATHOLOGY SERVICE | | | | | 12 |
| 13 SPEECH PATHOLOGY SUPERVISOR | | | | | 13 |
| 14 MEDICAL SOCIAL SERVICE | | 0.03 | | 0.03 | 14 |
| 15 MEDICAL SOCIAL SERVICE SUPERVISOR | | | | | 15 |
| 16 HOME HEALTH AIDE | | 3.07 | | 3.07 | 16 |
| 17 HOME HEALTH AIDE SUPERVISOR | | | | | 17 |
| 18 OTHER (SPECIFY) | | | | | 18 |

HOME HEALTH AGENCY CBSA CODES

| | | |
|--|-------|----|
| 19 ENTER IN COLUMN 1 THE NUMBER OF CBSAs WHERE YOU PROVIDED SERVICES DURING THE COST REPORTING PERIOD. | 1 | 19 |
| 20 LIST THOSE CBSA CODE(S) IN COLUMN 1 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE). | 16974 | 20 |

PPS ACTIVITY

| | FULL EPISODES | | | | TOTAL (COLS. 1-4) 5 | |
|---|--------------------------|-----------------------|-----------------------|---------------------------|------------------------------|----|
| | WITHOUT OUTLIERS 1 | WITH OUTLIERS 2 | LUPA EPISODES 3 | PEP ONLY EPISODES 4 | | |
| 21 SKILLED NURSING VISITS | 6,963 | 306 | 581 | 117 | 7,967 | 21 |
| 22 SKILLED NURSING VISIT CHARGES | 1,243,953 | 54,548 | 103,805 | 20,992 | 1,423,298 | 22 |
| 23 PHYSICAL THERAPY VISITS | 5,036 | 7 | 77 | 72 | 5,192 | 23 |
| 24 PHYSICAL THERAPY VISIT CHARGES | 894,666 | 1,245 | 13,685 | 12,809 | 922,405 | 24 |
| 25 OCCUPATIONAL THERAPY VISITS | 965 | 2 | 7 | 2 | 976 | 25 |
| 26 OCCUPATIONAL THERAPY VISIT CHARGES | 171,306 | 356 | 1,245 | 356 | 173,263 | 26 |
| 27 SPEECH PATHOLOGY VISITS | 106 | | | 5 | 111 | 27 |
| 28 SPEECH PATHOLOGY VISIT CHARGES | 18,708 | | | 890 | 19,598 | 28 |
| 29 MEDICAL SOCIAL SERVICE VISITS | 65 | | 2 | | 67 | 29 |
| 30 MEDICAL SOCIAL SERVICE VISIT CHARGES | 15,607 | | 483 | | 16,090 | 30 |
| 31 HOME HEALTH AIDE VISITS | 1,418 | 15 | 8 | 2 | 1,443 | 31 |
| 32 HOME HEALTH AIDE VISIT CHARGES | 175,463 | 1,835 | 991 | 248 | 178,537 | 32 |
| 33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31) | 14,553 | 330 | 675 | 198 | 15,756 | 33 |
| 34 OTHER CHARGES | 72,789 | 1,909 | 7,153 | 1,220 | 83,071 | 34 |
| 35 TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34) | 2,592,492 | 59,893 | 127,362 | 36,515 | 2,816,262 | 35 |
| 36 TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER) | 952 | | 254 | 23 | 1,229 | 36 |
| 37 TOTAL NUMBER OF OUTLIER EPISODES | | 2 | | | 2 | 37 |
| 38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES | 72,789 | 1,909 | 7,153 | 1,220 | 83,071 | 38 |

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

COMPONENT NO: 14-2329

WORKSHEET S-5

RENAL DIALYSIS STATISTICS

| DESCRIPTION | ---- 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 | | 150 | | | | | 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 |
| 5 NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED | | 314 | | | | | 5 |
| 6 NUMBER OF STATIONS | | 31 | | | | | 6 |
| 7 TREATMENT CAPACITY PER DAY PER STATION | | 3 | | | | | 7 |
| 8 UTILIZATION (SEE INSTRUCTIONS) | | | | | | | 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 | | | | | | 590 | 11 |
| 12 NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD | | | | | | 52 | 12 |
| EPOETIN | | | | | | | |
| 13 NET COSTS OF EPOETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER | | | | | | 1,727,627 | 13 |
| 14 EPOETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM | | | | | | | 14 |
| 15 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT | | | | | | 33,223,600 | 15 |
| 16 NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT | | | | | | | 16 |
| ARANESP | | | | | | | |
| 17 NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER | | | | | | 2,535,422 | 17 |
| 18 ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM | | | | | | | 18 |
| 19 NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT | | | | | | 187,116 | 19 |
| 20 NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT | | | | | | | 20 |
| PHYSICIAN PAYMENT METHOD (ENTER 'X' FOR APPLICABLE METHOD(S)) | | | | | | | |
| 21 MCP X INITIAL METHOD | | | | | | | 21 |

HOSPICE IDENTIFICATION DATA

HOSPICE NO.: 14-1566

WORKSHEET S-9
 PARTS I & II

PART I - ENROLLMENT DAYS

| ----- UNDUPLICATED DAYS ----- | | | | | | |
|-------------------------------|------------------------|----------------|--|---------------------------------------|-------------------|---|
| | TITLE XVIII 1 | TITLE XIX 2 | TITLE XVIII SKILLED NURSING FACILITY 3 | TITLE XIX NURSING FACILITY 4 | ALL OTHER 5 | TOTAL (SUM OF COLS. 1, 2 & 5) 6 |
| 1 | CONTINUOUS HOME CARE | | | | | 1 |
| 2 | ROUTINE HOME CARE | 3,189 | 360 | | 700 | 4,249 |
| 3 | INPATIENT RESPITE CARE | | | | | 3 |
| 4 | GENERAL INPATIENT CARE | 14 | 4 | | 138 | 156 |
| 5 | TOTAL HOSPICE DAYS | 3,203 | 364 | | 838 | 4,405 |

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 (SUM OF COLS. 1, 2 & 5) 6 |
|---|--|----------------|--|---------------------------------------|-------------------|---|
| 6 | NUMBER OF PATIENTS RECEIVING HOSPICE CARE | 163 | 16 | | 34 | 213 |
| 7 | TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE | | | | | 7 |
| 8 | AVERAGE LENGTH OF STAY (LINE 5/LINE 6) | 19.65 | 22.75 | | 24.65 | 20.68 |
| 9 | UNDUPLICATED CENSUS COUNT | | | | | 9 |

NOTE: PARTS I & II, COLUMNS 1 AND 2 ALSO INCLUDE THE DAYS REPORTED IN COLUMN 3 AND 4.

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

| | | | | | | |
|--|--|--------------------|------------------|------------|-------------|------|
| 1 | COST TO CHARGE RATIO (WKST C, PART I, LINE 200, COL. 3 DIVIDED BY LINE 200, COL. 8) | | | | 0.337227 | 1 |
| MEDICAID (SEE INSTRUCTIONS FOR EACH LINE) | | | | | | |
| 2 | NET REVENUE FROM MEDICAID | | | | 66,428,000 | 2 |
| 3 | DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID? | | | | Y | 3 |
| 4 | IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID? | | | | Y | 4 |
| 5 | IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID | | | | | 5 |
| 6 | MEDICAID CHARGES | | | | 283,600,000 | 6 |
| 7 | MEDICAID COST (LINE 1 TIMES LINE 6) | | | | 95,637,584 | 7 |
| 8 | DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5) | | | | 29,209,584 | 8 |
| STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE) | | | | | | |
| 9 | NET REVENUE FROM STAND-ALONE SCHIP | | | | 17,130,713 | 9 |
| 10 | STAND-ALONE SCHIP CHARGES | | | | 62,719,567 | 10 |
| 11 | STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10) | | | | 21,150,733 | 11 |
| 12 | DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9) | | | | 4,020,020 | 12 |
| OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE) | | | | | | |
| 13 | NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9) | | | | 94,554 | 13 |
| 14 | CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10) | | | | 7,044,530 | 14 |
| 15 | STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14) | | | | 2,375,606 | 15 |
| 16 | DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13) | | | | 2,281,052 | 16 |
| UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE) | | | | | | |
| 17 | PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE | | | | | 17 |
| 18 | GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS | | | | 607,155 | 18 |
| 19 | TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16) | | | | 35,510,655 | 19 |
| | | UNINSURED PATIENTS | INSURED PATIENTS | TOTAL | | |
| | | 1 | 2 | 3 | | |
| 20 | TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FAMILY | 32,922,340 | 1,044,978 | 33,967,318 | | 20 |
| 21 | COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20) | 11,102,303 | 352,395 | 11,454,698 | | 21 |
| 22 | PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE | 709,554 | 863,477 | 1,573,031 | | 22 |
| 23 | COST OF CHARITY CARE | 10,392,749 | -511,082 | 9,881,667 | | 23 |
| 24 | DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM | | | | | N 24 |
| 25 | IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS) | | | | | 25 |
| 26 | TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) | | | | 41,253,298 | 26 |
| 27 | MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V | | | | 2,471,321 | 27 |
| 28 | NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27) | | | | 38,781,977 | 28 |
| 29 | COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28) | | | | 13,078,331 | 29 |
| 30 | COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29) | | | | 22,959,998 | 30 |
| 31 | TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30) | | | | 58,470,653 | 31 |

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

| COST CENTER | | SALARIES | OTHER | TOTAL (COL. 1 + COL. 2) | RECLASSIFI- CATIONS | |
|-------------------------------------|-------|------------|-------------|-------------------------------|------------------------|-------|
| | | 1 | 2 | 3 | 4 | |
| GENERAL SERVICE COST CENTERS | | | | | | |
| 1 | 00100 | | | | 12,757,856 | 1 |
| 1.01 | 00101 | | | | 8,064,259 | 1.01 |
| 2 | 00200 | | | | 21,821,583 | 2 |
| 3 | 00300 | | | | | 3 |
| 4 | 00400 | | | | | 4 |
| 5.01 | 01160 | 1,908,070 | 634,427 | 2,542,497 | -460,211 | 4 |
| 5.02 | 00550 | 1,060,405 | 2,407,148 | 3,467,553 | -570,150 | 5.01 |
| 5.02 | 00550 | 5,707,183 | 5,041,491 | 10,748,674 | -3,412,116 | 5.02 |
| 5.03 | 00560 | 1,532,964 | 1,677,919 | 3,210,883 | -350,455 | 5.03 |
| 5.04 | 00561 | | 84,612 | 84,612 | -27,075 | 5.04 |
| 5.05 | 00570 | 1,202,405 | 193,526 | 1,395,931 | -37,151 | 5.05 |
| 5.06 | 00571 | 1,275,605 | 131,146 | 1,406,751 | -57,332 | 5.06 |
| 5.07 | 00580 | 4,131,972 | 3,661,833 | 7,793,805 | -157,440 | 5.07 |
| 5.08 | 00590 | 2,074,468 | 427,325 | 2,501,793 | -243,650 | 5.08 |
| 5.09 | 00591 | 568,358 | 453,453 | 1,021,811 | -16,428 | 5.09 |
| 5.10 | 00596 | 871,971 | 91,785 | 963,756 | -66,656 | 5.10 |
| 5.11 | 00592 | 41,298,806 | 109,405,741 | 150,704,547 | -7,822,182 | 5.11 |
| 5.12 | 00593 | 4,143,773 | 24,519,999 | 28,663,772 | -559,778 | 5.12 |
| 5.14 | 00595 | 46,436 | 3,146,504 | 3,192,940 | -276 | 5.14 |
| 6 | 00600 | | | | | 6 |
| 7 | 00700 | | | | | 7 |
| 7.01 | 00701 | 8,666,235 | 20,238,301 | 28,904,536 | -10,716,689 | 7 |
| 8 | 00800 | 2,201,812 | 670,451 | 2,872,263 | -606,062 | 7.01 |
| 9 | 00900 | 220,979 | 1,829,498 | 2,050,477 | -38,015 | 8 |
| 10 | 01000 | 1,438,756 | 10,247,895 | 11,686,651 | -3,524,168 | 9 |
| 11 | 01100 | 2,774,977 | 3,889,120 | 6,664,097 | -2,056,529 | 10 |
| 12 | 01200 | 459,830 | 803,514 | 1,263,344 | 1,575,269 | 11 |
| 12.01 | 01850 | 929,053 | 82,451 | 1,011,504 | -11,492 | 12 |
| 13 | 01300 | 1,834,578 | 657,134 | 2,491,712 | 5,487 | 12.01 |
| 14 | 01400 | 1,332,750 | 2,397,826 | 3,730,576 | -1,941,883 | 13 |
| 14.01 | 01401 | 93,816 | 45,560 | 139,376 | | 14 |
| 15 | 01500 | 6,822,764 | 23,314,758 | 30,137,522 | -22,736,665 | 14.01 |
| 16 | 01600 | 3,082,499 | 5,383,004 | 8,465,503 | -1,925,003 | 15 |
| 17 | 01700 | 3,925,035 | 360,394 | 4,285,429 | 69,122 | 16 |
| 17.01 | 01851 | | | | 13,508,759 | 17 |
| 19 | 01900 | | | | 2,567,047 | 17.01 |
| 20 | 02000 | | | | | 19 |
| 21 | 02100 | 19,049,033 | -1,120,555 | 17,928,478 | 8,413,666 | 20 |
| 22 | 02200 | | | | | 21 |
| 23 | 02300 | | | | | 22 |
| 23.01 | 02301 | 491,536 | 184,067 | 675,603 | -19,776 | 23 |
| 23.02 | 02302 | | | | | 23.01 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| 30 | 03000 | 29,004,134 | 5,866,553 | 34,870,687 | -1,855,861 | 23.02 |
| 31 | 03100 | 11,356,773 | 2,157,672 | 13,514,445 | -236,454 | 30 |
| 33 | 03300 | 3,268,562 | 1,179,792 | 4,448,354 | -200,151 | 31 |
| 35 | 01960 | 6,828,213 | 643,799 | 7,472,012 | -279,301 | 33 |
| 35.01 | 01980 | 1,868,704 | 382,698 | 2,251,402 | -96,889 | 35 |
| 35.03 | 02080 | 2,048,474 | 367,475 | 2,415,949 | -67,328 | 35.01 |
| 35.04 | 02081 | 2,209,726 | 344,373 | 2,554,099 | -31,468 | 35.03 |
| 41 | 04100 | 4,689,166 | 716,387 | 5,405,553 | -1,537,910 | 35.04 |
| 43 | 04300 | | | | 511,510 | 41 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50 | 05000 | 10,504,754 | 37,273,271 | 47,778,025 | -4,729,216 | 43 |
| 50.01 | 05001 | 2,461,493 | 4,118,459 | 6,579,952 | -803,157 | 50 |
| 51 | 05100 | 2,123,580 | 461,237 | 2,584,817 | -222,043 | 50.01 |
| 52 | 05200 | 1,779,029 | 513,087 | 2,292,116 | -198,471 | 51 |
| 53 | 05300 | 614,704 | 1,732,456 | 2,347,160 | -388,903 | 52 |
| 54 | 05400 | 6,173,786 | 6,542,725 | 12,716,511 | -1,986,613 | 53 |
| 54.01 | 03630 | 753,068 | 159,152 | 912,220 | -39,269 | 54 |
| 55 | 05500 | 413,770 | 93,719 | 507,489 | -494,350 | 54.01 |
| 56 | 05600 | 1,398,608 | 1,531,648 | 2,930,256 | 81,267 | 55 |
| 57 | 05700 | 1,751,291 | 1,628,568 | 3,379,859 | -157,331 | 56 |
| 58 | 05800 | 1,427,061 | 2,113,076 | 3,540,137 | -1,203,964 | 57 |
| 59 | 05900 | 3,307,230 | 9,306,878 | 12,614,108 | -2,279,247 | 58 |
| 60 | 06000 | 7,186,776 | 11,705,152 | 18,891,928 | -374,884 | 59 |
| 60.01 | 03420 | 1,380,014 | 1,289,190 | 2,669,204 | -97,647 | 60 |
| 60.02 | 03421 | | | | | 60.01 |
| 60.03 | 03422 | | | | | 60.02 |
| 62.30 | 06250 | | 16,458 | 16,458 | | 60.03 |
| 63 | 06300 | 1,159,930 | 5,930,696 | 7,090,626 | -33,156 | 62.30 |
| 65 | 06500 | 5,054,715 | 1,670,393 | 6,725,108 | -241,742 | 63 |
| 66 | 06600 | 2,892,866 | 760,303 | 3,653,169 | 435,531 | 65 |
| 67 | 06700 | 904,997 | 195,129 | 1,100,126 | 504,537 | 66 |
| 68 | 06800 | 376,916 | 47,407 | 424,323 | 177,971 | 67 |
| 69 | 06900 | 2,757,810 | 12,165,532 | 14,923,342 | -1,443,491 | 68 |
| 70 | 07000 | 1,145,517 | 361,828 | 1,507,345 | -157,382 | 69 |

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

| COST CENTER | | SALARIES | OTHER | TOTAL (COL. 1 + COL. 2) | RECLASSIFI- CATIONS | |
|---------------------------------|---|-------------|-------------|-------------------------------|------------------------|--------|
| | | 1 | 2 | 3 | 4 | |
| 71 | 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS | | | | 1,684,456 | 71 |
| 73 | 07300 DRUGS CHARGED TO PATIENTS | | | | 22,444,989 | 73 |
| 74 | 07400 RENAL DIALYSIS | 2,402,448 | 3,117,698 | 5,520,146 | -236,148 | 74 |
| 76 | 03560 PULMONARY LABS | 232,420 | 183,799 | 416,219 | -65,287 | 76 |
| 76.01 | 03950 OCCUPATIONAL HEALTH | 200,767 | 123,857 | 324,624 | -61,550 | 76.01 |
| 76.03 | 03951 HYPERALIMENTATION | | | | | 76.03 |
| 76.04 | 03650 PERIPHERAL VASCULAR | 658,797 | 201,682 | 860,479 | -97,283 | 76.04 |
| 76.05 | 03952 PEDIATRIC ENDO NUTRITION | | | | | 76.05 |
| 76.07 | 03340 GASTROINTESTINAL SERVICE | 1,728,111 | 1,968,392 | 3,696,503 | -367,392 | 76.07 |
| 76.09 | 03953 BONE MARROW PROCUREMENT | | 1,315,375 | 1,315,375 | | 76.09 |
| 76.97 | 07697 CARDIAC REHABILITATION | | | | | 76.97 |
| 76.98 | 07698 HYPERBARIC OXYGEN THERAPY | | | | | 76.98 |
| 76.99 | 07699 LITHOTRIPSY | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 90 | 09000 CLINIC | 174,598 | 101,311 | 275,909 | -40,057 | 90 |
| 90.01 | 09001 CARDIAC REHABILITATION | 274,180 | 2,081 | 276,261 | -30 | 90.01 |
| 90.02 | 09002 CANCER CENTER | 5,015,472 | 17,232,341 | 22,247,813 | -830,423 | 90.02 |
| 90.03 | 09003 PSYCH SOCIAL REHAB | 267,660 | 53,401 | 321,061 | -27,069 | 90.03 |
| 90.04 | 09004 WELLNESS ASSESSMENT | | | | | 90.04 |
| 90.06 | 09005 HEART FAILURE CLINIC | | | | | 90.06 |
| 90.07 | 09006 LOC OUTPATIENT CENTER | 15,941,331 | 10,396,463 | 26,337,794 | 652,811 | 90.07 |
| 90.08 | 09007 OUTPATIENT CENTER | 3,602,658 | 2,721,196 | 6,323,854 | -577,169 | 90.08 |
| 90.09 | 09008 ELMHURST IMMEDIATE CARE | 860,255 | 541,312 | 1,401,567 | -55,887 | 90.09 |
| 90.10 | 09009 LAGRANGE FAMILY PCC | 1,494,012 | 1,063,987 | 2,557,999 | -224,666 | 90.10 |
| 90.12 | 09010 NORTH RIVERSIDE PCC | 2,328,003 | 1,360,354 | 3,688,357 | -62,190 | 90.12 |
| 90.13 | 09011 GLENDALE HEIGHTS PCC | | 2,957 | 2,957 | -2,957 | 90.13 |
| 90.14 | 09012 WHEATON PCC | 1,486,693 | 1,529,441 | 3,016,134 | -43,469 | 90.14 |
| 90.15 | 09013 OUT II PCC | 2,248,502 | 980,585 | 3,229,087 | -76,558 | 90.15 |
| 90.16 | 09014 HICKORY HILLS PCC | 2,560,527 | 1,440,009 | 4,000,536 | -186,678 | 90.16 |
| 90.18 | 09015 DARIEN PCC | 1,590,796 | 792,549 | 2,383,345 | -89,741 | 90.18 |
| 90.20 | 09016 ORLANAD PARK - FP | 2,390,994 | 1,463,319 | 3,854,313 | -75,682 | 90.20 |
| 90.21 | 09017 FAMILY PRACTICE MAYWOOD PCC | 614,419 | 304,221 | 918,640 | -72,347 | 90.21 |
| 90.22 | 09018 HOMER GLEN PCC | 2,349,838 | 3,181,868 | 5,531,706 | -264,750 | 90.22 |
| 90.23 | 09019 OAK PARK PCC | 1,773,882 | 584,998 | 2,358,880 | -6,150 | 90.23 |
| 90.24 | 09020 PARK RIDGE PCC | 332,411 | 642,523 | 974,934 | -296,746 | 90.24 |
| 90.25 | 09021 LOYOLA CLINIC AT GOTTLIEB | 94,980 | 75,714 | 170,694 | -18,175 | 90.25 |
| 90.26 | 09022 WOODRIDGE PCC | | | | | 90.26 |
| 90.27 | 09023 NEUROLOGY - NILES | 6,414 | 11,468 | 17,882 | -38 | 90.27 |
| 90.28 | 09024 MARJORIE WEINBERG CANCER CENTER | 769,132 | 5,686,516 | 6,455,648 | -10,757 | 90.28 |
| 90.29 | 09025 BURR RIDGE PCC | 1,883,534 | 2,711,945 | 4,595,479 | -306,194 | 90.29 |
| 91 | 09100 EMERGENCY | 10,861,536 | 4,048,345 | 14,909,881 | -163,438 | 91 |
| 92 | 09200 OBSERVATION BEDS | | | | | 92 |
| 92.01 | 09201 OBSERVATION BEDS-DISTINCT | 284,828 | 56,368 | 341,196 | -25,585 | 92.01 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 95 | 09500 AMBULANCE SERVICES | | 270,816 | 270,816 | -116 | 95 |
| 97 | 09700 DURABLE MEDICAL EQUIP-SOLD | 35,471 | 2,797,641 | 2,833,112 | | 97 |
| 99 | 09900 CMHC | | | | | 99 |
| 99.10 | 09910 CORF | | | | | 99.10 |
| 99.20 | 09920 OUTPATIENT PHYSICAL THERAPY | | | | | 99.20 |
| 99.30 | 09930 OUTPATIENT OCCUPATIONAL THERAPY | | | | | 99.30 |
| 99.40 | 09940 OUTPATIENT SPEECH PATHOLOGY | | | | | 99.40 |
| 101 | 10100 HOME HEALTH AGENCY | 3,343,627 | 1,242,777 | 4,586,404 | -69,772 | 101 |
| SPECIAL PURPOSE COST CENTERS | | | | | | |
| 105 | 10500 KIDNEY ACQUISITION | 608,117 | 1,209,420 | 1,817,537 | -848,027 | 105 |
| 106 | 10600 HEART ACQUISITION | 557,114 | 995,517 | 1,552,631 | -785,200 | 106 |
| 107 | 10700 LIVER ACQUISITION | 663,367 | 557,059 | 1,220,426 | -720,969 | 107 |
| 108 | 10800 LUNG ACQUISITION | 654,846 | 1,494,083 | 2,148,929 | -1,552,927 | 108 |
| 112 | 08600 OTHER ORGAN ACQUISITION (SPECIFY) | | 58,890 | 58,890 | 138,060 | 112 |
| 116 | 11600 HOSPICE | 515,987 | 252,896 | 768,883 | -2,405 | 116 |
| 118 | SUBTOTALS (SUM OF LINES 1-117) | 306,795,463 | 404,910,614 | 711,706,077 | 10,636,938 | 118 |
| NONREIMBURSABLE COST CENTERS | | | | | | |
| 190 | 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN | 75,408 | 144,044 | 219,452 | -5,191 | 190 |
| 190.01 | 19001 HINES RADIATION THERAPY | 791,962 | 2,010 | 793,972 | | 190.01 |
| 190.02 | 19002 HOME INFUSION THERAPY | 859,639 | 1,859,332 | 2,718,971 | -1,115 | 190.02 |
| 190.03 | 19003 OP HOSPITAL PHARMACY | 153,175 | 3,939,371 | 4,092,546 | -24,414 | 190.03 |
| 190.04 | 19004 HOSPITALIST | 2,414,287 | 514,827 | 2,929,114 | | 190.04 |
| 192 | 19200 PHYSICIANS' PRIVATE OFFICES | 78,316 | -120,918 | -42,602 | 303,316 | 192 |
| 192.01 | 19201 FACULTY CLINICAL OPERATIONS | 107,226,719 | 57,177,732 | 164,404,451 | -10,909,534 | 192.01 |
| 200 | TOTAL (SUM OF LINES 118-199) | 418,394,969 | 468,427,012 | 886,821,981 | | 200 |

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

| COST CENTER | | RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5 | ADJUST- MENTS 6 | NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7 | |
|-------------------------------------|-------|---|-----------------------|--|-------|
| GENERAL SERVICE COST CENTERS | | | | | |
| 1 | 00100 | 12,757,856 | -336,183 | 12,421,673 | 1 |
| 1.01 | 00101 | 8,064,259 | -7,804,983 | 259,276 | 1.01 |
| 2 | 00200 | 21,821,583 | -1,706 | 21,819,877 | 2 |
| 3 | 00300 | | | | 3 |
| 4 | 00400 | | | | 4 |
| 5.01 | 01160 | 2,082,286 | -2,082,286 | | 5.01 |
| 5.02 | 00550 | 2,897,403 | -342,922 | 2,554,481 | 5.02 |
| 5.03 | 00560 | 7,336,558 | -181,219 | 7,155,339 | 5.03 |
| 5.04 | 00561 | 2,860,428 | -48,675 | 2,811,753 | 5.04 |
| 5.05 | 00570 | 57,537 | | 57,537 | 5.05 |
| 5.06 | 00571 | 1,358,780 | -38,179 | 1,320,601 | 5.06 |
| 5.07 | 00580 | 1,349,419 | -40,504 | 1,308,915 | 5.07 |
| 5.08 | 00590 | 7,636,365 | -131,201 | 7,505,164 | 5.08 |
| 5.09 | 00591 | 2,258,143 | -65,870 | 2,192,273 | 5.09 |
| 5.10 | 00592 | 1,005,383 | -229,759 | 775,624 | 5.10 |
| 5.11 | 00596 | 897,100 | -27,687 | 869,413 | 5.11 |
| 5.12 | 00592 | 142,882,365 | -16,444,742 | 126,437,623 | 5.12 |
| 5.14 | 00593 | 28,103,994 | -4,627,915 | 23,476,079 | 5.14 |
| 6 | 00600 | 3,192,664 | -21,365 | 3,171,299 | 6 |
| 7 | 00700 | | | | 7 |
| 7.01 | 00701 | 18,187,847 | -1,590,143 | 16,597,704 | 7.01 |
| 8 | 00800 | 2,266,201 | -69,913 | 2,196,288 | 8 |
| 9 | 00900 | 2,012,462 | -7,016 | 2,005,446 | 9 |
| 10 | 01000 | 8,162,483 | | 8,162,483 | 10 |
| 11 | 01100 | 4,607,568 | -88,113 | 4,519,455 | 11 |
| 12 | 01200 | 2,838,613 | -2,838,613 | | 12 |
| 12.01 | 01850 | | -29,500 | 970,512 | 12.01 |
| 13 | 01300 | 1,000,012 | -29,500 | 970,512 | 13 |
| 14 | 01400 | 2,497,199 | -73,814 | 2,423,385 | 14 |
| 14.01 | 01401 | 1,788,693 | -176,710 | 1,611,983 | 14.01 |
| 15 | 01500 | 139,376 | -2,979 | 136,397 | 15 |
| 16 | 01600 | 7,400,857 | -217,041 | 7,183,816 | 16 |
| 17 | 01700 | 6,540,500 | -152,766 | 6,387,734 | 17 |
| 17.01 | 01851 | 4,354,551 | -125,481 | 4,229,070 | 17.01 |
| 19 | 01900 | 13,508,759 | | 13,508,759 | 19 |
| 20 | 02000 | 2,567,047 | -2,567,047 | | 20 |
| 21 | 02100 | | | | 21 |
| 22 | 02200 | 26,342,144 | -807,566 | 25,534,578 | 22 |
| 23 | 02300 | | | | 23 |
| 23.01 | 02301 | 655,827 | -223,751 | 432,076 | 23.01 |
| 23.02 | 02302 | | | | 23.02 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | |
| 30 | 03000 | 33,014,826 | | 32,085,017 | 30 |
| 31 | 03100 | 13,277,991 | -929,809 | 12,917,383 | 31 |
| 33 | 03300 | 4,248,203 | -103,786 | 4,144,417 | 33 |
| 35 | 01960 | 7,192,711 | -216,814 | 6,975,897 | 35 |
| 35.01 | 01980 | 2,154,513 | -59,336 | 2,095,177 | 35.01 |
| 35.03 | 02080 | 2,348,621 | -65,044 | 2,283,577 | 35.03 |
| 35.04 | 02081 | 2,522,631 | -74,555 | 2,448,076 | 35.04 |
| 41 | 04100 | 3,867,643 | -279,337 | 3,588,306 | 41 |
| 43 | 04300 | 511,510 | | 511,510 | 43 |
| ANCILLARY SERVICE COST CENTERS | | | | | |
| 50 | 05000 | 43,048,809 | -333,554 | 42,715,255 | 50 |
| 50.01 | 05001 | 5,776,795 | -78,159 | 5,698,636 | 50.01 |
| 51 | 05100 | 2,362,774 | -67,429 | 2,295,345 | 51 |
| 52 | 05200 | 2,093,645 | -56,489 | 2,037,156 | 52 |
| 53 | 05300 | 1,958,257 | -33,518 | 1,924,739 | 53 |
| 54 | 05400 | 10,729,898 | -211,612 | 10,518,286 | 54 |
| 54.01 | 03630 | 872,951 | -23,912 | 849,039 | 54.01 |
| 55 | 05500 | 13,139 | -13,139 | | 55 |
| 56 | 05600 | 3,011,523 | -44,410 | 2,967,113 | 56 |
| 57 | 05700 | 3,222,528 | -55,608 | 3,166,920 | 57 |
| 58 | 05800 | 2,336,173 | -45,313 | 2,290,860 | 58 |
| 59 | 05900 | 10,334,861 | -105,014 | 10,229,847 | 59 |
| 60 | 06000 | 18,517,044 | -461,198 | 18,055,846 | 60 |
| 60.01 | 03420 | 2,571,557 | -44,097 | 2,527,460 | 60.01 |
| 60.02 | 03421 | | | | 60.02 |
| 60.03 | 03422 | 16,458 | 278 | 16,736 | 60.03 |
| 62.30 | 06250 | | | | 62.30 |
| 63 | 06300 | 7,057,470 | -36,831 | 7,020,639 | 63 |
| 65 | 06500 | 6,483,366 | -160,500 | 6,322,866 | 65 |
| 66 | 06600 | 4,088,700 | -125,050 | 3,963,650 | 66 |
| 67 | 06700 | 1,604,663 | -28,736 | 1,575,927 | 67 |
| 68 | 06800 | 602,294 | -11,968 | 590,326 | 68 |
| 69 | 06900 | 13,479,851 | -87,567 | 13,392,284 | 69 |
| 70 | 07000 | 1,349,963 | -36,373 | 1,313,590 | 70 |

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

| COST CENTER | | RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) | ADJUST- MENTS 6 | NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) | |
|---------------------------------|---|--|-----------------------|---|--------|
| | | 5 | | 7 | |
| 71 | 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS | 1,684,456 | | 1,684,456 | 71 |
| 73 | 07300 DRUGS CHARGED TO PATIENTS | 22,444,989 | | 22,444,989 | 73 |
| 74 | 07400 RENAL DIALYSIS | 5,283,998 | -79,691 | 5,204,307 | 74 |
| 76 | 03560 PULMONARY LABS | 350,932 | -7,380 | 343,552 | 76 |
| 76.01 | 03950 OCCUPATIONAL HEALTH | 263,074 | -29,258 | 233,816 | 76.01 |
| 76.03 | 03951 HYPERALIMENTATION | | | | 76.03 |
| 76.04 | 03650 PERIPHERAL VASCULAR | 763,196 | -21,918 | 741,278 | 76.04 |
| 76.05 | 03952 PEDIATRIC ENDO NUTRITION | | | | 76.05 |
| 76.07 | 03340 GASTROINTESTINAL SERVICE | 3,329,111 | -54,872 | 3,274,239 | 76.07 |
| 76.09 | 03953 BONE MARROW PROCUREMENT | 1,315,375 | | 1,315,375 | 76.09 |
| 76.97 | 07697 CARDIAC REHABILITATION | | | | 76.97 |
| 76.98 | 07698 HYPERBARIC OXYGEN THERAPY | | | | 76.98 |
| 76.99 | 07699 LITHOTRIPSY | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | |
| 90 | 09000 CLINIC | 235,852 | -5,544 | 230,308 | 90 |
| 90.01 | 09001 CARDIAC REHABILITATION | 276,231 | -8,706 | 267,525 | 90.01 |
| 90.02 | 09002 CANCER CENTER | 21,417,390 | -2,818,539 | 18,598,851 | 90.02 |
| 90.03 | 09003 PSYCH SOCIAL REHAB | 293,992 | -8,499 | 285,493 | 90.03 |
| 90.04 | 09004 WELLNESS ASSESSMENT | | | | 90.04 |
| 90.06 | 09005 HEART FAILURE CLINIC | | | | 90.06 |
| 90.07 | 09006 LOC OUTPATIENT CENTER | 26,990,605 | -1,960,759 | 25,029,846 | 90.07 |
| 90.08 | 09007 OUTPATIENT CENTER | 5,746,685 | -114,509 | 5,632,176 | 90.08 |
| 90.09 | 09008 ELMHURST IMMEDIATE CARE | 1,345,680 | -346,647 | 999,033 | 90.09 |
| 90.10 | 09009 LAGRANGE FAMILY PCC | 2,333,333 | -536,007 | 1,797,326 | 90.10 |
| 90.12 | 09010 NORTH RIVERSIDE PCC | 3,626,167 | -1,884,091 | 1,742,076 | 90.12 |
| 90.13 | 09011 GLENDALE HEIGHTS PCC | | | | 90.13 |
| 90.14 | 09012 WHEATON PCC | 2,972,665 | -965,950 | 2,006,715 | 90.14 |
| 90.15 | 09013 OUT II PCC | 3,152,529 | -1,667,805 | 1,484,724 | 90.15 |
| 90.16 | 09014 HICKORY HILLS PCC | 3,813,858 | -1,343,698 | 2,470,160 | 90.16 |
| 90.18 | 09015 DARIEN PCC | 2,293,604 | -1,285,257 | 1,008,347 | 90.18 |
| 90.20 | 09016 ORLANAD PARK - FP | 3,778,631 | -1,909,837 | 1,868,794 | 90.20 |
| 90.21 | 09017 FAMILY PRACTICE MAYWOOD PCC | 846,293 | -24,418 | 821,875 | 90.21 |
| 90.22 | 09018 HOMER GLEN PCC | 5,266,956 | -663,485 | 4,603,471 | 90.22 |
| 90.23 | 09019 OAK PARK PCC | 2,352,730 | -1,790,581 | 562,149 | 90.23 |
| 90.24 | 09020 PARK RIDGE PCC | 678,188 | -10,555 | 667,633 | 90.24 |
| 90.25 | 09021 LOYOLA CLINIC AT GOTTLIEB | 152,519 | -3,016 | 149,503 | 90.25 |
| 90.26 | 09022 WOODRIDGE PCC | | | | 90.26 |
| 90.27 | 09023 NEUROLOGY - NILES | 17,844 | -204 | 17,640 | 90.27 |
| 90.28 | 09024 MARJORIE WEINBERG CANCER CENTER | 6,444,891 | -24,422 | 6,420,469 | 90.28 |
| 90.29 | 09025 BURR RIDGE PCC | 4,289,285 | -68,827 | 4,220,458 | 90.29 |
| 91 | 09100 EMERGENCY | 14,746,443 | -8,622,813 | 6,123,630 | 91 |
| 92 | 09200 OBSERVATION BEDS | | | | 92 |
| 92.01 | 09201 OBSERVATION BEDS-DISTINCT | 315,611 | -9,044 | 306,567 | 92.01 |
| OTHER REIMBURSABLE COST CENTERS | | | | | |
| 95 | 09500 AMBULANCE SERVICES | 270,700 | | 270,700 | 95 |
| 97 | 09700 DURABLE MEDICAL EQUIP-SOLD | 2,833,112 | -688,356 | 2,144,756 | 97 |
| 99 | 09900 CMHC | | | | 99 |
| 99.10 | 09910 CORF | | | | 99.10 |
| 99.20 | 09920 OUTPATIENT PHYSICAL THERAPY | | | | 99.20 |
| 99.30 | 09930 OUTPATIENT OCCUPATIONAL THERAPY | | | | 99.30 |
| 99.40 | 09940 OUTPATIENT SPEECH PATHOLOGY | | | | 99.40 |
| 101 | 10100 HOME HEALTH AGENCY | 4,516,632 | -362,131 | 4,154,501 | 101 |
| SPECIAL PURPOSE COST CENTERS | | | | | |
| 105 | 10500 KIDNEY ACQUISITION | 969,510 | -19,309 | 950,201 | 105 |
| 106 | 10600 HEART ACQUISITION | 767,431 | -17,689 | 749,742 | 106 |
| 107 | 10700 LIVER ACQUISITION | 499,457 | -21,063 | 478,394 | 107 |
| 108 | 10800 LUNG ACQUISITION | 596,002 | -41,871 | 554,131 | 108 |
| 112 | 08600 OTHER ORGAN ACQUISITION (SPECIFY) | 196,950 | | 196,950 | 112 |
| 116 | 11600 HOSPICE | 766,478 | -16,384 | 750,094 | 116 |
| 118 | SUBTOTALS (SUM OF LINES 1-117) | 722,343,015 | -72,978,272 | 649,364,743 | 118 |
| NONREIMBURSABLE COST CENTERS | | | | | |
| 190 | 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN | 214,261 | -2,394 | 211,867 | 190 |
| 190.01 | 19001 HINES RADIATION THERAPY | 793,972 | -25,146 | 768,826 | 190.01 |
| 190.02 | 19002 HOME INFUSION THERAPY | 2,717,856 | 4,012 | 2,721,868 | 190.02 |
| 190.03 | 19003 OP HOSPITAL PHARMACY | 4,068,132 | -4,863 | 4,063,269 | 190.03 |
| 190.04 | 19004 HOSPITALIST | 2,929,114 | -2,899,504 | 29,610 | 190.04 |
| 192 | 19200 PHYSICIANS' PRIVATE OFFICES | 260,714 | -2,487 | 258,227 | 192 |
| 192.01 | 19201 FACULTY CLINICAL OPERATIONS | 153,494,917 | -41,333,100 | 112,161,817 | 192.01 |
| 200 | TOTAL (SUM OF LINES 118-199) | 886,821,981 | -117,241,754 | 769,580,227 | 200 |

RECLASSIFICATIONS

WORKSHEET A-6

| EXPLANATION OF RECLASSIFICATION ENTRY | CODE | ----- | | INCREASE | | ----- | |
|---------------------------------------|------|---------------------------|--------|----------|------------|-------|--|
| | | COST CENTER | LINE # | SALARY | OTHER | | |
| | 1 | 2 | 3 | 4 | 5 | | |
| 1 DEPRECIATION EXPENSE | A | CAP REL COSTS-BLDG & FIXT | 1 | | 12,757,856 | 1 | |
| 2 DEPR | A | CAP REL COSTS-MVBLE EQUIP | 2 | | 21,821,583 | 2 | |
| 3 | | | | | | 3 | |
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500 TOTAL RECLASSIFICATIONS
CODE LETTER - A

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34,579,439 500

RECLASSIFICATIONS

WORKSHEET A-6

| EXPLANATION OF RECLASSIFICATION ENTRY | CODE | COST CENTER | INCREASE LINE # | SALARY | OTHER | |
|---------------------------------------|------|------------------------------|-----------------|------------|-----------|-----|
| | 1 | 2 | 3 | 4 | 5 | |
| 1 CRNA | B | NONPHYSICIAN ANESTHETISTS | 19 | 2,523,437 | 43,610 | 1 |
| 2 | | | | | | 2 |
| 500 TOTAL RECLASSIFICATIONS | | | | 2,523,437 | 43,610 | 500 |
| CODE LETTER - B | | | | | | |
| 1 SHARED SERVICE TO HE | D | HOSPITAL ADMINSTRATION | 5.11 | 12,485,000 | | 1 |
| 2 | | | | | | 2 |
| 3 | | | | | | 3 |
| 4 | | | | | | 4 |
| 5 | | | | | | 5 |
| 6 | | | | | | 6 |
| 7 | | | | | | 7 |
| 8 | | | | | | 8 |
| 500 TOTAL RECLASSIFICATIONS | | | | 12,485,000 | | 500 |
| CODE LETTER - D | | | | | | |
| 1 TO RECLASS LASCO | F | PHYSICIANS' PRIVATE OFFICES | 192 | 809 | 271,799 | 1 |
| 500 TOTAL RECLASSIFICATIONS | | | | 809 | 271,799 | 500 |
| CODE LETTER - F | | | | | | |
| 1 SERVICE ASSOCIATE | J | ADULTS & PEDIATRICS | 30 | 960,970 | 1,054 | 1 |
| 2 | | INTENSIVE CARE UNIT | 31 | 183,329 | 201 | 2 |
| 3 | | BURN INTENSIVE CARE UNIT | 33 | 39,514 | 43 | 3 |
| 4 | | PEDIATRIC INTENSIVE CARE | 35.01 | 29,727 | 33 | 4 |
| 5 | | HEART TRANSPLANT ICU | 35.03 | 38,547 | 42 | 5 |
| 6 | | BONE INTENSIVE CARE | 35.04 | 47,404 | 52 | 6 |
| 7 | | SUBPROVIDER - IRF | 41 | 122,150 | 134 | 7 |
| 8 | | NURSERY | 43 | 17,115 | 19 | 8 |
| 9 | | | | | | 9 |
| 500 TOTAL RECLASSIFICATIONS | | | | 1,438,756 | 1,578 | 500 |
| CODE LETTER - J | | | | | | |
| 1 CAFETERIA | K | CAFETERIA | 11 | 529,906 | 1,057,418 | 1 |
| 2 | | | | | | 2 |
| 500 TOTAL RECLASSIFICATIONS | | | | 529,906 | 1,057,418 | 500 |
| CODE LETTER - K | | | | | | |
| 1 MEDICAL SUPPLY CHG TO PATIENT | L | MEDICAL SUPPLIES CHRGD TO PA | 71 | | 1,684,456 | 1 |
| 2 | | | | | | 2 |
| 500 TOTAL RECLASSIFICATIONS | | | | | 1,684,456 | 500 |
| CODE LETTER - L | | | | | | |
| 1 DRUGS CHG TO PATIENT | M | DRUGS CHARGED TO PATIENTS | 73 | 22,444,989 | | 1 |
| 2 | | | | | | 2 |
| 500 TOTAL RECLASSIFICATIONS | | | | 22,444,989 | | 500 |
| CODE LETTER - M | | | | | | |
| 1 DPU REHAB THERAPY | O | PHYSICAL THERAPY | 66 | 421,748 | 107,234 | 1 |
| 2 | | OCCUPATIONAL THERAPY | 67 | 445,724 | 113,330 | 2 |
| 3 | | SPEECH PATHOLOGY | 68 | 170,458 | 43,341 | 3 |
| 4 | | SOCIAL SERVICE | 17 | 63,208 | 16,071 | 4 |
| 5 | | | | | | 5 |
| 500 TOTAL RECLASSIFICATIONS | | | | 1,101,138 | 279,976 | 500 |
| CODE LETTER - O | | | | | | |
| 1 INSURANCE | P | HOSPITAL ADMINSTRATION | 5.11 | | 550,695 | 1 |
| 2 | | AMBULATORY ADMINISTRATION | 5.12 | | 620,965 | 2 |
| 3 | | | | | | 3 |
| 4 | | | | | | 4 |
| 5 | | | | | | 5 |
| 6 | | | | | | 6 |
| 500 TOTAL RECLASSIFICATIONS | | | | | 1,171,660 | 500 |
| CODE LETTER - P | | | | | | |

RECLASSIFICATIONS

WORKSHEET A-6

| EXPLANATION OF RECLASSIFICATION ENTRY | CODE | INCREASE | | SALARY | OTHER | |
|---------------------------------------|------|-------------------------------|--------|-----------|-----------|-----|
| | | COST CENTER | LINE # | | | |
| | 1 | 2 | 3 | 4 | 5 | |
| 1 BOND AMORTIZATION | Q | | | | | 1 |
| 2 | | NEW CAPITAL-BLDG INTEREST | 1.01 | | 259,276 | 2 |
| 500 TOTAL RECLASSIFICATIONS | | | | | 259,276 | 500 |
| CODE LETTER - Q | | | | | | |
| 1 HOSPITAL MEDICAL ADMIN (50990) | R | | | | | 1 |
| 2 | | HOSPITAL MEDICAL ADMIN | 17.01 | | 731,525 | 2 |
| 3 | | PHYSICIANS' PRIVATE OFFICES | 192 | | 41,796 | 3 |
| 4 | | FACULTY CLINICAL OPERATIONS | 192.01 | | 66,280 | 4 |
| 500 TOTAL RECLASSIFICATIONS | | | | | 839,601 | 500 |
| CODE LETTER - R | | | | | | |
| 1 NURSERY | T | | | | | 1 |
| 2 | | NURSERY | 43 | 343,068 | 151,308 | 2 |
| 500 TOTAL RECLASSIFICATIONS | | | | 343,068 | 151,308 | 500 |
| CODE LETTER - T | | | | | | |
| 1 INTERST EXPENSE | U | | | | | 1 |
| 2 | | NEW CAPITAL-BLDG INTEREST | 1.01 | | 7,804,983 | 2 |
| 500 TOTAL RECLASSIFICATIONS | | | | | 7,804,983 | 500 |
| CODE LETTER - U | | | | | | |
| 1 NEW AU - 11675 | V | | | | | 1 |
| 500 TOTAL RECLASSIFICATIONS | | | | | | 500 |
| CODE LETTER - V | | | | | | |
| 1 RADIOLOGY ALLOCATED | Y | | | | | 1 |
| 2 RADIOLOGY ALLOCATED | Y | RADIOLOGY-DIAGNOSTIC | 54 | | 29,384 | 2 |
| 3 RADIOLOGY ALLOCATED | Y | RADIOLOGY-DIAGNOSTIC | 54 | | 46,888 | 3 |
| 4 RADIOLOGY ALLOCATED | Y | COMPUTED TOMOGRAPHY (CT) SCAN | 57 | | 188,428 | 4 |
| 5 RADIOLOGY ALLOCATED | Y | COMPUTED TOMOGRAPHY (CT) SCAN | 57 | | 1,061 | 5 |
| 6 RADIOLOGY ALLOCATED | Y | RADIOLOGY-ULTRASOUND | 54.01 | | 36,511 | 6 |
| 7 | | MAGNETIC RESONANCE IMAGING (M | 58 | | 116,082 | 7 |
| 500 TOTAL RECLASSIFICATIONS | | | | | 418,354 | 500 |
| CODE LETTER - Y | | | | | | |
| 1 TRANSPLANT PRE VS POST | AB | NURSING ADMINISTRATION | 13 | 192,233 | | 1 |
| 2 TRANSPLANT PRE VS POST | AB | LOC OUTPATIENT CENTER | 90.07 | 1,246,053 | 2,439,262 | 2 |
| 3 TRANSPLANT PRE VS POST | AB | OTHER ORGAN ACQUISITION (SPEC | 112 | 54,661 | 83,399 | 3 |
| 4 TRANSPLANT PRE VS POST | AB | | | | | 4 |
| 5 | | | | | | 5 |
| 500 TOTAL RECLASSIFICATIONS | | | | 1,492,947 | 2,522,661 | 500 |
| CODE LETTER - AB | | | | | | |
| 1 AU 34291 | AC | | | | | 1 |
| 500 TOTAL RECLASSIFICATIONS | | | | | | 500 |
| CODE LETTER - AC | | | | | | |
| 1 RADIATION CONTROL | AE | | | | | 1 |
| 2 RADIATION CONTROL | AE | RADIOLOGY-DIAGNOSTIC | 54 | 299,445 | 49,461 | 2 |
| 3 | | RADIOISOTOPE | 56 | 114,325 | 18,883 | 3 |
| 500 TOTAL RECLASSIFICATIONS | | | | 413,770 | 68,344 | 500 |
| CODE LETTER - AE | | | | | | |
| 1 7N_7BICU | AF | | | | | 1 |
| 500 TOTAL RECLASSIFICATIONS | | | | | | 500 |
| CODE LETTER - AF | | | | | | |
| 1 LAWSON AU 12265 | AG | LOC OUTPATIENT CENTER | 90.07 | 253,022 | 10,410 | 1 |
| 500 TOTAL RECLASSIFICATIONS | | | | 253,022 | 10,410 | 500 |
| CODE LETTER - AG | | | | | | |
| 1 LAWSON AU 10637 | AH | ELECTROCARDIOLOGY | 69 | 183,576 | 47,135 | 1 |
| 500 TOTAL RECLASSIFICATIONS | | | | 183,576 | 47,135 | 500 |
| CODE LETTER - AH | | | | | | |

RECLASSIFICATIONS

WORKSHEET A-6

| EXPLANATION OF RECLASSIFICATION ENTRY | CODE | COST CENTER | | INCREASE | | SALARY | OTHER | |
|---------------------------------------|------|-------------------------------|---|----------|---|------------|------------|-----|
| | | 1 | 2 | LINE # | 3 | | | |
| 1 EMPLOYEE BENEFITS | AI | | | | | | | 1 |
| 500 TOTAL RECLASSIFICATIONS | | | | | | | | 500 |
| CODE LETTER - AI | | | | | | | | |
| 1 HOSPITAL MEDICAL ADMIN (50993) | AK | HOSPITAL MEDICAL ADMIN | | 17.01 | | | 12,777,234 | 1 |
| 2 | | | | | | | | 2 |
| 3 | | | | | | | | 3 |
| 500 TOTAL RECLASSIFICATIONS | | | | | | | 12,777,234 | 500 |
| CODE LETTER - AK | | | | | | | | |
| 1 RECLASS MWCC COSTS TO CORRECT CC | AL | | | | | | | 1 |
| 500 TOTAL RECLASSIFICATIONS | | | | | | | | 500 |
| CODE LETTER - AL | | | | | | | | |
| 1 CORRECT POST TRANSPLANT (TMG) | AM | | | | | | | 1 |
| 500 TOTAL RECLASSIFICATIONS | | | | | | | | 500 |
| CODE LETTER - AM | | | | | | | | |
| 1 REVERSE HOSP MED ADMIN (TMG) | AN | | | | | | | 1 |
| 500 TOTAL RECLASSIFICATIONS | | | | | | | | 500 |
| CODE LETTER - AN | | | | | | | | |
| 1 RADIOLOGY NURSING | AO | RADIOLOGY-DIAGNOSTIC | | 54 | | 230,010 | 410 | 1 |
| 2 | | RADIOLOGY-ULTRASOUND | | 54.01 | | 49,417 | 88 | 2 |
| 3 | | MAGNETIC RESONANCE IMAGING (M | | 58 | | 152,251 | 271 | 3 |
| 4 | | COMPUTED TOMOGRAPHY (CT) SCAN | | 57 | | 308,497 | 550 | 4 |
| 5 | | RADIOISOTOPE | | 56 | | 87,815 | 156 | 5 |
| 6 | | OBSERVATION BEDS-DISTINCT | | 92.01 | | 2,564 | 5 | 6 |
| 500 TOTAL RECLASSIFICATIONS | | | | | | 830,554 | 1,480 | 500 |
| CODE LETTER - AO | | | | | | | | |
| 1 MEDICAL EDUCATION | AP | I&R SRVCES-SALARY & FRINGES A | | 21 | | 3,875,550 | 4,547,477 | 1 |
| 500 TOTAL RECLASSIFICATIONS | | | | | | 3,875,550 | 4,547,477 | 500 |
| CODE LETTER - AP | | | | | | | | |
| 1 RECLASS GLENDALE HEIGHTS TO WHEATON | AQ | WHEATON PCC | | 90.14 | | | 2,957 | 1 |
| 500 TOTAL RECLASSIFICATIONS | | | | | | | 2,957 | 500 |
| CODE LETTER - AQ | | | | | | | | |
| GRAND TOTAL (INCREASES) | | | | | | 47,916,522 | 68,541,156 | |

RECLASSIFICATIONS

WORKSHEET A-6

| EXPLANATION OF RECLASSIFICATION ENTRY | CODE | COST CENTER | DECREASE LINE # | SALARY | OTHER | WKST REF. | A-7 REF. |
|---------------------------------------|------|-------------------------------|-----------------|--------|-----------|-----------|----------|
| | 1 | 6 | 7 | 8 | 9 | 10 | 10 |
| 1 DEPRECIATION EXPENSE | A | EMPLOYEE BENEFITS | 4 | | 59,211 | 9 | 1 |
| 2 DEPR | A | COMMUNICATION | 5.01 | | 168,150 | 9 | 2 |
| 3 | | SYSTEM & COMPUTERS | 5.02 | | 1,896,116 | | 3 |
| 4 | | PURCHASING | 5.03 | | 102,455 | | 4 |
| 5 | | OPC STORES | 5.04 | | 27,075 | | 5 |
| 6 | | PATIENT AFFAIRS | 5.05 | | 37,151 | | 6 |
| 7 | | PATIENT ADMITTING | 5.06 | | 57,332 | | 7 |
| 8 | | PATIENT ACCOUNTS | 5.07 | | 157,440 | | 8 |
| 9 | | ACCOUNTING | 5.08 | | 243,650 | | 9 |
| 10 | | EMPLOYEE HEALTH SERVICES | 5.09 | | 16,428 | | 10 |
| 11 | | PASTORAL CARE | 5.10 | | 66,656 | | 11 |
| 12 | | HOSPITAL ADMINISTRATION | 5.11 | | 709,744 | | 12 |
| 13 | | AMBULATORY ADMINISTRATION | 5.12 | | 23,853 | | 13 |
| 14 | | PRIMARY CARE ADMINISTRATION | 5.14 | | 276 | | 14 |
| 15 | | OPERATION OF PLANT | 7 | | 3,252,689 | | 15 |
| 16 | | SAFETY AND SECURITY | 7.01 | | 184,062 | | 16 |
| 17 | | LAUNDRY & LINEN SERVICE | 8 | | 38,015 | | 17 |
| 18 | | HOUSEKEEPING | 9 | | 51,834 | | 18 |
| 19 | | DIETARY | 10 | | 205,773 | | 19 |
| 20 | | CAFETERIA | 11 | | 12,055 | | 20 |
| 21 | | PATIENT TRANSPORTATION | 12.01 | | 11,492 | | 21 |
| 22 | | NURSING ADMINISTRATION | 13 | | 186,746 | | 22 |
| 23 | | CENTRAL SERVICES & SUPPLY | 14 | | 257,427 | | 23 |
| 24 | | PHARMACY | 15 | | 291,676 | | 24 |
| 25 | | MEDICAL RECORDS & LIBRARY | 16 | | 1,925,003 | | 25 |
| 26 | | SOCIAL SERVICE | 17 | | 10,157 | | 26 |
| 27 | | I&R SRVCES-SALARY & FRINGES A | 21 | | 9,361 | | 27 |
| 28 | | PARAMEDICAL ED-MICU | 23.01 | | 19,776 | | 28 |
| 29 | | ADULTS & PEDIATRICS | 30 | | 2,323,509 | | 29 |
| 30 | | INTENSIVE CARE UNIT | 31 | | 419,984 | | 30 |
| 31 | | BURN INTENSIVE CARE UNIT | 33 | | 239,708 | | 31 |
| 32 | | NEONATAL INTENSIVE CARE | 35 | | 279,301 | | 32 |
| 33 | | PEDIATRIC INTENSIVE CARE | 35.01 | | 126,649 | | 33 |
| 34 | | HEART TRANSPLANT ICU | 35.03 | | 105,917 | | 34 |
| 35 | | BONE INTENSIVE CARE | 35.04 | | 78,924 | | 35 |
| 36 | | SUBPROVIDER - IRF | 41 | | 279,080 | | 36 |
| 37 | | OPERATING ROOM | 50 | | 4,729,216 | | 37 |
| 38 | | AMBULATORY SURGERY CENTER | 50.01 | | 601,384 | | 38 |
| 39 | | RECOVERY ROOM | 51 | | 222,043 | | 39 |
| 40 | | DELIVERY ROOM & LABOR ROOM | 52 | | 157,428 | | 40 |
| 41 | | ANESTHESIOLOGY | 53 | | 173,822 | | 41 |
| 42 | | RADIOLOGY-DIAGNOSTIC | 54 | | 1,993,830 | | 42 |
| 43 | | RADIOLOGY-ULTRASOUND | 54.01 | | 125,285 | | 43 |
| 44 | | RADIOLOGY-THERAPEUTIC | 55 | | 12,236 | | 44 |
| 45 | | RADIOISOTOPE | 56 | | 139,912 | | 45 |
| 46 | | COMPUTED TOMOGRAPHY (CT) SCAN | 57 | | 655,867 | | 46 |
| 47 | | MAGNETIC RESONANCE IMAGING (M | 58 | | 635,860 | | 47 |
| 48 | | CARDIAC CATHETERIZATION | 59 | | 1,249,978 | | 48 |
| 49 | | LABORATORY | 60 | | 374,884 | | 49 |
| 50 | | LABORATORY-SURGICAL PATHOLOGY | 60.01 | | 97,647 | | 50 |
| 51 | | BLOOD STORING, PROCESSING & T | 63 | | 33,156 | | 51 |
| 52 | | RESPIRATORY THERAPY | 65 | | 241,742 | | 52 |
| 53 | | PHYSICAL THERAPY | 66 | | 93,451 | | 53 |
| 54 | | OCCUPATIONAL THERAPY | 67 | | 54,517 | | 54 |
| 55 | | SPEECH PATHOLOGY | 68 | | 35,828 | | 55 |
| 56 | | ELECTROCARDIOLOGY | 69 | | 1,674,202 | | 56 |
| 57 | | ELECTROENCEPHALOGRAPHY | 70 | | 157,382 | | 57 |
| 58 | | RENAL DIALYSIS | 74 | | 236,148 | | 58 |
| 59 | | PULMONARY LABS | 76 | | 65,287 | | 59 |
| 60 | | OCCUPATIONAL HEALTH | 76.01 | | 61,550 | | 60 |
| 61 | | PERIPHERAL VASCULAR | 76.04 | | 97,283 | | 61 |
| 62 | | GASTROINTESTINAL SERVICE | 76.07 | | 367,392 | | 62 |
| 63 | | CLINIC | 90 | | 40,057 | | 63 |
| 64 | | CARDIAC REHABILITATION | 90.01 | | 30 | | 64 |
| 65 | | CANCER CENTER | 90.02 | | 329,112 | | 65 |
| 66 | | PSYCH SOCIAL REHAB | 90.03 | | 27,069 | | 66 |
| 67 | | LOC OUTPATIENT CENTER | 90.07 | | 3,112,283 | | 67 |
| 68 | | OBT OUTPATIENT CENTER | 90.08 | | 577,169 | | 68 |
| 69 | | ELMHURST IMMEDIATE CARE | 90.09 | | 55,887 | | 69 |
| 70 | | LAGRANGE FAMILY PCC | 90.10 | | 224,666 | | 70 |
| 71 | | NORTH RIVERSIDE PCC | 90.12 | | 62,190 | | 71 |
| 72 | | WHEATON PCC | 90.14 | | 46,426 | | 72 |
| 73 | | OBT II PCC | 90.15 | | 76,558 | | 73 |
| 74 | | HICKORY HILLS PCC | 90.16 | | 186,678 | | 74 |
| 75 | | DARIEN PCC | 90.18 | | 89,741 | | 75 |
| 76 | | ORLANAD PARK - FP | 90.20 | | 75,682 | | 76 |
| 77 | | FAMILY PRACTICE MAYWOOD PCC | 90.21 | | 72,347 | | 77 |
| 78 | | HOMER GLEN PCC | 90.22 | | 264,750 | | 78 |
| 79 | | OAK PARK PCC | 90.23 | | 6,150 | | 79 |
| 80 | | PARK RIDGE PCC | 90.24 | | 295,908 | | 80 |
| 81 | | LOYOLA CLINIC AT GOTTLIEB | 90.25 | | 18,175 | | 81 |
| 82 | | NEUROLOGY - NILES | 90.27 | | 38 | | 82 |
| 83 | | MARJORIE WEINBERG CANCER CENT | 90.28 | | 10,757 | | 83 |
| 84 | | BURR RIDGE PCC | 90.29 | | 306,194 | | 84 |
| 85 | | EMERGENCY | 91 | | 163,438 | | 85 |
| 86 | | OBSERVATION BEDS-DISTINCT | 92.01 | | 28,154 | | 86 |
| 87 | | AMBULANCE SERVICES | 95 | | 116 | | 87 |
| 88 | | HOME HEALTH AGENCY | 101 | | 20,388 | | 88 |
| 89 | | KIDNEY ACQUISITION | 105 | | 3,020 | | 89 |
| 90 | | HEART ACQUISITION | 106 | | 33,445 | | 90 |

| | | | | |
|-----|-------------------------------|--------|------------|-----|
| 91 | LIVER ACQUISITION | 107 | 25,267 | 91 |
| 92 | LUNG ACQUISITION | 108 | 27,707 | 92 |
| 93 | HOSPICE | 116 | 2,405 | 93 |
| 94 | GIFT, FLOWER, COFFEE SHOP & C | 190 | 5,191 | 94 |
| 95 | HOME INFUSION THERAPY | 190.02 | 1,115 | 95 |
| 96 | OP HOSPITAL PHARMACY | 190.03 | 24,414 | 96 |
| 97 | PHYSICIANS' PRIVATE OFFICES | 192 | 11,088 | 97 |
| 98 | FACULTY CLINICAL OPERATIONS | 192.01 | 193,819 | 98 |
| 500 | TOTAL RECLASSIFICATIONS | | 34,579,439 | 500 |
| | CODE LETTER - A | | | |

RECLASSIFICATIONS

WORKSHEET A-6

| EXPLANATION OF RECLASSIFICATION ENTRY | CODE | COST CENTER | DECREASE | | | WKST A-7 REF. |
|---|------|-------------------------------|----------|-----------|------------|---------------|
| | | | LINE # | SALARY | OTHER | |
| 1 | 1 | 6 | 7 | 8 | 9 | 10 |
| 1 CRNA | B | ANESTHESIOLOGY | 53 | 171,481 | 43,600 | 1 |
| 2 | | FACULTY CLINICAL OPERATIONS | 192.01 | 2,351,956 | 10 | 2 |
| 500 TOTAL RECLASSIFICATIONS CODE LETTER - B | | | | 2,523,437 | 43,610 | 500 |
| | | | | | | |
| 1 SHARED SERVICE TO HE | D | | | | | 1 |
| 2 | | EMPLOYEE BENEFITS | 4 | | 401,000 | 2 |
| 3 | | COMMUNICATION | 5.01 | | 402,000 | 3 |
| 4 | | SYSTEM & COMPUTERS | 5.02 | | 1,516,000 | 4 |
| 5 | | PURCHASING | 5.03 | | 248,000 | 5 |
| 6 | | OPERATION OF PLANT | 7 | | 7,464,000 | 6 |
| 7 | | SAFETY AND SECURITY | 7.01 | | 422,000 | 7 |
| 8 | | HOUSEKEEPING | 9 | | 2,032,000 | 8 |
| 500 TOTAL RECLASSIFICATIONS CODE LETTER - D | | | | | 12,485,000 | 500 |
| | | | | | | |
| 1 TO RECLASS LASCO | F | HOSPITAL ADMINISTRATION | 5.11 | 809 | 271,799 | 1 |
| 500 TOTAL RECLASSIFICATIONS CODE LETTER - F | | | | 809 | 271,799 | 500 |
| | | | | | | |
| 1 SERVICE ASSOCIATE | J | | | | | 1 |
| 2 | | HOUSEKEEPING | 9 | 1,438,756 | 1,578 | 2 |
| 3 | | | | | | 3 |
| 4 | | | | | | 4 |
| 5 | | | | | | 5 |
| 6 | | | | | | 6 |
| 7 | | | | | | 7 |
| 8 | | | | | | 8 |
| 9 | | | | | | 9 |
| 500 TOTAL RECLASSIFICATIONS CODE LETTER - J | | | | 1,438,756 | 1,578 | 500 |
| | | | | | | |
| 1 CAFETERIA | K | | | | | 1 |
| 2 | | DIETARY | 10 | 529,906 | 1,057,418 | 2 |
| 500 TOTAL RECLASSIFICATIONS CODE LETTER - K | | | | 529,906 | 1,057,418 | 500 |
| | | | | | | |
| 1 MEDICAL SUPPLY CHG TO PATIENT | L | | | | | 1 |
| 2 | | CENTRAL SERVICES & SUPPLY | 14 | | 1,684,456 | 2 |
| 500 TOTAL RECLASSIFICATIONS CODE LETTER - L | | | | | 1,684,456 | 500 |
| | | | | | | |
| 1 DRUGS CHG TO PATIENT | M | | | | | 1 |
| 2 | | PHARMACY | 15 | | 22,444,989 | 2 |
| 500 TOTAL RECLASSIFICATIONS CODE LETTER - M | | | | | 22,444,989 | 500 |
| | | | | | | |
| 1 DPU REHAB THERAPY | O | | | | | 1 |
| 2 | | SUBPROVIDER - IRF | 41 | 1,101,138 | 279,976 | 2 |
| 3 | | | | | | 3 |
| 4 | | | | | | 4 |
| 5 | | | | | | 5 |
| 500 TOTAL RECLASSIFICATIONS CODE LETTER - O | | | | 1,101,138 | 279,976 | 500 |
| | | | | | | |
| 1 INSURANCE | P | | | | | 1 |
| 2 | | AMBULATORY SURGERY CENTER | 50.01 | | 201,773 | 2 |
| 3 | | MAGNETIC RESONANCE IMAGING (M | 58 | | 418,354 | 3 |
| 4 | | CANCER CENTER | 90.02 | | 501,311 | 4 |
| 5 | | PARK RIDGE PCC | 90.24 | | 838 | 5 |
| 6 | | HOME HEALTH AGENCY | 101 | | 49,384 | 6 |
| 500 TOTAL RECLASSIFICATIONS CODE LETTER - P | | | | | 1,171,660 | 500 |

RECLASSIFICATIONS

WORKSHEET A-6

| EXPLANATION OF RECLASSIFICATION ENTRY | CODE | COST CENTER | DECREASE LINE # | SALARY | OTHER | WKST A-7 REF. |
|---------------------------------------|------|--------------------------------|-----------------|-----------|-----------|---------------|
| | 1 | 6 | 7 | 8 | 9 | 10 |
| 1 BOND AMORTIZATION | Q | | | | | 11 1 |
| 2 | | HOSPITAL ADMINISTRATION | 5.11 | | 259,276 | 9 2 |
| 500 TOTAL RECLASSIFICATIONS | | | | | 259,276 | 500 |
| CODE LETTER - Q | | | | | | |
| 1 HOSPITAL MEDICAL ADMIN (50990) | R | | | | | 1 |
| 2 | | DELIVERY ROOM & LABOR ROOM | 52 | | 41,043 | 2 |
| 3 | | CARDIAC CATHETERIZATION | 59 | | 798,558 | 3 |
| 4 | | | | | | 4 |
| 500 TOTAL RECLASSIFICATIONS | | | | | 839,601 | 500 |
| CODE LETTER - R | | | | | | |
| 1 NURSERY | T | | | | | 1 |
| 2 | | ADULTS & PEDIATRICS | 30 | 343,068 | 151,308 | 2 |
| 500 TOTAL RECLASSIFICATIONS | | | | 343,068 | 151,308 | 500 |
| CODE LETTER - T | | | | | | |
| 1 INTERST EXPENSE | U | | | | | 11 1 |
| 2 | | HOSPITAL ADMINISTRATION | 5.11 | | 7,804,983 | 9 2 |
| 500 TOTAL RECLASSIFICATIONS | | | | | 7,804,983 | 500 |
| CODE LETTER - U | | | | | | |
| 1 NEW AU - 11675 | V | | | | | 1 |
| 500 TOTAL RECLASSIFICATIONS | | | | | | 500 |
| CODE LETTER - V | | | | | | |
| 1 RADIOLOGY ALLOCATED | Y | | | | | 1 |
| 2 RADIOLOGY ALLOCATED | Y | MAGNETIC RESONANCE IMAGING (M) | 58 | 418,354 | | 2 |
| 3 RADIOLOGY ALLOCATED | Y | | | | | 3 |
| 4 RADIOLOGY ALLOCATED | Y | | | | | 4 |
| 5 RADIOLOGY ALLOCATED | Y | | | | | 5 |
| 6 RADIOLOGY ALLOCATED | Y | | | | | 6 |
| 7 | | | | | | 7 |
| 500 TOTAL RECLASSIFICATIONS | | | | 418,354 | | 500 |
| CODE LETTER - Y | | | | | | |
| 1 TRANSPLANT PRE VS POST | AB | LUNG ACQUISITION | 108 | 420,557 | 1,104,663 | 1 |
| 2 TRANSPLANT PRE VS POST | AB | KIDNEY ACQUISITION | 105 | 245,248 | 599,759 | 2 |
| 3 TRANSPLANT PRE VS POST | AB | LIVER ACQUISITION | 107 | 375,930 | 319,772 | 3 |
| 4 TRANSPLANT PRE VS POST | AB | HEART ACQUISITION | 106 | 253,288 | 498,467 | 4 |
| 5 | | HOSPITAL ADMINISTRATION | 5.11 | 197,924 | | 5 |
| 500 TOTAL RECLASSIFICATIONS | | | | 1,492,947 | 2,522,661 | 500 |
| CODE LETTER - AB | | | | | | |
| 1 AU 34291 | AC | | | | | 1 |
| 500 TOTAL RECLASSIFICATIONS | | | | | | 500 |
| CODE LETTER - AC | | | | | | |
| 1 RADIATION CONTROL | AE | RADIOLOGY-THERAPEUTIC | 55 | 413,770 | 68,344 | 1 |
| 2 RADIATION CONTROL | AE | | | | | 2 |
| 3 | | | | | | 3 |
| 500 TOTAL RECLASSIFICATIONS | | | | 413,770 | 68,344 | 500 |
| CODE LETTER - AE | | | | | | |
| 1 7N_7BICU | AF | | | | | 1 |
| 500 TOTAL RECLASSIFICATIONS | | | | | | 500 |
| CODE LETTER - AF | | | | | | |
| 1 LAWSON AU 12265 | AG | DIETARY | 10 | 253,022 | 10,410 | 1 |
| 500 TOTAL RECLASSIFICATIONS | | | | 253,022 | 10,410 | 500 |
| CODE LETTER - AG | | | | | | |
| 1 LAWSON AU 10637 | AH | CARDIAC CATHETERIZATION | 59 | 183,576 | 47,135 | 1 |
| 500 TOTAL RECLASSIFICATIONS | | | | 183,576 | 47,135 | 500 |
| CODE LETTER - AH | | | | | | |

RECLASSIFICATIONS

WORKSHEET A-6

| EXPLANATION OF RECLASSIFICATION ENTRY | CODE | COST CENTER | DECREASE | | | WKST A-7 REF. |
|---------------------------------------|------|-----------------------------|----------|------------|-------------|---------------|
| | | | LINE # | SALARY | OTHER | |
| | 1 | 6 | 7 | 8 | 9 | 10 |
| 1 EMPLOYEE BENEFITS | AI | | | | | 1 |
| 500 TOTAL RECLASSIFICATIONS | | | | | | 500 |
| CODE LETTER - AI | | | | | | |
| 1 HOSPITAL MEDICAL ADMIN (50993) | AK | HOSPITAL ADMINISTRATION | 5.11 | | 11,613,342 | 1 |
| 2 | | AMBULATORY ADMINISTRATION | 5.12 | | 1,156,890 | 2 |
| 3 | | FACULTY CLINICAL OPERATIONS | 192.01 | | 7,002 | 3 |
| 500 TOTAL RECLASSIFICATIONS | | | | | 12,777,234 | 500 |
| CODE LETTER - AK | | | | | | |
| 1 RECLASS MWCC COSTS TO CORRECT CC | AL | | | | | 1 |
| 500 TOTAL RECLASSIFICATIONS | | | | | | 500 |
| CODE LETTER - AL | | | | | | |
| 1 CORRECT POST TRANSPLANT (TMG) | AM | | | | | 1 |
| 500 TOTAL RECLASSIFICATIONS | | | | | | 500 |
| CODE LETTER - AM | | | | | | |
| 1 REVERSE HOSP MED ADMIN (TMG) | AN | | | | | 1 |
| 500 TOTAL RECLASSIFICATIONS | | | | | | 500 |
| CODE LETTER - AN | | | | | | |
| 1 RADIOLOGY NURSING | AO | RADIOLOGY-DIAGNOSTIC | 54 | 647,552 | 829 | 1 |
| 2 | | LOC OUTPATIENT CENTER | 90.07 | 183,002 | 651 | 2 |
| 3 | | | | | | 3 |
| 4 | | | | | | 4 |
| 5 | | | | | | 5 |
| 6 | | | | | | 6 |
| 500 TOTAL RECLASSIFICATIONS | | | | 830,554 | 1,480 | 500 |
| CODE LETTER - AO | | | | | | |
| 1 MEDICAL EDUCATION | AP | FACULTY CLINICAL OPERATIONS | 192.01 | 3,875,550 | 4,547,477 | 1 |
| 500 TOTAL RECLASSIFICATIONS | | | | 3,875,550 | 4,547,477 | 500 |
| CODE LETTER - AP | | | | | | |
| 1 RECLASS GLENDALE HEIGHTS TO WHEATON | AQ | GLENDALE HEIGHTS PCC | 90.13 | | 2,957 | 1 |
| 500 TOTAL RECLASSIFICATIONS | | | | | 2,957 | 500 |
| CODE LETTER - AQ | | | | | | |
| GRAND TOTAL (DECREASES) | | | | 13,404,887 | 103,052,791 | |

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

| DESCRIPTION | BEGINNING | ACQUISITIONS | | | DISPOSALS | ENDING | FULLY |
|--------------------------------|-------------|--------------|----------|------------|-------------|-------------|-------------|
| | BALANCES | PURCHASE | DONATION | TOTAL | AND | BALANCE | DEPRECIATED |
| | 1 | 2 | 3 | 4 | RETIREMENTS | 6 | ASSETS |
| | | | | | 5 | | 7 |
| 1 LAND | 1,349,446 | | | | | 1,349,446 | 1 |
| 2 LAND IMPROVEMENTS | 6,845,446 | | | | | 6,845,446 | 2 |
| 3 BUILDINGS AND FIXTURES | 445,306,440 | 41,641,808 | | 41,641,808 | 265,531 | 486,682,717 | 3 |
| 4 BUILDING IMPROVEMENTS | | | | | | | 4 |
| 5 FIXED EQUIPMENT | | | | | | | 5 |
| 6 MOVABLE EQUIPMENT | 252,692,046 | 16,083,900 | | 16,083,900 | 10,658,894 | 258,117,052 | 6 |
| 7 HIT DESIGNATED ASSETS | | | | | | | 7 |
| 8 SUBTOTAL (SUM OF LINES 1-7) | 706,193,378 | 57,725,708 | | 57,725,708 | 10,924,425 | 752,994,661 | 8 |
| 9 RECONCILING ITEMS | | | | | | | 9 |
| 10 TOTAL (LINE 7 MINUS LINE 9) | 706,193,378 | 57,725,708 | | 57,725,708 | 10,924,425 | 752,994,661 | 10 |

PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 AND 2

SUMMARY OF CAPITAL

| DESCRIPTION | DEPRECIATION | LEASE | INTEREST | INSURANCE | TAXES | OTHER | TOTAL(1) |
|--------------------------------|--------------|-------|----------|--------------|--------------|------------------------------------|---------------------|
| | | | | | | CAPITAL-RELATED COSTS (SEE INSTR.) | (SUM OF COLS. 9-14) |
| | 9 | 10 | 11 | (SEE INSTR.) | (SEE INSTR.) | 14 | 15 |
| | | | | 12 | 13 | | |
| 1 CAP REL COSTS-BLDG & FIXT | | | | | | | 1 |
| 1.01 NEW CAPITAL-BLDG INTEREST | | | | | | | 1.01 |
| 2 CAP REL COSTS-MVBLE EQUIP | | | | | | | 2 |
| 3 TOTAL (SUM OF LINES 1-2) | | | | | | | 3 |

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS ALLOCATION OF OTHER CAPITAL

| DESCRIPTION | GROSS ASSETS | CAPITALIZED LEASES | GROSS ASSETS FOR RATIO (COL. 1 - COL. 2) | RATIO (SEE INSTR.) | INSURANCE | TAXES | OTHER | TOTAL |
|--------------------------------|--------------|--------------------|--|--------------------|-----------|-------|------------------------------------|---------------------|
| | | | | | | | CAPITAL-RELATED COSTS (SEE INSTR.) | (SUM OF COLS. 9-14) |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| | | | | | | | | |
| 1 CAP REL COSTS-BLDG & FIXT | | | | | | | | 1 |
| 1.01 NEW CAPITAL-BLDG INTEREST | | | | | | | | 1.01 |
| 2 CAP REL COSTS-MVBLE EQUIP | | | | | | | | 2 |
| 3 TOTAL (SUM OF LINES 1-2) | | | | | | | | 3 |

SUMMARY OF CAPITAL

| DESCRIPTION | DEPRECIATION | LEASE | INTEREST | INSURANCE | TAXES | OTHER | TOTAL(2) |
|--------------------------------|--------------|-------|------------|--------------|--------------|------------------------------------|---------------------|
| | | | | | | CAPITAL-RELATED COSTS (SEE INSTR.) | (SUM OF COLS. 9-14) |
| | 9 | 10 | 11 | (SEE INSTR.) | (SEE INSTR.) | 14 | 15 |
| | | | | 12 | 13 | | |
| 1 CAP REL COSTS-BLDG & FIXT | 12,421,673 | | | | | | 12,421,673 1 |
| 1.01 NEW CAPITAL-BLDG INTEREST | 8,064,259 | | -7,804,983 | | | | 259,276 1.01 |
| 2 CAP REL COSTS-MVBLE EQUIP | 21,819,877 | | | | | | 21,819,877 2 |
| 3 TOTAL | 42,305,809 | | -7,804,983 | | | | 34,500,826 3 |

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

| DESCRIPTION | BASIS | AMOUNT | EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED | | WKST A-7 REF |
|--|---------------|------------|--|-----------|-----------------|
| | | | COST CENTER | LINE NO. | |
| | 1 | 2 | 3 | 4 | 5 |
| 1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2) | | | | | |
| 1.01 INV INC-BLDGS AND FIXT | B | -7,804,983 | CAP REL COSTS-BLDG & FIXT NEW CAPITAL-BLDG INTEREST | 1 1.01 | 1 11 1.01 |
| 2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2) | | | CAP REL COSTS-MVBLE EQUIP | 2 | 2 |
| 3 INVESTMENT INCOME-OTHER (CHAPTER 2) | | | | | 3 |
| 4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8) | | | | | 4 |
| 5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8) | | | | | 5 |
| 6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8) | | | | | 6 |
| 7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21) | A | -309,252 | COMMUNICATION | 5.01 | 7 |
| 8 TELEVISION AND RADIO SERVICE (CHAPTER 21) | A | -17,302 | OPERATION OF PLANT | 7 | 8 |
| 9 PARKING LOT (CHAPTER 21) | A | -1,297,665 | OPERATION OF PLANT | 7 | 9 |
| 10 PROVIDER-BASED PHYSICIAN ADJUSTMENT | WKST A-8-2 | | | | 10 |
| 11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23) | | | | | 11 |
| 12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10) | WKST A-8-1 | -8,298,613 | | | 12 |
| 13 LAUNDRY AND LINEN SERVICE | | | | | 13 |
| 14 CAFETERIA - EMPLOYEES AND GUESTS | B | -2,824,012 | CAFETERIA | 11 | 14 |
| 15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS | | | | | 15 |
| 16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS | | | | | 16 |
| 17 SALE OF DRUGS TO OTHER THAN PATIENTS | | | | | 17 |
| 18 SALE OF MEDICAL RECORDS AND ABSTRACTS | | | | | 18 |
| 19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.) | | | | | 19 |
| 20 VENDING MACHINES | | | | | 20 |
| 21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21) | | | | | 21 |
| 22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT | | | | | 22 |
| 23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14) | WKST A-8-3 | | | | 23 |
| 24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14) | WKST A-8-3 | | PHYSICAL THERAPY | 66 | 24 |
| 25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21) | | | UTILIZATION REVIEW-SNF | 114 | 25 |
| 26 DEPRECIATION--BUILDINGS & FIXTURES | | | CAP REL COSTS-BLDG & FIXT | 1 | 26 |
| 27 DEPRECIATION--MOVABLE EQUIPMENT | | | CAP REL COSTS-MVBLE EQUIP | 2 | 27 |
| 28 NON-PHYSICIAN ANESTHETIST | | | NONPHYSICIAN ANESTHETISTS | 19 | 28 |
| 29 PHYSICIANS' ASSISTANT | | | | | 29 |
| 30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14) | WKST A-8-3 | | OCCUPATIONAL THERAPY | 67 | 30 |
| 31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14) | WKST A-8-3 | | SPEECH PATHOLOGY | 68 | 31 |
| 32 CAH HIT ADJ FOR DEPRECIATION AND | | | | | 32 |
| 33 | | | | | 11 33 |
| 33.03 PATIENT TELEVISION | A | -29,269 | CAP REL COSTS-BLDG & FIXT | 1 | 9 33.03 |
| 33.04 PARKING | A | -983,967 | CAP REL COSTS-BLDG & FIXT | 1 | 9 33.04 |
| 33.05 PARKING | A | -1,706 | CAP REL COSTS-MVBLE EQUIP | 2 | 9 33.05 |
| 34 | | | | | 34 |
| 35 LOBBYING EXPENSE | A | -42,727 | HOSPITAL ADMINSTRATION | 5.11 | 35 |
| 35.01 PHYSICIAN RECRUITING | A | -57,376 | HOSPITAL ADMINSTRATION | 5.11 | 35.01 |
| 35.02 BOARD OF DIRECTORS | A | -20,409 | HOSPITAL ADMINSTRATION | 5.11 | 35.02 |
| 35.03 NON ALLOWABLE EXPENSE | A | -20,625 | HOSPITAL ADMINSTRATION | 5.11 | 35.03 |
| 35.04 DONATIONS | A | -64,370 | HOSPITAL ADMINSTRATION | 5.11 | 35.04 |
| 35.05 FLOWERS AND GIFTS | A | -14,297 | HOSPITAL ADMINSTRATION | 5.11 | 35.05 |
| 35.06 EXPENSE REPORTS | A | -73,098 | HOSPITAL ADMINSTRATION | 5.11 | 35.06 |
| 35.07 ADVERTISING | A | -6,102,477 | HOSPITAL ADMINSTRATION | 5.11 | 35.07 |
| 35.08 CRNA'S | A | -2,567,047 | NONPHYSICIAN ANESTHETISTS | 19 | 35.08 |
| 36 SELF INSURANCE | A | -106,434 | EMPLOYEE BENEFITS | 4 | 36 |
| 36.01 SELF INSURANCE | A | -59,150 | COMMUNICATION | 5.01 | 36.01 |
| 36.02 SELF INSURANCE | A | -318,353 | SYSTEM & COMPUTERS | 5.02 | 36.02 |
| 36.03 SELF INSURANCE | A | -85,510 | PURCHASING | 5.03 | 36.03 |
| 36.04 SELF INSURANCE | A | -67,071 | PATIENT AFFAIRS | 5.05 | 36.04 |
| 36.05 SELF INSURANCE | A | -71,155 | PATIENT ADMITTING | 5.06 | 36.05 |
| 36.06 SELF INSURANCE | A | -230,486 | PATIENT ACCOUNTS | 5.07 | 36.06 |
| 36.07 SELF INSURANCE | A | -115,716 | ACCOUNTING | 5.08 | 36.07 |
| 36.08 SELF INSURANCE | A | -31,704 | EMPLOYEE HEALTH SERVICES | 5.09 | 36.08 |
| 36.09 SELF INSURANCE | A | -48,639 | PASTORAL CARE | 5.10 | 36.09 |
| 36.10 SELF INSURANCE | A | -2,303,690 | HOSPITAL ADMINSTRATION | 5.11 | 36.10 |
| 36.11 SELF INSURANCE | A | -231,144 | AMBULATORY ADMINISTRATION | 5.12 | 36.11 |
| 36.12 SELF INSURANCE | A | -2,590 | PRIMARY CARE ADMINISTRATION | 5.14 | 36.12 |
| 36.13 SELF INSURANCE | A | -483,412 | OPERATION OF PLANT | 7 | 36.13 |

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

| DESCRIPTION | BASIS | AMOUNT | EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED | | WKST A-7 REF |
|-----------------------|-------|------------|--|----------|-----------------|
| | | | COST CENTER | LINE NO. | |
| | 1 | 2 | 3 | 4 | 5 |
| 36.14 SELF INSURANCE | A | -122,819 | SAFETY AND SECURITY | 7.01 | 36.14 |
| 36.15 SELF INSURANCE | A | -12,326 | LAUNDRY & LINEN SERVICE | 8 | 36.15 |
| 36.16 SELF INSURANCE | A | -154,791 | DIETARY | 10 | 36.16 |
| 36.17 SELF INSURANCE | A | -25,650 | CAFETERIA | 11 | 36.17 |
| 36.18 SELF INSURANCE | A | -51,824 | PATIENT TRANSPORTATION | 12.01 | 36.18 |
| 36.19 SELF INSURANCE | A | -102,335 | NURSING ADMINISTRATION | 13 | 36.19 |
| 36.20 SELF INSURANCE | A | -74,342 | CENTRAL SERVICES & SUPPLY | 14 | 36.20 |
| 36.21 SELF INSURANCE | A | -5,233 | CENTRAL PROCESSING | 14.01 | 36.21 |
| 36.22 SELF INSURANCE | A | -380,581 | PHARMACY | 15 | 36.22 |
| 36.23 SELF INSURANCE | A | -171,945 | MEDICAL RECORDS & LIBRARY | 16 | 36.23 |
| 36.24 SELF INSURANCE | A | -218,943 | SOCIAL SERVICE | 17 | 36.24 |
| 36.25 SELF INSURANCE | A | -1,062,575 | I&R SRVCES-SALARY & FRINGES APP | 21 | 36.25 |
| 36.26 SELF INSURANCE | A | -27,418 | PARAMEDICAL ED-MICU | 23.01 | 36.26 |
| 36.27 SELF INSURANCE | A | -1,617,881 | ADULTS & PEDIATRICS | 30 | 36.27 |
| 36.28 SELF INSURANCE | A | -633,493 | INTENSIVE CARE UNIT | 31 | 36.28 |
| 36.29 SELF INSURANCE | A | -182,324 | BURN INTENSIVE CARE UNIT | 33 | 36.29 |
| 36.30 SELF INSURANCE | A | -380,885 | NEONATAL INTENSIVE CARE | 35 | 36.30 |
| 36.31 SELF INSURANCE | A | -104,238 | PEDIATRIC INTENSIVE CARE | 35.01 | 36.31 |
| 36.32 SELF INSURANCE | A | -114,266 | HEART TRANSPLANT ICU | 35.03 | 36.32 |
| 36.33 SELF INSURANCE | A | -123,261 | BONE INTENSIVE CARE | 35.04 | 36.33 |
| 36.34 SELF INSURANCE | A | -261,567 | SUBPROVIDER - IRF | 41 | 36.34 |
| 36.35 SELF INSURANCE | A | -585,966 | OPERATING ROOM | 50 | 36.35 |
| 36.36 SELF INSURANCE | A | -137,305 | AMBULATORY SURGERY CENTER | 50.01 | 36.36 |
| 36.37 SELF INSURANCE | A | -118,455 | RECOVERY ROOM | 51 | 36.37 |
| 36.38 SELF INSURANCE | A | -99,236 | DELIVERY ROOM & LABOR ROOM | 52 | 36.38 |
| 36.39 SELF INSURANCE | A | -34,289 | ANESTHESIOLOGY | 53 | 36.39 |
| 36.40 SELF INSURANCE | A | -344,380 | RADIOLOGY-DIAGNOSTIC | 54 | 36.40 |
| 36.41 -SELF INSURANCE | A | -42,007 | RADIOLOGY-ULTRASOUND | 54.01 | 36.41 |
| 36.42 SELF INSURANCE | A | -79,603 | MAGNETIC RESONANCE IMAGING (MRI | 58 | 36.42 |
| 36.43 SELF INSURANCE | A | -97,689 | COMPUTED TOMOGRAPHY (CT) SCAN | 57 | 36.43 |
| 36.44 SELF INSURANCE | A | -23,081 | RADIOLOGY-THERAPEUTIC | 55 | 36.44 |
| 36.45 SELF INSURANCE | A | -78,016 | RADIOISOTOPE | 56 | 36.45 |
| 36.46 SELF INSURANCE | A | -400,886 | LABORATORY | 60 | 36.46 |
| 36.47 SELF INSURANCE | A | -77,467 | LABORATORY-SURGICAL PATHOLOGY | 60.01 | 36.47 |
| 36.48 SELF INSURANCE | A | 488 | LABORATORY-HLA | 60.03 | 36.48 |
| 36.49 SELF INSURANCE | A | -64,702 | BLOOD STORING, PROCESSING & TRA | 63 | 36.49 |
| 36.50 SELF INSURANCE | A | -281,957 | RESPIRATORY THERAPY | 65 | 36.50 |
| 36.51 SELF INSURANCE | A | -161,367 | PHYSICAL THERAPY | 66 | 36.51 |
| 36.52 SELF INSURANCE | A | -50,482 | OCCUPATIONAL THERAPY | 67 | 36.52 |
| 36.53 SELF INSURANCE | A | -21,025 | SPEECH PATHOLOGY | 68 | 36.53 |
| 36.54 SELF INSURANCE | A | -153,833 | ELECTROCARDIOLOGY | 69 | 36.54 |
| 36.55 SELF INSURANCE | A | -63,898 | ELECTROENCEPHALOGRAPHY | 70 | 36.55 |
| 36.56 SELF INSURANCE | A | -134,011 | RENAL DIALYSIS | 74 | 36.56 |
| 36.57 SELF INSURANCE | A | -12,965 | PULMONARY LABS | 76 | 36.57 |
| 36.58 SELF INSURANCE | A | -11,199 | OCCUPATIONAL HEALTH | 76.01 | 36.58 |
| 36.59 SELF INSURANCE | A | -36,748 | PERIPHERAL VASCULAR | 76.04 | 36.59 |
| 36.60 SELF INSURANCE | A | -184,481 | CARDIAC CATHETERIZATION | 59 | 36.60 |
| 36.61 SELF INSURANCE | A | -96,396 | GASTROINTESTINAL SERVICE | 76.07 | 36.61 |
| 36.62 SELF INSURANCE | A | -9,739 | CLINIC | 90 | 36.62 |
| 36.63 SELF INSURANCE | A | -15,294 | CARDIAC REHABILITATION | 90.01 | 36.63 |
| 36.64 SELF INSURANCE | A | -279,768 | CANCER CENTER | 90.02 | 36.64 |
| 36.65 SELF INSURANCE | A | -14,930 | PSYCH SOCIAL REHAB | 90.03 | 36.65 |
| 36.66 SELF INSURANCE | A | -889,224 | LOC OUTPATIENT CENTER | 90.07 | 36.66 |
| 36.67 SELF INSURANCE | A | -200,960 | OBT OUTPATIENT CENTER | 90.08 | 36.67 |
| 36.68 SELF INSURANCE | A | -47,986 | ELMHURST IMMEDIATE CARE | 90.09 | 36.68 |
| 36.69 SELF INSURANCE | A | -83,338 | LAGRANGE FAMILY PCC | 90.10 | 36.69 |
| 36.70 SELF INSURANCE | A | -129,858 | NORTH RIVERSIDE PCC | 90.12 | 36.70 |
| 36.71 SELF INSURANCE | A | -82,929 | WHEATON PCC | 90.14 | 36.71 |
| 36.72 SELF INSURANCE | A | -125,424 | OBT II PCC | 90.15 | 36.72 |
| 36.73 SELF INSURANCE | A | -142,829 | HICKORY HILLS PCC | 90.16 | 36.73 |
| 36.74 SELF INSURANCE | A | -88,736 | DARIEN PCC | 90.18 | 36.74 |
| 36.75 SELF INSURANCE | A | -133,372 | ORLANAD PARK - FP | 90.20 | 36.75 |
| 36.76 SELF INSURANCE | A | -34,273 | FAMILY PRACTICE MAYWOOD PCC | 90.21 | 36.76 |
| 36.77 SELF INSURANCE | A | -131,076 | HOMER GLEN PCC | 90.22 | 36.77 |
| 36.78 SELF INSURANCE | A | -98,949 | OAK PARK PCC | 90.23 | 36.78 |
| 36.79 SELF INSURANCE | A | -18,542 | PARK RIDGE PCC | 90.24 | 36.79 |
| 36.80 SELF INSURANCE | A | -5,298 | LOYOLA CLINIC AT GOTTLIEB | 90.25 | 36.80 |
| 36.81 SELF INSURANCE | A | -358 | NEUROLOGY - NILES | 90.27 | 36.81 |
| 36.82 SELF INSURANCE | A | -42,903 | MARJORIE WEINBERG CANCER CENTER | 90.28 | 36.82 |
| 36.83 SELF INSURANCE | A | -105,065 | BURR RIDGE PCC | 90.29 | 36.83 |
| 36.84 SELF INSURANCE | A | -605,868 | EMERGENCY | 91 | 36.84 |
| 36.85 SELF INSURANCE | A | -15,888 | OBSERVATION BEDS-DISTINCT | 92.01 | 36.85 |
| 36.86 SELF INSURANCE | A | -1,979 | DURABLE MEDICAL EQUIP-SOLD | 97 | 36.86 |
| 36.87 SELF INSURANCE | A | -186,511 | HOME HEALTH AGENCY | 101 | 36.87 |
| 36.88 SELF INSURANCE | A | -36,528 | LUNG ACQUISITION | 108 | 36.88 |
| 36.89 SELF INSURANCE | A | -33,921 | KIDNEY ACQUISITION | 105 | 36.89 |
| 36.90 SELF INSURANCE | A | -37,003 | LIVER ACQUISITION | 107 | 36.90 |

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

| DESCRIPTION | BASIS | AMOUNT | EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED | | WKST A-7 REF |
|-----------------------|-------|------------|--|----------|-----------------|
| | | | COST CENTER | LINE NO. | |
| | 1 | 2 | 3 | 4 | 5 |
| 36.91 SELF INSURANCE | A | -31,076 | HEART ACQUISITION | 106 | 36.91 |
| 36.92 SELF INSURANCE | A | -28,782 | HOSPICE | 116 | 36.92 |
| 36.93 SELF INSURANCE | A | -4,206 | GIFT, FLOWER, COFFEE SHOP & CAN | 190 | 36.93 |
| 36.94 SELF INSURANCE | A | -44,176 | HINES RADIATION THERAPY | 190.01 | 36.94 |
| 36.95 SELF INSURANCE | A | -47,952 | HOME INFUSION THERAPY | 190.02 | 36.95 |
| 36.96 SELF INSURANCE | A | -8,544 | OP HOSPITAL PHARMACY | 190.03 | 36.96 |
| 36.97 SELF INSURANCE | A | -134,671 | HOSPITALIST | 190.04 | 36.97 |
| 36.98 SELF INSURANCE | A | -4,369 | PHYSICIANS' PRIVATE OFFICES | 192 | 36.98 |
| 36.99 SELF INSURANCE | A | -5,981,217 | FACULTY CLINICAL OPERATIONS | 192.01 | 36.99 |
| 37 PENSION EXPENSE | A | 45,848 | EMPLOYEE BENEFITS | 4 | 37 |
| 37.01 PENSION EXPENSE | A | 25,480 | COMMUNICATION | 5.01 | 37.01 |
| 37.02 PENSION EXPENSE | A | 137,134 | SYSTEM & COMPUTERS | 5.02 | 37.02 |
| 37.03 PENSION EXPENSE | A | 36,835 | PURCHASING | 5.03 | 37.03 |
| 37.04 PENSION EXPENSE | A | 28,892 | PATIENT AFFAIRS | 5.05 | 37.04 |
| 37.05 PENSION EXPENSE | A | 30,651 | PATIENT ADMITTING | 5.06 | 37.05 |
| 37.06 PENSION EXPENSE | A | 99,285 | PATIENT ACCOUNTS | 5.07 | 37.06 |
| 37.07 PENSION EXPENSE | A | 49,846 | ACCOUNTING | 5.08 | 37.07 |
| 37.08 PENSION EXPENSE | A | 13,657 | EMPLOYEE HEALTH SERVICES | 5.09 | 37.08 |
| 37.09 PENSION EXPENSE | A | 20,952 | PASTORAL CARE | 5.10 | 37.09 |
| 37.10 PENSION EXPENSE | A | 992,343 | HOSPITAL ADMINSTRATION | 5.11 | 37.10 |
| 37.11 PENSION EXPENSE | A | 99,568 | AMBULATORY ADMINISTRATION | 5.12 | 37.11 |
| 37.12 PENSION EXPENSE | A | 1,116 | PRIMARY CARE ADMINISTRATION | 5.14 | 37.12 |
| 37.13 PENSION EXPENSE | A | 208,236 | OPERATION OF PLANT | 7 | 37.13 |
| 37.14 PENSION EXPENSE | A | 52,906 | SAFETY AND SECURITY | 7.01 | 37.14 |
| 37.15 PENSION EXPENSE | A | 5,310 | LAUNDRY & LINEN SERVICE | 8 | 37.15 |
| 37.16 PENSION EXPENSE | A | 66,678 | DIETARY | 10 | 37.16 |
| 37.17 PENSION EXPENSE | A | 11,049 | CAFETERIA | 11 | 37.17 |
| 37.18 PENSION EXPENSE | A | 22,324 | PATIENT TRANSPORTATION | 12.01 | 37.18 |
| 37.19 PENSION EXPENSE | A | 44,082 | NURSING ADMINISTRATION | 13 | 37.19 |
| 37.20 PENSION EXPENSE | A | 32,024 | CENTRAL SERVICES & SUPPLY | 14 | 37.20 |
| 37.21 PENSION EXPENSE | A | 2,254 | CENTRAL PROCESSING | 14.01 | 37.21 |
| 37.22 PENSION EXPENSE | A | 163,940 | PHARMACY | 15 | 37.22 |
| 37.23 PENSION EXPENSE | A | 74,067 | MEDICAL RECORDS & LIBRARY | 16 | 37.23 |
| 37.24 PENSION EXPENSE | A | 94,312 | SOCIAL SERVICE | 17 | 37.24 |
| 37.25 PENSION EXPENSE | A | 457,717 | I&R SRVCES-SALARY & FRINGES APP | 21 | 37.25 |
| 37.26 PENSION EXPENSE | A | 11,811 | PARAMEDICAL ED-MICU | 23.01 | 37.26 |
| 37.27 PENSION EXPENSE | A | 696,922 | ADULTS & PEDIATRICS | 30 | 37.27 |
| 37.28 PENSION EXPENSE | A | 272,885 | INTENSIVE CARE UNIT | 31 | 37.28 |
| 37.29 PENSION EXPENSE | A | 78,538 | BURN INTENSIVE CARE UNIT | 33 | 37.29 |
| 37.30 PENSION EXPENSE | A | 164,071 | NEONATAL INTENSIVE CARE | 35 | 37.30 |
| 37.31 PENSION EXPENSE | A | 44,902 | PEDIATRIC INTENSIVE CARE | 35.01 | 37.31 |
| 37.32 PENSION EXPENSE | A | 49,222 | HEART TRANSPLANT ICU | 35.03 | 37.32 |
| 37.33 PENSION EXPENSE | A | 53,096 | BONE INTENSIVE CARE | 35.04 | 37.33 |
| 37.34 PENSION EXPENSE | A | 112,673 | SUBPROVIDER - IRF | 41 | 37.34 |
| 37.35 PENSION EXPENSE | A | 252,412 | OPERATING ROOM | 50 | 37.35 |
| 37.36 PENSION EXPENSE | A | 59,146 | AMBULATORY SURGERY CENTER | 50.01 | 37.36 |
| 37.37 PENSION EXPENSE | A | 51,026 | RECOVERY ROOM | 51 | 37.37 |
| 37.38 PENSION EXPENSE | A | 42,747 | DELIVERY ROOM & LABOR ROOM | 52 | 37.38 |
| 37.39 PENSION EXPENSE | A | 14,770 | ANESTHESIOLOGY | 53 | 37.39 |
| 37.40 PENSION EXPENSE | A | 148,346 | RADIOLOGY-DIAGNOSTIC | 54 | 37.40 |
| 37.41 PENSION EXPENSE | A | 18,095 | RADIOLOGY-ULTRASOUND | 54.01 | 37.41 |
| 37.42 PENSION EXPENSE | A | 34,290 | MAGNETIC RESONANCE IMAGING (MRI | 58 | 37.42 |
| 37.43 PENSION EXPENSE | A | 42,081 | COMPUTED TOMOGRAPHY (CT) SCAN | 57 | 37.43 |
| 37.44 PENSION EXPENSE | A | 9,942 | RADIOLOGY-THERAPEUTIC | 55 | 37.44 |
| 37.45 PENSION EXPENSE | A | 33,606 | RADIOISOTOPE | 56 | 37.45 |
| 37.46 PENSION EXPENSE | A | 172,687 | LABORATORY | 60 | 37.46 |
| 37.47 PENSION EXPENSE | A | 33,370 | LABORATORY-SURGICAL PATHOLOGY | 60.01 | 37.47 |
| 37.48 PENSION EXPENSE | A | -210 | LABORATORY-HLA | 60.03 | 37.48 |
| 37.49 PENSION EXPENSE | A | 27,871 | BLOOD STORING, PROCESSING & TRA | 63 | 37.49 |
| 37.50 PENSION EXPENSE | A | 121,457 | RESPIRATORY THERAPY | 65 | 37.50 |
| 37.51 PENSION EXPENSE | A | 69,511 | PHYSICAL THERAPY | 66 | 37.51 |
| 37.52 PENSION EXPENSE | A | 21,746 | OCCUPATIONAL THERAPY | 67 | 37.52 |
| 37.53 PENSION EXPENSE | A | 9,057 | SPEECH PATHOLOGY | 68 | 37.53 |
| 37.54 PENSION EXPENSE | A | 66,266 | ELECTROCARDIOLOGY | 69 | 37.54 |
| 37.55 PENSION EXPENSE | A | 27,525 | ELECTROENCEPHALOGRAPHY | 70 | 37.55 |
| 37.56 PENSION EXPENSE | A | 57,727 | RENAL DIALYSIS | 74 | 37.56 |
| 37.57 PENSION EXPENSE | A | 5,585 | PULMONARY LABS | 76 | 37.57 |
| 37.58 PENSION EXPENSE | A | 4,824 | OCCUPATIONAL HEALTH | 76.01 | 37.58 |
| 37.59 PENSION EXPENSE | A | 15,830 | PERIPHERAL VASCULAR | 76.04 | 37.59 |
| 37.60 PENSION EXPENSE | A | 79,467 | CARDIAC CATHETERIZATION | 59 | 37.60 |
| 37.61 PENSION EXPENSE | A | 41,524 | GASTROINTESTINAL SERVICE | 76.07 | 37.61 |
| 37.62 PENSION EXPENSE | A | 4,195 | CLINIC | 90 | 37.62 |
| 37.63 PENSION EXPENSE | A | 6,588 | CARDIAC REHABILITATION | 90.01 | 37.63 |
| 37.64 PENSION EXPENSE | A | 120,514 | CANCER CENTER | 90.02 | 37.64 |
| 37.65 PENSION EXPENSE | A | 6,431 | PSYCH SOCIAL REHAB | 90.03 | 37.65 |
| 37.66 PENSION EXPENSE | A | 383,044 | LOC OUTPATIENT CENTER | 90.07 | 37.66 |
| 37.67 PENSION EXPENSE | A | 86,566 | OBT OUTPATIENT CENTER | 90.08 | 37.67 |

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

| DESCRIPTION | BASIS | AMOUNT | EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED | | WKST A-7 REF |
|-------------------------------|-------|-------------|--|----------|-----------------|
| | | | COST CENTER | LINE NO. | |
| | 1 | 2 | 3 | 4 | 5 |
| 37.68 PENSION EXPENSE | A | 20,671 | ELMHURST IMMEDIATE CARE | 90.09 | 37.68 |
| 37.69 PENSION EXPENSE | A | 35,899 | LAGRANGE FAMILY PCC | 90.10 | 37.69 |
| 37.70 PENSION EXPENSE | A | 55,938 | NORTH RIVERSIDE PCC | 90.12 | 37.70 |
| 37.71 PENSION EXPENSE | A | 35,723 | WHEATON PCC | 90.14 | 37.71 |
| 37.72 PENSION EXPENSE | A | 54,028 | OBT II PCC | 90.15 | 37.72 |
| 37.73 PENSION EXPENSE | A | 61,525 | HICKORY HILLS PCC | 90.16 | 37.73 |
| 37.74 PENSION EXPENSE | A | 38,224 | DARIEN PCC | 90.18 | 37.74 |
| 37.75 PENSION EXPENSE | A | 57,452 | ORLANAD PARK - FP | 90.20 | 37.75 |
| 37.76 PENSION EXPENSE | A | 14,763 | FAMILY PRACTICE MAYWOOD PCC | 90.21 | 37.76 |
| 37.77 PENSION EXPENSE | A | 56,463 | HOMER GLEN PCC | 90.22 | 37.77 |
| 37.78 PENSION EXPENSE | A | 42,624 | OAK PARK PCC | 90.23 | 37.78 |
| 37.79 PENSION EXPENSE | A | 7,987 | PARK RIDGE PCC | 90.24 | 37.79 |
| 37.80 PENSION EXPENSE | A | 2,282 | LOYOLA CLINIC AT GOTTLIEB | 90.25 | 37.80 |
| 37.81 PENSION EXPENSE | A | 154 | NEUROLOGY - NILES | 90.27 | 37.81 |
| 37.82 PENSION EXPENSE | A | 18,481 | MARJORIE WEINBERG CANCER CENTER | 90.28 | 37.82 |
| 37.83 PENSION EXPENSE | A | 45,258 | BURR RIDGE PCC | 90.29 | 37.83 |
| 37.84 PENSION EXPENSE | A | 260,985 | EMERGENCY | 91 | 37.84 |
| 37.85 PENSION EXPENSE | A | 6,844 | OBSERVATION BEDS-DISTINCT | 92.01 | 37.85 |
| 37.86 PENSION EXPENSE | A | 852 | DURABLE MEDICAL EQUIP-SOLD | 97 | 37.86 |
| 37.87 PENSION EXPENSE | A | 80,342 | HOME HEALTH AGENCY | 101 | 37.87 |
| 37.88 PENSION EXPENSE | A | 15,735 | LUNG ACQUISITION | 108 | 37.88 |
| 37.89 PENSION EXPENSE | A | 14,612 | KIDNEY ACQUISITION | 105 | 37.89 |
| 37.90 PENSION EXPENSE | A | 15,940 | LIVER ACQUISITION | 107 | 37.90 |
| 37.91 PENSION EXPENSE | A | 13,387 | HEART ACQUISITION | 106 | 37.91 |
| 37.92 PENSION EXPENSE | A | 12,398 | HOSPICE | 116 | 37.92 |
| 37.93 PENSION EXPENSE | A | 1,812 | GIFT, FLOWER, COFFEE SHOP & CAN | 190 | 37.93 |
| 37.94 PENSION EXPENSE | A | 19,030 | HINES RADIATION THERAPY | 190.01 | 37.94 |
| 37.95 PENSION EXPENSE | A | 20,656 | HOME INFUSION THERAPY | 190.02 | 37.95 |
| 37.96 PENSION EXPENSE | A | 3,681 | OP HOSPITAL PHARMACY | 190.03 | 37.96 |
| 37.97 PENSION EXPENSE | A | 58,011 | HOSPITALIST | 190.04 | 37.97 |
| 37.98 PENSION EXPENSE | A | 1,882 | PHYSICIANS' PRIVATE OFFICES | 192 | 37.98 |
| 37.99 PENSION EXPENSE | A | 2,576,485 | FACULTY CLINICAL OPERATIONS | 192.01 | 37.99 |
| 38 BAD DEBT EXPENSE | A | -20,509,760 | HOSPITAL ADMINISTRATION | 5.11 | 38 |
| 38.01 BAD DEBT EXPENSE | A | -4,328,629 | AMBULATORY ADMINISTRATION | 5.12 | 38.01 |
| 38.02 BAD DEBT EXPENSE | A | -130,443 | SUBPROVIDER - IRF | 41 | 38.02 |
| 38.03 BAD DEBT EXPENSE | A | -1,293,780 | CANCER CENTER | 90.02 | 38.03 |
| 38.04 BAD DEBT EXPENSE | A | -160,653 | LOC OUTPATIENT CENTER | 90.07 | 38.04 |
| 38.05 BAD DEBT EXPENSE | A | -50,256 | LAGRANGE FAMILY PCC | 90.10 | 38.05 |
| 38.06 BAD DEBT EXPENSE | A | -228,079 | NORTH RIVERSIDE PCC | 90.12 | 38.06 |
| 38.07 BAD DEBT EXPENSE | A | -104,646 | WHEATON PCC | 90.14 | 38.07 |
| 38.08 BAD DEBT EXPENSE | A | -191,228 | OBT II PCC | 90.15 | 38.08 |
| 38.09 BAD DEBT EXPENSE | A | -171,280 | HICKORY HILLS PCC | 90.16 | 38.09 |
| 38.10 BAD DEBT EXPENSE | A | -167,348 | DARIEN PCC | 90.18 | 38.10 |
| 38.11 BAD DEBT EXPENSE | A | -222,225 | ORLANAD PARK - FP | 90.20 | 38.11 |
| 38.12 BAD DEBT EXPENSE | A | 31 | FAMILY PRACTICE MAYWOOD PCC | 90.21 | 38.12 |
| 38.13 BAD DEBT EXPENSE | A | -49,865 | HOMER GLEN PCC | 90.22 | 38.13 |
| 38.14 BAD DEBT EXPENSE | A | -232,644 | OAK PARK PCC | 90.23 | 38.14 |
| 38.15 BAD DEBT EXPENSE | A | -9,020 | BURR RIDGE PCC | 90.29 | 38.15 |
| 38.16 BAD DEBT EXPENSE | A | -2,474,921 | EMERGENCY | 91 | 38.16 |
| 38.17 BAD DEBT EXPENSE | A | -687,229 | DURABLE MEDICAL EQUIP-SOLD | 97 | 38.17 |
| 38.18 BAD DEBT EXPENSE | A | -255,962 | HOME HEALTH AGENCY | 101 | 38.18 |
| 38.19 BAD DEBT EXPENSE | A | 31,308 | HOME INFUSION THERAPY | 190.02 | 38.19 |
| 38.20 BAD DEBT EXPENSE | A | -484,824 | HOSPITALIST | 190.04 | 38.20 |
| 38.21 BAD DEBT EXPENSE | A | -18,023,198 | FACULTY CLINICAL OPERATIONS | 192.01 | 38.21 |
| 38.23 PARAMEDICAL ED TUITION | A | -348,372 | PARAMEDICAL ED-MICU | 23.01 | 38.23 |
| 38.24 PARAMEDICAL ED TRAINING | A | 361,819 | PARAMEDICAL ED-MICU | 23.01 | 38.24 |
| 38.26 MOONLIGHTING RESIDENTS | A | -202,708 | I&R SRVCS-SALARY & FRINGES APP | 21 | 38.26 |
| 38.27 GRANTS | A | -648,748 | HOSPITAL ADMINISTRATION | 5.11 | 38.27 |
| 38.28 OUTSIDE PROGRAM EXPENSE | A | -207,554 | HOSPITAL ADMINISTRATION | 5.11 | 38.28 |
| 38.29 HOSP ACCESS IMP | A | 19,097,112 | HOSPITAL ADMINISTRATION | 5.11 | 38.29 |
| 38.30 REORGANIZATION EXPENSE | A | -780,151 | HOSPITAL ADMINISTRATION | 5.11 | 38.30 |
| 38.42 PHYSICIAN SALARIES | A | -211,712 | EMPLOYEE HEALTH SERVICES | 5.09 | 38.42 |
| 38.43 PHYSICIAN SALARIES | A | -167,710 | AMBULATORY ADMINISTRATION | 5.12 | 38.43 |
| 38.44 PHYSICIAN SALARIES | A | -22,883 | OCCUPATIONAL HEALTH | 76.01 | 38.44 |
| 38.45 PHYSICIAN SALARIES | A | -1,269,259 | LOC OUTPATIENT CENTER | 90.07 | 38.45 |
| 38.46 PHYSICIAN SALARIES | A | -319,332 | ELMHURST IMMEDIATE CARE | 90.09 | 38.46 |
| 38.47 PHYSICIAN SALARIES | A | -438,312 | LAGRANGE FAMILY PCC | 90.10 | 38.47 |
| 38.48 PHYSICIAN SALARIES | A | -1,580,660 | NORTH RIVERSIDE PCC | 90.12 | 38.48 |
| 38.49 PHYSICIAN SALARIES | A | -810,846 | WHEATON PCC | 90.14 | 38.49 |
| 38.50 PHYSICIAN SALARIES | A | -1,402,731 | OBT II PCC | 90.15 | 38.50 |
| 38.51 PHYSICIAN SALARIES | A | -1,090,814 | HICKORY HILLS PCC | 90.16 | 38.51 |
| 38.52 PHYSICIAN SALARIES | A | -1,037,197 | DARIEN PCC | 90.18 | 38.52 |
| 38.53 PHYSICIAN SALARIES | A | -1,611,342 | ORLANAD PARK - FP | 90.20 | 38.53 |
| 38.54 PHYSICIAN SALARIES | A | -4,689 | FAMILY PRACTICE MAYWOOD PCC | 90.21 | 38.54 |
| 38.55 PHYSICIAN SALARIES | A | -538,024 | HOMER GLEN PCC | 90.22 | 38.55 |
| 38.56 PHYSICIAN SALARIES | A | -1,499,537 | OAK PARK PCC | 90.23 | 38.56 |
| 38.57 PHYSICIAN SALARIES | A | -5,780,115 | EMERGENCY | 91 | 38.57 |

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

| DESCRIPTION | BASIS | AMOUNT | EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED | | WKST A-7 REF |
|---------------------------------------|-------|--------------|--|----------|-----------------|
| | | | COST CENTER | LINE NO. | |
| | 1 | 2 | 3 | 4 | 5 |
| 38.58 PHYSICIAN SALARIES | A | -2,338,020 | HOSPITALIST | 190.04 | 38.58 |
| 38.59 APN | A | -4,390 | BONE INTENSIVE CARE | 35.04 | 38.59 |
| 38.60 APN | A | -13,999 | ANESTHESIOLOGY | 53 | 38.60 |
| 38.61 APN | A | -5,505 | CANCER CENTER | 90.02 | 38.61 |
| 38.62 APN | A | -24,567 | LOC OUTPATIENT CENTER | 90.07 | 38.62 |
| 38.63 APN | A | -957 | NORTH RIVERSIDE PCC | 90.12 | 38.63 |
| 38.64 APN | A | -2,552 | WHEATON PCC | 90.14 | 38.64 |
| 38.65 APN | A | -858 | HOMER GLEN PCC | 90.22 | 38.65 |
| 38.66 APN | A | -22,894 | EMERGENCY | 91 | 38.66 |
| 38.67 APN | A | -21,078 | LUNG ACQUISITION | 108 | 38.67 |
| 38.68 APN | A | -665,503 | FACULTY CLINICAL OPERATIONS | 192.01 | 38.68 |
| 38.69 PHYSICIAN MALPRACTICE | A | -3,139,230 | HOSPITAL ADMINISTRATION | 5.11 | 38.69 |
| 38.70 PHYSICIAN MALPRACTICE | A | -11,829,400 | FACULTY CLINICAL OPERATIONS | 192.01 | 38.70 |
| 39 OTHER OPERATING REVENUE | B | -337,601 | HOSPITAL ADMINISTRATION | 5.11 | 39 |
| 39.01 OTHER OPERATING REVENUE | B | -19,891 | PRIMARY CARE ADMINISTRATION | 5.14 | 39.01 |
| 39.02 OTHER OPERATING REVENUE | B | -15,561 | NURSING ADMINISTRATION | 13 | 39.02 |
| 39.03 OTHER OPERATING REVENUE | B | -133,516 | CENTRAL SERVICES & SUPPLY | 14 | 39.03 |
| 39.04 OTHER OPERATING REVENUE | B | -876 | CENTRAL SERVICES & SUPPLY | 14 | 39.04 |
| 39.05 OTHER OPERATING REVENUE | B | -400 | PHARMACY | 15 | 39.05 |
| 39.06 OTHER OPERATING REVENUE | B | -54,888 | MEDICAL RECORDS & LIBRARY | 16 | 39.06 |
| 39.07 OTHER OPERATING REVENUE | B | -850 | SOCIAL SERVICE | 17 | 39.07 |
| 39.08 OTHER OPERATING REVENUE | B | -221,591 | PARAMEDICAL ED-MICU | 23.01 | 39.08 |
| 39.09 OTHER OPERATING REVENUE | B | -8,850 | ADULTS & PEDIATRICS | 30 | 39.09 |
| 39.10 OTHER OPERATING REVENUE | B | -15,578 | RADIOLOGY-DIAGNOSTIC | 54 | 39.10 |
| 39.11 OTHER OPERATING REVENUE | B | -225,092 | LABORATORY | 60 | 39.11 |
| 39.12 OTHER OPERATING REVENUE | B | -7,907 | LABORATORY | 60 | 39.12 |
| 39.13 OTHER OPERATING REVENUE | B | -33,194 | PHYSICAL THERAPY | 66 | 39.13 |
| 39.14 OTHER OPERATING REVENUE | B | -3,407 | RENAL DIALYSIS | 74 | 39.14 |
| 39.15 OTHER OPERATING REVENUE | B | -1,000 | PERIPHERAL VASCULAR | 76.04 | 39.15 |
| 39.16 OTHER OPERATING REVENUE | B | -1,360,000 | CANCER CENTER | 90.02 | 39.16 |
| 39.17 OTHER OPERATING REVENUE | B | -100 | LOC OUTPATIENT CENTER | 90.07 | 39.17 |
| 39.18 OTHER OPERATING REVENUE | B | -115 | OBT OUTPATIENT CENTER | 90.08 | 39.18 |
| 39.19 OTHER OPERATING REVENUE | B | -475 | NORTH RIVERSIDE PCC | 90.12 | 39.19 |
| 39.20 OTHER OPERATING REVENUE | B | -700 | WHEATON PCC | 90.14 | 39.20 |
| 39.21 OTHER OPERATING REVENUE | B | -2,450 | OBT II PCC | 90.15 | 39.21 |
| 39.22 OTHER OPERATING REVENUE | B | -300 | HICKORY HILLS PCC | 90.16 | 39.22 |
| 39.23 OTHER OPERATING REVENUE | B | -30,200 | DARIEN PCC | 90.18 | 39.23 |
| 39.24 OTHER OPERATING REVENUE | B | -350 | ORLANAD PARK - FP | 90.20 | 39.24 |
| 39.25 OTHER OPERATING REVENUE | B | -250 | FAMILY PRACTICE MAYWOOD PCC | 90.21 | 39.25 |
| 39.26 OTHER OPERATING REVENUE | B | -125 | HOMER GLEN PCC | 90.22 | 39.26 |
| 39.27 OTHER OPERATING REVENUE | B | -2,075 | OAK PARK PCC | 90.23 | 39.27 |
| 39.28 DEVELOPMENT | A | -2,668,385 | HOSPITAL ADMINISTRATION | 5.11 | 39.28 |
| 40 | | | | | 40 |
| 41 | | | | | 41 |
| 42 | | | | | 42 |
| 43 | | | | | 43 |
| 44 | | | | | 44 |
| 45 | | | | | 45 |
| 46 | | | | | 46 |
| 47 | | | | | 47 |
| 48 | | | | | 48 |
| 49 | | | | | 49 |
| 50 TOTAL (SUM OF LINES 1 THRU 49) | | -117,241,754 | | | 50 |
| TRANSFER TO WKST A, COL. 6, LINE 200) | | | | | |

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. | COST CENTER | EXPENSE ITEMS | AMOUNT OF ALLOWABLE COST | AMOUNT (INCL IN WKST A, COL. 5) | NET ADJ- USTMENTS (COL. 4-5) | WKST A-7 REF |
|----------|-------------|---|--------------------------|---------------------------------|------------------------------|--------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1 | | | | | | 1 |
| 2 | | | | | | 2 |
| 3 | | | | | | 3 |
| 4 | | | | | | 4 |
| 4.01 | 4 | EMPLOYEE BENEFITS | | 2,021,700 | -2,021,700 | 4.01 |
| 4.12 | 5.11 | HOSPITAL ADMINISTRATION | | -574,000 | 574,000 | 4.12 |
| 4.13 | 1 | CAP REL COSTS-BLDG & FIXT | 841,842 | 841,842 | | 9 4.13 |
| 4.14 | 1 | CAP REL COSTS-BLDG & FIXT | | 135,556 | -135,556 | 9 4.14 |
| 4.15 | 1 | CAP REL COSTS-BLDG & FIXT | -29,233 | | -29,233 | 9 4.15 |
| 4.16 | 5.11 | HOSPITAL ADMINISTRATION | | 117,699 | -117,699 | 4.16 |
| 4.17 | 192.01 | FACULTY CLINICAL OPERATIONS | | 7,410,267 | -7,410,267 | 4.17 |
| 5 | | TOTALS (SUM OF LINES 1-4) | 812,609 | 9,111,222 | -8,298,613 | 5 |
| | | TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12. | | | | |

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.

| ----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE ----- | | | | | |
|--|--------|----------------------|-------|----------------------|------------------|
| SYMBOL (1) | NAME | PERCENT OF OWNERSHIP | NAME | PERCENT OF OWNERSHIP | TYPE OF BUSINESS |
| 1 | 2 | 3 | 4 | 5 | 6 |
| 6 | B LUMC | | LUOC | | UNIVERSITY |
| 7 | B LUMC | | LUHS | | HEALTHCARE |
| 8 | C LUMC | | RML | | HEALTHCARE |
| 9 | C LUMC | | LASCO | | HEALTHCARE |

- (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 CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
01/31/2012 09:12

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

| WKST | A | COST CENTER/ PHYSICIAN IDENTIFIER | TOTAL REMUNERA- TION INCL FRINGES | PROFES- SIONAL COMPONENT | PROVIDER COMPONENT | RCE AMOUNT | PHYSICIAN/ PROVIDER COMPONENT HOURS | UNAD- JUSTED RCE LIMIT | 5 PERCENT OF UNAD- JUSTED RCE LIMIT |
|-------------|---|--------------------------------------|--|--------------------------------|-----------------------|---------------|--|---------------------------------|--|
| LINE NO. | | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 200 | | TOTAL | | | | | | | 200 |

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
01/31/2012 09:12

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

| WKST A | COST CENTER/ PHYSICIAN IDENTIFIER | COST OF MEMBERSHIP & CONTIN. EDUCATION | PROVIDER COMPONENT SHARE OF COLUMN 12 | PHYSICIAN COST OF MALPRACTICE INSURANCE | PROVIDER COMPONENT SHARE OF COLUMN 14 | ADJUSTED RCE LIMIT | RCE DIS- ALLOWANCE | ADJUST- MENT |
|-------------|--------------------------------------|---|--|--|--|--------------------------|--------------------------|-----------------|
| LINE NO. | | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 10 | 11 | | | | | | | |
| 200 | TOTAL | | | | | | | |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | | NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0 | CAP BLDGS & FIXTURES 1 | NEW CPTL BLG INTRST 1.01 | CAP MOVABLE EQUIPMENT 2 | EMPLOYEE BENEFITS 4 | |
|-------------------------------------|------------------------------------|---|---------------------------------|--------------------------------|----------------------------------|---------------------------|-------|
| GENERAL SERVICE COST CENTERS | | | | | | | |
| 1 | CAP REL COSTS-BLDG & FIXT | 12,421,673 | 12,421,673 | | | | 1 |
| 1.01 | NEW CAPITAL-BLDG INTEREST | 259,276 | | 259,276 | | | 1.01 |
| 2 | CAP REL COSTS-MVBLE EQUIP | 21,819,877 | | | 21,819,877 | | 2 |
| 4 | EMPLOYEE BENEFITS | | 76,879 | 1,605 | 10,825 | 89,309 | 4 |
| 5.01 | COMMUNICATION | 2,554,481 | 25,450 | 531 | 160,100 | 210 | 5.01 |
| 5.02 | SYSTEM & COMPUTERS | 7,155,339 | 197,772 | 4,128 | 1,582,487 | 1,130 | 5.02 |
| 5.03 | PURCHASING | 2,811,753 | 204,395 | 4,266 | 9,612 | 304 | 5.03 |
| 5.04 | OPC STORES | 57,537 | 59,284 | 1,237 | 5,430 | | 5.04 |
| 5.05 | PATIENT AFFAIRS | 1,320,601 | 34,531 | 721 | 8,244 | 238 | 5.05 |
| 5.06 | PATIENT ADMITTING | 1,308,915 | 31,088 | 649 | 21,867 | 253 | 5.06 |
| 5.07 | PATIENT ACCOUNTS | 7,505,164 | 124,468 | 2,598 | 78,283 | 818 | 5.07 |
| 5.08 | ACCOUNTING | 2,192,273 | 67,092 | 1,400 | 166,494 | 411 | 5.08 |
| 5.09 | EMPLOYEE HEALTH SERVICES | 775,624 | 27,730 | 579 | 223 | 113 | 5.09 |
| 5.10 | PASTORAL CARE | 869,413 | 127,252 | 2,656 | 6,262 | 173 | 5.10 |
| 5.11 | HOSPITAL ADMINISTRATION | 126,437,623 | 728,277 | 15,201 | 763,271 | 10,610 | 5.11 |
| 5.12 | AMBULATORY ADMINISTRATION | 23,476,079 | 28,576 | 596 | 6,362 | 820 | 5.12 |
| 5.14 | PRIMARY CARE ADMINISTRATION | 3,171,299 | | | | 9 | 5.14 |
| 6 | MAINTENANCE & REPAIRS | | | | | | 6 |
| 7 | OPERATION OF PLANT | 16,597,704 | 177,021 | 3,695 | 292,520 | 1,716 | 7 |
| 7.01 | SAFETY AND SECURITY | 2,196,288 | 51,878 | 1,083 | 193,479 | 436 | 7.01 |
| 8 | LAUNDRY & LINEN SERVICE | 2,005,446 | 65,735 | 1,372 | 1,605 | 44 | 8 |
| 9 | HOUSEKEEPING | 8,162,483 | 90,643 | 1,892 | 15,361 | | 9 |
| 10 | DIETARY | 4,519,455 | 208,582 | 4,354 | 38,646 | 394 | 10 |
| 11 | CAFETERIA | | 94,761 | 1,978 | 7,762 | 196 | 11 |
| 12 | MAINTENANCE OF PERSONNEL | | | | | | 12 |
| 12.01 | PATIENT TRANSPORTATION | 970,512 | 7,398 | 154 | 18,032 | 184 | 12.01 |
| 13 | NURSING ADMINISTRATION | 2,423,385 | 71,202 | 1,486 | 40,217 | 401 | 13 |
| 14 | CENTRAL SERVICES & SUPPLY | 1,611,983 | 112,123 | 2,340 | 149,662 | 264 | 14 |
| 14.01 | CENTRAL PROCESSING | 136,397 | 29,467 | 615 | | 19 | 14.01 |
| 15 | PHARMACY | 7,183,816 | 139,016 | 2,902 | 149,261 | 1,351 | 15 |
| 16 | MEDICAL RECORDS & LIBRARY | 6,387,734 | 192,902 | 4,026 | 2,047,029 | 610 | 16 |
| 17 | SOCIAL SERVICE | 4,229,070 | 30,274 | 632 | 3,759 | 790 | 17 |
| 17.01 | HOSPITAL MEDICAL ADMIN | 13,508,759 | | | | | 17.01 |
| 19 | NONPHYSICIAN ANESTHETISTS | | | | | 500 | 19 |
| 20 | NURSING SCHOOL | | | | | | 20 |
| 21 | I&R SRVCES-SALARY & FRINGES APPRVD | 25,534,578 | 59,361 | 1,239 | 1,046 | 4,539 | 21 |
| 22 | I&R SRVCES-OTHER PRGM COSTS APPRVD | | | | | | 22 |
| 23 | PARAMED ED PRGM-(SPECIFY) | | | | | | 23 |
| 23.01 | PARAMEDICAL ED-MICU | 432,076 | 37,796 | 789 | 32,021 | 97 | 23.01 |
| 23.02 | PARAMEDICAL ED-SOCIAL WORK | | | | | | 23.02 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | | |
| 30 | ADULTS & PEDIATRICS | 32,085,017 | 1,416,257 | 29,564 | 829,039 | 5,865 | 30 |
| 31 | INTENSIVE CARE UNIT | 12,917,383 | 352,041 | 7,348 | 213,904 | 2,285 | 31 |
| 33 | BURN INTENSIVE CARE UNIT | 4,144,417 | 84,137 | 1,756 | 51,660 | 655 | 33 |
| 35 | NEONATAL INTENSIVE CARE | 6,975,897 | 190,793 | 3,982 | 130,721 | 1,352 | 35 |
| 35.01 | PEDIATRIC INTENSIVE CARE | 2,095,177 | 35,531 | 742 | 25,248 | 376 | 35.01 |
| 35.03 | HEART TRANSPLANT ICU | 2,283,577 | 86,114 | 1,797 | 29,732 | 413 | 35.03 |
| 35.04 | BONE INTENSIVE CARE | 2,448,076 | 74,265 | 1,550 | 23,999 | 447 | 35.04 |
| 41 | SUBPROVIDER - IRF | 3,588,306 | 224,618 | 4,688 | 42,167 | 735 | 41 |
| 43 | NURSERY | 511,510 | | | | 71 | 43 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 50 | OPERATING ROOM | 42,715,255 | 1,204,158 | 25,134 | 3,142,205 | 2,080 | 50 |
| 50.01 | AMBULATORY SURGERY CENTER | 5,698,636 | 254,652 | 5,315 | 622,605 | 487 | 50.01 |
| 51 | RECOVERY ROOM | 2,295,345 | 269,463 | 5,624 | 87,805 | 420 | 51 |
| 52 | DELIVERY ROOM & LABOR ROOM | 2,037,156 | 67,100 | 1,401 | 64,877 | 352 | 52 |
| 53 | ANESTHESIOLOGY | 1,924,739 | 19,883 | 415 | 156,860 | 88 | 53 |
| 54 | RADIOLOGY-DIAGNOSTIC | 10,518,286 | 475,595 | 9,927 | 1,465,387 | 1,199 | 54 |
| 54.01 | RADIOLOGY-ULTRASOUND | 849,039 | 29,801 | 622 | 101,634 | 159 | 54.01 |
| 55 | RADIOLOGY-THERAPEUTIC | | | | | | 55 |
| 56 | RADIOISOTOPE | 2,967,113 | 108,649 | 2,268 | 184,689 | 317 | 56 |
| 57 | COMPUTED TOMOGRAPHY (CT) SCAN | 3,166,920 | 53,568 | 1,118 | 501,952 | 408 | 57 |
| 58 | MAGNETIC RESONANCE IMAGING (MRI) | 2,290,860 | 116,101 | 2,423 | 501,250 | 230 | 58 |
| 59 | CARDIAC CATHETERIZATION | 10,229,847 | 285,275 | 5,955 | 1,172,696 | 618 | 59 |
| 60 | LABORATORY | 18,055,846 | 233,699 | 4,878 | 229,224 | 1,423 | 60 |
| 60.01 | LABORATORY-SURGICAL PATHOLOGY | 2,527,460 | 190,560 | 3,978 | 108,471 | 273 | 60.01 |
| 60.02 | LABORATORY-NEUROSURGICAL | | | | | | 60.02 |
| 60.03 | LABORATORY-HLA | 16,736 | 22,752 | 475 | 2,522 | | 60.03 |
| 62.30 | BLOOD CLOTTING FOR HEMOPHILIACS | | | | | | 62.30 |
| 63 | BLOOD STORING, PROCESSING & TRANS. | 7,020,639 | 53,243 | 1,111 | 2,418 | 230 | 63 |
| 65 | RESPIRATORY THERAPY | 6,322,866 | 81,485 | 1,701 | 186,845 | 1,001 | 65 |
| 66 | PHYSICAL THERAPY | 3,963,650 | 107,881 | 2,252 | 11,688 | 656 | 66 |
| 67 | OCCUPATIONAL THERAPY | 1,575,927 | 46,636 | 973 | 914 | 267 | 67 |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | NET EXP | CAP | NEW CPTL | CAP | EMPLOYEE | |
|---|-------------|------------|------------|------------|----------|--------|
| | FOR COST | | | | | |
| | ALLOCATION | FIXTURES | BLG INTRST | EQUIPMENT | | |
| | (FROM WKST | 1 | 1.01 | 2 | 4 | |
| | A, COL.7) | | | | | |
| | 0 | | | | | |
| 68 SPEECH PATHOLOGY | 590,326 | 8,708 | 182 | 15,848 | 108 | 68 |
| 69 ELECTROCARDIOLOGY | 13,392,284 | 263,228 | 5,494 | 1,412,469 | 582 | 69 |
| 70 ELECTROENCEPHALOGRAPHY | 1,313,590 | 65,735 | 1,372 | 102,148 | 227 | 70 |
| 71 MEDICAL SUPPLIES CHRGD TO PATIENTS | 1,684,456 | | | | | 71 |
| 73 DRUGS CHARGED TO PATIENTS | 22,444,989 | | | | 4,444 | 73 |
| 74 RENAL DIALYSIS | 5,204,307 | 90,984 | 1,899 | 144,195 | 476 | 74 |
| 76 PULMONARY LABS | 343,552 | 25,908 | 541 | 57,594 | 46 | 76 |
| 76.01 OCCUPATIONAL HEALTH | 233,816 | 28,389 | 593 | 12,861 | 40 | 76.01 |
| 76.03 HYPERALIMENTATION | | | | | | 76.03 |
| 76.04 PERIPHERAL VASCULAR | 741,278 | 10,174 | 212 | 82,432 | 130 | 76.04 |
| 76.05 PEDIATRIC ENDO NUTRITION | | | | | | 76.05 |
| 76.07 GASTROINTESTINAL SERVICE | 3,274,239 | 70,729 | 1,476 | 214,705 | 342 | 76.07 |
| 76.09 BONE MARROW PROCUREMENT | 1,315,375 | | | | | 76.09 |
| 76.97 CARDIAC REHABILITATION | | | | | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 90 CLINIC | 230,308 | 28,389 | 593 | 3,010 | 35 | 90 |
| 90.01 CARDIAC REHABILITATION | 267,525 | | | 28 | 54 | 90.01 |
| 90.02 CANCER CENTER | 18,598,851 | 407,153 | 8,498 | 182,328 | 993 | 90.02 |
| 90.03 PSYCH SOCIAL REHAB | 285,493 | 77,119 | 1,610 | 1,933 | 53 | 90.03 |
| 90.04 WELLNESS ASSESSMENT | | | | | | 90.04 |
| 90.06 HEART FAILURE CLINIC | | | | | | 90.06 |
| 90.07 LOC OUTPATIENT CENTER | 25,029,846 | 1,051,820 | 21,955 | 2,065,363 | 3,417 | 90.07 |
| 90.08 OBT OUTPATIENT CENTER | 5,632,176 | 752 | 16 | 357,585 | 713 | 90.08 |
| 90.09 ELMHURST IMMEDIATE CARE | 999,033 | | | 51,325 | 170 | 90.09 |
| 90.10 LAGRANGE FAMILY PCC | 1,797,326 | | | 96,409 | 296 | 90.10 |
| 90.12 NORTH RIVERSIDE PCC | 1,742,076 | | | 51,057 | 461 | 90.12 |
| 90.13 GLENDALE HEIGHTS PCC | | | | | | 90.13 |
| 90.14 WHEATON PCC | 2,006,715 | | | 31,070 | 294 | 90.14 |
| 90.15 OBT II PCC | 1,484,724 | | | 66,845 | 445 | 90.15 |
| 90.16 HICKORY HILLS PCC | 2,470,160 | | | 128,838 | 507 | 90.16 |
| 90.18 DARIEN PCC | 1,008,347 | | | 73,809 | 315 | 90.18 |
| 90.20 ORLANAD PARK - FP | 1,868,794 | | | 62,460 | 473 | 90.20 |
| 90.21 FAMILY PRACTICE MAYWOOD PCC | 821,875 | 24,900 | 520 | 31,976 | 122 | 90.21 |
| 90.22 HOMER GLEN PCC | 4,603,471 | | | 204,965 | 465 | 90.22 |
| 90.23 OAK PARK PCC | 562,149 | | | 31,943 | 351 | 90.23 |
| 90.24 PARK RIDGE PCC | 667,633 | | | 207,908 | 66 | 90.24 |
| 90.25 LOYOLA CLINIC AT GOTTLIEB | 149,503 | | | 15,293 | 19 | 90.25 |
| 90.26 WOODRIDGE PCC | | | | | | 90.26 |
| 90.27 NEUROLOGY - NILES | 17,640 | | | | 1 | 90.27 |
| 90.28 MARJORIE WEINBERG CANCER CENTER | 6,420,469 | | | | 152 | 90.28 |
| 90.29 BURR RIDGE PCC | 4,220,458 | 775,456 | 16,186 | | 373 | 90.29 |
| 91 EMERGENCY | 6,123,630 | 192,809 | 4,024 | 219,159 | 2,151 | 91 |
| 92 OBSERVATION BEDS | | | | | | 92 |
| 92.01 OBSERVATION BEDS-DISTINCT | 306,567 | 12,400 | 259 | 15,793 | 57 | 92.01 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 95 AMBULANCE SERVICES | 270,700 | 5,653 | 118 | 2,108 | | 95 |
| 97 DURABLE MEDICAL EQUIP-SOLD | 2,144,756 | | | | 7 | 97 |
| 99 CMHC | | | | | | 99 |
| 99.10 CORF | | | | | | 99.10 |
| 99.20 OUTPATIENT PHYSICAL THERAPY | | | | | | 99.20 |
| 99.30 OUTPATIENT OCCUPATIONAL THERAPY | | | | | | 99.30 |
| 99.40 OUTPATIENT SPEECH PATHOLOGY | | | | | | 99.40 |
| 101 HOME HEALTH AGENCY | 4,154,501 | 44,426 | 927 | 2,499 | 662 | 101 |
| SPECIAL PURPOSE COST CENTERS | | | | | | |
| 105 KIDNEY ACQUISITION | 950,201 | 5,451 | 114 | 404 | 72 | 105 |
| 106 HEART ACQUISITION | 749,742 | 20,604 | 430 | 1,405 | 60 | 106 |
| 107 LIVER ACQUISITION | 478,394 | 2,458 | 51 | 535 | 57 | 107 |
| 108 LUNG ACQUISITION | 554,131 | 18,526 | 387 | | 46 | 108 |
| 112 OTHER ORGAN ACQUISITION (SPECIFY) | 196,950 | 1,241 | 26 | 85 | 11 | 112 |
| 116 HOSPICE | 750,094 | 3,451 | 72 | 2,629 | 102 | 116 |
| 118 SUBTOTALS (SUM OF LINES 1-117) | 649,364,743 | 12,421,673 | 259,276 | 21,651,386 | 68,432 | 118 |
| NONREIMBURSABLE COST CENTERS | | | | | | |
| 190 GIFT, FLOWER, COFFEE SHOP & CANTEEN | 211,867 | | | 3,694 | 15 | 190 |
| 190.01 HINES RADIATION THERAPY | 768,826 | | | 6,473 | 157 | 190.01 |
| 190.02 HOME INFUSION THERAPY | 2,721,868 | | | 1,025 | 170 | 190.02 |
| 190.03 OP HOSPITAL PHARMACY | 4,063,269 | | | 2,593 | 30 | 190.03 |
| 190.04 HOSPITALIST | 29,610 | | | | 478 | 190.04 |
| 192 PHYSICIANS' PRIVATE OFFICES | 258,227 | | | 3,835 | 16 | 192 |
| 192.01 FACULTY CLINICAL OPERATIONS | 112,161,817 | | | 150,871 | 20,011 | 192.01 |
| 200 CROSS FOOT ADJUSTMENTS | | | | | | 200 |
| 201 NEGATIVE COST CENTER | | | | | | 201 |
| 202 TOTAL (SUM OF LINES 118-201) | 769,580,227 | 12,421,673 | 259,276 | 21,819,877 | 89,309 | 202 |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | COMMUNICTN | SYSTEM + COMPUTERS | PURCHASING | OPC STORES | PATIENT AFFAIRS | |
|---------------------------------------|------------|-----------------------|------------|---------------|--------------------|-------|
| | 5.01 | 5.02 | 5.03 | 5.04 | 5.05 | |
| GENERAL SERVICE COST CENTERS | | | | | | |
| 1 CAP REL COSTS-BLDG & FIXT | | | | | | 1 |
| 1.01 NEW CAPITAL-BLDG INTEREST | | | | | | 1.01 |
| 2 CAP REL COSTS-MVBLE EQUIP | | | | | | 2 |
| 4 EMPLOYEE BENEFITS | | | | | | 4 |
| 5.01 COMMUNICATION | 2,740,772 | | | | | 5.01 |
| 5.02 SYSTEM & COMPUTERS | 55,087 | 8,995,943 | | | | 5.02 |
| 5.03 PURCHASING | 29,251 | | 3,059,581 | | | 5.03 |
| 5.04 OPC STORES | 277 | | 849 | 124,614 | | 5.04 |
| 5.05 PATIENT AFFAIRS | 13,630 | | 99 | | 1,378,064 | 5.05 |
| 5.06 PATIENT ADMITTING | 18,824 | | 627 | | | 5.06 |
| 5.07 PATIENT ACCOUNTS | 99,721 | | 198 | | | 5.07 |
| 5.08 ACCOUNTING | 31,188 | | 346 | | | 5.08 |
| 5.09 EMPLOYEE HEALTH SERVICES | 3,005 | | 1,945 | | | 5.09 |
| 5.10 PASTORAL CARE | 17,611 | | 142 | | | 5.10 |
| 5.11 HOSPITAL ADMINISTRATION | 164,602 | | 8,532 | 226 | | 5.11 |
| 5.12 AMBULATORY ADMINISTRATION | 5,787 | | 333 | | | 5.12 |
| 5.14 PRIMARY CARE ADMINISTRATION | | | 6 | | | 5.14 |
| 6 MAINTENANCE & REPAIRS | | | | | | 6 |
| 7 OPERATION OF PLANT | 46,400 | | 26,461 | 194 | | 7 |
| 7.01 SAFETY AND SECURITY | 14,276 | | 568 | 226 | | 7.01 |
| 8 LAUNDRY & LINEN SERVICE | | | 5,309 | | | 8 |
| 9 HOUSEKEEPING | 18,270 | | 284 | 388 | | 9 |
| 10 DIETARY | 28,473 | | 30,643 | | | 10 |
| 11 CAFETERIA | | | 27,072 | | | 11 |
| 12 MAINTENANCE OF PERSONNEL | | | | | | 12 |
| 12.01 PATIENT TRANSPORTATION | 11,692 | | 80 | 129 | | 12.01 |
| 13 NURSING ADMINISTRATION | 22,818 | | 1,284 | | | 13 |
| 14 CENTRAL SERVICES & SUPPLY | 1,239 | | 3,294 | | | 14 |
| 14.01 CENTRAL PROCESSING | 250 | | 4,356 | | | 14.01 |
| 15 PHARMACY | 23,411 | | 55,431 | | | 15 |
| 16 MEDICAL RECORDS & LIBRARY | 52,754 | | 855 | | | 16 |
| 17 SOCIAL SERVICE | 39,849 | | 210 | | | 17 |
| 17.01 HOSPITAL MEDICAL ADMIN | | | | | | 17.01 |
| 19 NONPHYSICIAN ANESTHETISTS | | | | | | 19 |
| 20 NURSING SCHOOL | | | | | | 20 |
| 21 I&R SRVCES-SALARY & FRINGES APPRVD | 5,958 | | 6 | | | 21 |
| 22 I&R SRVCES-OTHER PRGM COSTS APPRVD | | | | | | 22 |
| 23 PARAMED ED PRGM-(SPECIFY) | | | | | | 23 |
| 23.01 PARAMEDICAL ED-MICU | | | 93 | | | 23.01 |
| 23.02 PARAMEDICAL ED-SOCIAL WORK | | | | | | 23.02 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| 30 ADULTS & PEDIATRICS | 403,429 | 678,191 | 918,138 | 32 | | 30 |
| 31 INTENSIVE CARE UNIT | 71,340 | 249,736 | 401,791 | | | 31 |
| 33 BURN INTENSIVE CARE UNIT | 9,161 | 91,942 | 76,517 | | | 33 |
| 35 NEONATAL INTENSIVE CARE | 49,867 | 156,341 | 44,695 | | | 35 |
| 35.01 PEDIATRIC INTENSIVE CARE | 18,125 | 42,353 | 55,381 | | | 35.01 |
| 35.03 HEART TRANSPLANT ICU | 13,511 | 50,931 | 59,329 | | | 35.03 |
| 35.04 BONE INTENSIVE CARE | 15,686 | 63,914 | 56,076 | | | 35.04 |
| 41 SUBPROVIDER - IRF | 36,738 | 49,123 | 39,898 | | | 41 |
| 43 NURSERY | | 5,250 | | | | 43 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50 OPERATING ROOM | 65,422 | 692,728 | 183,288 | | | 50 |
| 50.01 AMBULATORY SURGERY CENTER | | 194,977 | 97,770 | 88,453 | | 50.01 |
| 51 RECOVERY ROOM | 13,933 | 173,149 | 61,018 | | | 51 |
| 52 DELIVERY ROOM & LABOR ROOM | 19,694 | 40,274 | 63,197 | | | 52 |
| 53 ANESTHESIOLOGY | | 308,240 | 5,118 | | | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | 121,405 | 300,687 | 39,712 | 679 | | 54 |
| 54.01 RADIOLOGY-ULTRASOUND | | 58,426 | 3,769 | 32 | | 54.01 |
| 55 RADIOLOGY-THERAPEUTIC | | | | | | 55 |
| 56 RADIOISOTOPE | 17,927 | 114,498 | 6,078 | | | 56 |
| 57 COMPUTED TOMOGRAPHY (CT) SCAN | | 403,135 | 17,357 | | | 57 |
| 58 MAGNETIC RESONANCE IMAGING (MRI) | 13,459 | 194,507 | 5,748 | 808 | | 58 |
| 59 CARDIAC CATHETERIZATION | 11,653 | 284,766 | 18,567 | | | 59 |
| 60 LABORATORY | 55,298 | 957,999 | 65,679 | | | 60 |
| 60.01 LABORATORY-SURGICAL PATHOLOGY | 31,834 | 79,782 | 11,798 | | | 60.01 |
| 60.02 LABORATORY-NEUROSURGICAL | | | | | | 60.02 |
| 60.03 LABORATORY-HLA | 1,832 | 37 | 1,898 | | | 60.03 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS | | | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & TRANS. | 7,672 | 115,055 | 6,862 | 517 | | 63 |
| 65 RESPIRATORY THERAPY | 4,680 | 213,110 | 30,544 | | | 65 |
| 66 PHYSICAL THERAPY | 29,198 | 89,714 | 7,615 | | 100,881 | 66 |
| 67 OCCUPATIONAL THERAPY | | 44,186 | 5,458 | | 17,492 | 67 |
| 68 SPEECH PATHOLOGY | 4,904 | 14,050 | 2,309 | 65 | | 68 |
| 69 ELECTROCARDIOLOGY | 32,572 | 446,307 | 24,065 | | | 69 |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | COMMUNICTN | SYSTEM + COMPUTERS | PURCHASING | OPC STORES | PATIENT AFFAIRS | |
|---|------------|-----------------------|------------|---------------|--------------------|--------|
| | 5.01 | 5.02 | 5.03 | 5.04 | 5.05 | |
| 70 ELECTROENCEPHALOGRAPHY | 19,035 | 31,190 | 2,627 | | | 70 |
| 71 MEDICAL SUPPLIES CHRGED TO PATIENTS | | 18,897 | | | | 71 |
| 73 DRUGS CHARGED TO PATIENTS | | 535,576 | | | | 73 |
| 74 RENAL DIALYSIS | 12,167 | 128,981 | 23,834 | | | 74 |
| 76 PULMONARY LABS | 11,587 | 9,390 | 11,316 | | | 76 |
| 76.01 OCCUPATIONAL HEALTH | | 2,139 | 429 | 32 | 9,345 | 76.01 |
| 76.03 HYPERALIMENTATION | | | | | | 76.03 |
| 76.04 PERIPHERAL VASCULAR | 4,350 | 36,623 | 512 | | | 76.04 |
| 76.05 PEDIATRIC ENDO NUTRITION | | | | | | 76.05 |
| 76.07 GASTROINTESTINAL SERVICE | | 94,345 | 18,379 | | 15,096 | 76.07 |
| 76.09 BONE MARROW PROCUREMENT | | 9,770 | | | | 76.09 |
| 76.97 CARDIAC REHABILITATION | | | | | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 90 CLINIC | | 2,021 | 7,091 | 32 | 5,991 | 90 |
| 90.01 CARDIAC REHABILITATION | 554 | 1,691 | 103,755 | 1,066 | | 90.01 |
| 90.02 CANCER CENTER | 102,687 | 434,650 | 651 | | | 90.02 |
| 90.03 PSYCH SOCIAL REHAB | 18,362 | 2,341 | | | 22,764 | 90.03 |
| 90.04 WELLNESS ASSESSMENT | | | | | | 90.04 |
| 90.06 HEART FAILURE CLINIC | | | | | | 90.06 |
| 90.07 LOC OUTPATIENT CENTER | 370,318 | 470,539 | 89,753 | 29,829 | 580,125 | 90.07 |
| 90.08 OBT OUTPATIENT CENTER | 42,050 | 105,535 | 20,883 | 1,325 | 41,694 | 90.08 |
| 90.09 ELMHURST IMMEDIATE CARE | | 11,967 | 3,596 | | 38,100 | 90.09 |
| 90.10 LAGRANGE FAMILY PCC | 32,230 | 25,785 | 8,399 | | 18,211 | 90.10 |
| 90.12 NORTH RIVERSIDE PCC | 41,246 | 22,966 | 5,967 | | 77,637 | 90.12 |
| 90.13 GLENDALE HEIGHTS PCC | | | | | | 90.13 |
| 90.14 WHEATON PCC | 15,067 | 19,843 | 2,982 | | 20,128 | 90.14 |
| 90.15 OBT II PCC | 31,083 | 23,294 | 6,035 | 97 | 75,241 | 90.15 |
| 90.16 HICKORY HILLS PCC | 39,453 | 37,964 | 9,180 | 32 | 68,532 | 90.16 |
| 90.18 DARIEN PCC | 20,933 | 14,802 | 7,609 | | 31,630 | 90.18 |
| 90.20 ORLANAD PARK - FP | 47,138 | 20,748 | 5,356 | 323 | 62,541 | 90.20 |
| 90.21 FAMILY PRACTICE MAYWOOD PCC | | 14,128 | 3,297 | | 47,924 | 90.21 |
| 90.22 HOMER GLEN PCC | 540 | 72,717 | 23,642 | | 62,541 | 90.22 |
| 90.23 OAK PARK PCC | | 7,723 | 3,812 | 129 | 28,755 | 90.23 |
| 90.24 PARK RIDGE PCC | 224 | 12,384 | 2,744 | | 5,272 | 90.24 |
| 90.25 LOYOLA CLINIC AT GOTTLIEB | | 1,634 | 932 | | 2,396 | 90.25 |
| 90.26 WOODRIDGE PCC | | | | | | 90.26 |
| 90.27 NEUROLOGY - NILES | | 129 | | | | 90.27 |
| 90.28 MARJORIE WEINBERG CANCER CENTER | | 82,075 | | | | 90.28 |
| 90.29 BURR RIDGE PCC | | 33,370 | | | 45,768 | 90.29 |
| 91 EMERGENCY | 117,398 | 388,264 | 119,616 | | | 91 |
| 92 OBSERVATION BEDS | | | | | | 92 |
| 92.01 OBSERVATION BEDS-DISTINCT | | 45,361 | 3,726 | | | 92.01 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 95 AMBULANCE SERVICES | 620 | 12 | | | | 95 |
| 97 DURABLE MEDICAL EQUIP-SOLD | | 13,572 | 12 | | | 97 |
| 99 CMHC | | | | | | 99 |
| 99.10 CORF | | | | | | 99.10 |
| 99.20 OUTPATIENT PHYSICAL THERAPY | | | | | | 99.20 |
| 99.30 OUTPATIENT OCCUPATIONAL THERAPY | | | | | | 99.30 |
| 99.40 OUTPATIENT SPEECH PATHOLOGY | | | | | | 99.40 |
| 101 HOME HEALTH AGENCY | 35,973 | 25,578 | 747 | | | 101 |
| SPECIAL PURPOSE COST CENTERS | | | | | | |
| 105 KIDNEY ACQUISITION | 13,024 | 19,172 | 56 | | | 105 |
| 106 HEART ACQUISITION | 5,128 | 9,761 | 68 | | | 106 |
| 107 LIVER ACQUISITION | | 6,914 | 102 | | | 107 |
| 108 LUNG ACQUISITION | | 14,790 | 22 | | | 108 |
| 112 OTHER ORGAN ACQUISITION (SPECIFY) | 303 | | 3 | | | 112 |
| 116 HOSPICE | 3,124 | 10,095 | 43 | | | 116 |
| 118 SUBTOTALS (SUM OF LINES 1-117) | 2,738,307 | 8,932,144 | 2,965,874 | 124,614 | 1,378,064 | 118 |
| NONREIMBURSABLE COST CENTERS | | | | | | |
| 190 GIFT, FLOWER, COFFEE SHOP & CANTEEN | 2,465 | | 173 | | | 190 |
| 190.01 HINES RADIATION THERAPY | | | 43 | | | 190.01 |
| 190.02 HOME INFUSION THERAPY | | 61,820 | 17,283 | | | 190.02 |
| 190.03 OP HOSPITAL PHARMACY | | | 75,609 | | | 190.03 |
| 190.04 HOSPITALIST | | | 111 | | | 190.04 |
| 192 PHYSICIANS' PRIVATE OFFICES | | 1,979 | 377 | | | 192 |
| 192.01 FACUALTY CLINICAL OPERATIONS | | | 111 | | | 192.01 |
| 200 CROSS FOOT ADJUSTMENTS | | | | | | 200 |
| 201 NEGATIVE COST CENTER | | | | | | 201 |
| 202 TOTAL (SUM OF LINES 118-201) | 2,740,772 | 8,995,943 | 3,059,581 | 124,614 | 1,378,064 | 202 |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | PATIENT | PATIENT | SUBTOTAL (COLS.0-4) 4A | ACCOUNTING | SUBTOTAL (COLS.0-4) | |
|---------------------------------------|-------------------|------------------|------------------------------|------------|------------------------|-------|
| | ADMITTING 5.06 | ACCOUNTS 5.07 | | 5.08 | | |
| GENERAL SERVICE COST CENTERS | | | | | | |
| 1 CAP REL COSTS-BLDG & FIXT | | | | | | 1 |
| 1.01 NEW CAPITAL-BLDG INTEREST | | | | | | 1.01 |
| 2 CAP REL COSTS-MVBLE EQUIP | | | | | | 2 |
| 4 EMPLOYEE BENEFITS | | | | | | 4 |
| 5.01 COMMUNICATION | | | | | | 5.01 |
| 5.02 SYSTEM & COMPUTERS | | | | | | 5.02 |
| 5.03 PURCHASING | | | | | | 5.03 |
| 5.04 OPC STORES | | | | | | 5.04 |
| 5.05 PATIENT AFFAIRS | | | | | | 5.05 |
| 5.06 PATIENT ADMITTING | 1,382,223 | | | | | 5.06 |
| 5.07 PATIENT ACCOUNTS | | 7,811,250 | | | | 5.07 |
| 5.08 ACCOUNTING | | | 2,459,204 | 2,459,204 | | 5.08 |
| 5.09 EMPLOYEE HEALTH SERVICES | | | 809,219 | 2,594 | 811,813 | 5.09 |
| 5.10 PASTORAL CARE | | | 1,023,509 | 3,281 | 1,026,790 | 5.10 |
| 5.11 HOSPITAL ADMINISTRATION | | | 128,128,342 | 410,602 | 128,538,944 | 5.11 |
| 5.12 AMBULATORY ADMINISTRATION | | | 23,518,553 | 75,400 | 23,593,953 | 5.12 |
| 5.14 PRIMARY CARE ADMINISTRATION | | | 3,171,314 | 10,167 | 3,181,481 | 5.14 |
| 6 MAINTENANCE & REPAIRS | | | | | | 6 |
| 7 OPERATION OF PLANT | | | 17,145,711 | 54,969 | 17,200,680 | 7 |
| 7.01 SAFETY AND SECURITY | | | 2,458,234 | 7,881 | 2,466,115 | 7.01 |
| 8 LAUNDRY & LINEN SERVICE | | | 2,079,511 | 6,667 | 2,086,178 | 8 |
| 9 HOUSEKEEPING | | | 8,289,321 | 26,576 | 8,315,897 | 9 |
| 10 DIETARY | | | 4,830,547 | 15,487 | 4,846,034 | 10 |
| 11 CAFETERIA | | | 131,769 | 422 | 132,191 | 11 |
| 12 MAINTENANCE OF PERSONNEL | | | | | | 12 |
| 12.01 PATIENT TRANSPORTATION | | | 1,008,181 | 3,232 | 1,011,413 | 12.01 |
| 13 NURSING ADMINISTRATION | | | 2,560,793 | 8,210 | 2,569,003 | 13 |
| 14 CENTRAL SERVICES & SUPPLY | | | 1,880,905 | 6,030 | 1,886,935 | 14 |
| 14.01 CENTRAL PROCESSING | | | 171,104 | 549 | 171,653 | 14.01 |
| 15 PHARMACY | | | 7,555,188 | 24,222 | 7,579,410 | 15 |
| 16 MEDICAL RECORDS & LIBRARY | | | 8,685,910 | 27,847 | 8,713,757 | 16 |
| 17 SOCIAL SERVICE | | | 4,304,584 | 13,800 | 4,318,384 | 17 |
| 17.01 HOSPITAL MEDICAL ADMIN | | | 13,508,759 | 43,309 | 13,552,068 | 17.01 |
| 19 NONPHYSICIAN ANESTHETISTS | | | 500 | 2 | 502 | 19 |
| 20 NURSING SCHOOL | | | | | | 20 |
| 21 I&R SRVCES-SALARY & FRINGES APPRVD | | | 25,606,727 | 82,095 | 25,688,822 | 21 |
| 22 I&R SRVCES-OTHER PRGM COSTS APPRVD | | | | | | 22 |
| 23 PARAMED ED PRGM-(SPECIFY) | | | | | | 23 |
| 23.01 PARAMEDICAL ED-MICU | | | 502,872 | 1,612 | 504,484 | 23.01 |
| 23.02 PARAMEDICAL ED-SOCIAL WORK | | | | | | 23.02 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| 30 ADULTS & PEDIATRICS | 195,746 | 588,872 | 37,150,150 | 119,103 | 37,269,253 | 30 |
| 31 INTENSIVE CARE UNIT | 72,185 | 216,846 | 14,504,859 | 46,503 | 14,551,362 | 31 |
| 33 BURN INTENSIVE CARE UNIT | 26,575 | 79,833 | 4,566,653 | 14,641 | 4,581,294 | 33 |
| 35 NEONATAL INTENSIVE CARE | 45,189 | 135,750 | 7,734,587 | 24,797 | 7,759,384 | 35 |
| 35.01 PEDIATRIC INTENSIVE CARE | 12,242 | 36,775 | 2,321,950 | 7,444 | 2,329,394 | 35.01 |
| 35.03 HEART TRANSPLANT ICU | 14,721 | 44,223 | 2,584,348 | 8,285 | 2,592,633 | 35.03 |
| 35.04 BONE INTENSIVE CARE | 18,474 | 55,497 | 2,757,984 | 8,842 | 2,766,826 | 35.04 |
| 41 SUBPROVIDER - IRF | 14,199 | 42,654 | 4,043,126 | 12,962 | 4,056,088 | 41 |
| 43 NURSERY | 1,518 | 4,559 | 522,908 | 1,676 | 524,584 | 43 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50 OPERATING ROOM | 168,580 | 601,494 | 48,800,344 | 156,454 | 48,956,798 | 50 |
| 50.01 AMBULATORY SURGERY CENTER | 383 | 169,298 | 7,132,576 | 22,867 | 7,155,443 | 50.01 |
| 51 RECOVERY ROOM | 34,058 | 150,345 | 3,091,160 | 9,910 | 3,101,070 | 51 |
| 52 DELIVERY ROOM & LABOR ROOM | 9,525 | 34,970 | 2,338,546 | 7,497 | 2,346,043 | 52 |
| 53 ANESTHESIOLOGY | 73,552 | 267,644 | 2,756,539 | 8,837 | 2,765,376 | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | 40,707 | 261,086 | 13,234,670 | 42,430 | 13,277,100 | 54 |
| 54.01 RADIOLOGY-ULTRASOUND | 3,951 | 50,731 | 1,098,164 | 3,521 | 1,101,685 | 54.01 |
| 55 RADIOLOGY-THERAPEUTIC | | | | | | 55 |
| 56 RADIOISOTOPE | 3,469 | 99,418 | 3,504,426 | 11,235 | 3,515,661 | 56 |
| 57 COMPUTED TOMOGRAPHY (CT) SCAN | 39,418 | 350,042 | 4,533,918 | 14,536 | 4,548,454 | 57 |
| 58 MAGNETIC RESONANCE IMAGING (MRI) | 15,516 | 168,890 | 3,309,792 | 10,611 | 3,320,403 | 58 |
| 59 CARDIAC CATHETERIZATION | 41,568 | 247,262 | 12,298,207 | 39,428 | 12,337,635 | 59 |
| 60 LABORATORY | 121,776 | 831,915 | 20,557,737 | 65,908 | 20,623,645 | 60 |
| 60.01 LABORATORY-SURGICAL PATHOLOGY | 8,177 | 69,275 | 3,031,608 | 9,719 | 3,041,327 | 60.01 |
| 60.02 LABORATORY-NEUROSURGICAL | | | | | | 60.02 |
| 60.03 LABORATORY-HLA | | 32 | 46,284 | 148 | 46,432 | 60.03 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS | | | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & TRANS. | 23,740 | 99,902 | 7,331,389 | 23,504 | 7,354,893 | 63 |
| 65 RESPIRATORY THERAPY | 60,489 | 185,043 | 7,087,764 | 22,723 | 7,110,487 | 65 |
| 66 PHYSICAL THERAPY | 12,098 | 77,899 | 4,403,532 | 14,118 | 4,417,650 | 66 |
| 67 OCCUPATIONAL THERAPY | 9,898 | 38,367 | 1,740,118 | 5,579 | 1,745,697 | 67 |
| 68 SPEECH PATHOLOGY | 3,965 | 12,199 | 652,664 | 2,092 | 654,756 | 68 |
| 69 ELECTROCARDIOLOGY | 77,172 | 387,528 | 16,041,701 | 51,430 | 16,093,131 | 69 |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | PATIENT | PATIENT | SUBTOTAL (COLS.0-4) 4A | ACCOUNTING | SUBTOTAL (COLS.0-4) | |
|---|-----------|-----------|------------------------------|------------|------------------------|--------|
| | ADMITTING | ACCOUNTS | | | | |
| | 5.06 | 5.07 | | 5.08 | | |
| 70 ELECTROENCEPHALOGRAPHY | 3,989 | 27,082 | 1,566,995 | 5,024 | 1,572,019 | 70 |
| 71 MEDICAL SUPPLIES CHRGED TO PATIENTS | 5,077 | 16,408 | 1,724,838 | 5,530 | 1,730,368 | 71 |
| 73 DRUGS CHARGED TO PATIENTS | 141,663 | 465,039 | 23,591,711 | 75,635 | 23,667,346 | 73 |
| 74 RENAL DIALYSIS | 4,298 | 111,994 | 5,723,135 | 18,348 | 5,741,483 | 74 |
| 76 PULMONARY LABS | 1,043 | 8,153 | 469,130 | 1,504 | 470,634 | 76 |
| 76.01 OCCUPATIONAL HEALTH | | 1,858 | 289,502 | 928 | 290,430 | 76.01 |
| 76.03 HYPERALIMENTATION | | | | | | 76.03 |
| 76.04 PERIPHERAL VASCULAR | 4,523 | 31,799 | 912,033 | 2,924 | 914,957 | 76.04 |
| 76.05 PEDIATRIC ENDO NUTRITION | | | | | | 76.05 |
| 76.07 GASTROINTESTINAL SERVICE | 4,862 | 81,920 | 3,776,093 | 12,106 | 3,788,199 | 76.07 |
| 76.09 BONE MARROW PROCUREMENT | 1,987 | 8,483 | 1,335,615 | 4,282 | 1,339,897 | 76.09 |
| 76.97 CARDIAC REHABILITATION | | | | | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 90 CLINIC | 6 | 1,755 | 279,231 | 895 | 280,126 | 90 |
| 90.01 CARDIAC REHABILITATION | 461 | 1,468 | 376,602 | 1,207 | 377,809 | 90.01 |
| 90.02 CANCER CENTER | 1,093 | 377,406 | 20,114,310 | 64,486 | 20,178,796 | 90.02 |
| 90.03 PSYCH SOCIAL REHAB | | 2,033 | 411,708 | 1,320 | 413,028 | 90.03 |
| 90.04 WELLNESS ASSESSMENT | | | | | | 90.04 |
| 90.06 HEART FAILURE CLINIC | | | | | | 90.06 |
| 90.07 LOC OUTPATIENT CENTER | 2,749 | 408,568 | 30,124,282 | 96,578 | 30,220,860 | 90.07 |
| 90.08 OBT OUTPATIENT CENTER | 65 | 91,636 | 6,294,430 | 20,180 | 6,314,610 | 90.08 |
| 90.09 ELMHURST IMMEDIATE CARE | 3 | 10,391 | 1,114,585 | 3,573 | 1,118,158 | 90.09 |
| 90.10 LAGRANGE FAMILY PCC | 8 | 22,389 | 2,001,053 | 6,415 | 2,007,468 | 90.10 |
| 90.12 NORTH RIVERSIDE PCC | 9 | 19,942 | 1,961,361 | 6,288 | 1,967,649 | 90.12 |
| 90.13 GLENDALE HEIGHTS PCC | | | | | | 90.13 |
| 90.14 WHEATON PCC | 3 | 17,230 | 2,113,332 | 6,775 | 2,120,107 | 90.14 |
| 90.15 OBT II PCC | 8 | 20,227 | 1,707,999 | 5,476 | 1,713,475 | 90.15 |
| 90.16 HICKORY HILLS PCC | 9 | 32,964 | 2,787,639 | 8,937 | 2,796,576 | 90.16 |
| 90.18 DARIEN PCC | 6 | 12,853 | 1,170,304 | 3,752 | 1,174,056 | 90.18 |
| 90.20 ORLANAD PARK - FP | 3 | 18,016 | 2,085,852 | 6,687 | 2,092,539 | 90.20 |
| 90.21 FAMILY PRACTICE MAYWOOD PCC | 8 | 12,267 | 957,017 | 3,068 | 960,085 | 90.21 |
| 90.22 HOMER GLEN PCC | 18 | 63,140 | 5,031,499 | 16,131 | 5,047,630 | 90.22 |
| 90.23 OAK PARK PCC | 2 | 6,706 | 641,570 | 2,057 | 643,627 | 90.23 |
| 90.24 PARK RIDGE PCC | 19 | 10,753 | 907,003 | 2,908 | 909,911 | 90.24 |
| 90.25 LOYOLA CLINIC AT GOTTLIEB | | 1,419 | 171,196 | 549 | 171,745 | 90.25 |
| 90.26 WOODRIDGE PCC | | | | | | 90.26 |
| 90.27 NEUROLOGY - NILES | | 112 | 17,882 | 57 | 17,939 | 90.27 |
| 90.28 MARJORIE WEINBERG CANCER CENTER | 20 | 71,265 | 6,573,981 | 21,076 | 6,595,057 | 90.28 |
| 90.29 BURR RIDGE PCC | 1 | 28,975 | 5,120,587 | 16,417 | 5,137,004 | 90.29 |
| 91 EMERGENCY | 46,858 | 337,129 | 7,551,038 | 24,209 | 7,575,247 | 91 |
| 92 OBSERVATION BEDS | | | | | | 92 |
| 92.01 OBSERVATION BEDS-DISTINCT | 107 | 39,387 | 423,657 | 1,358 | 425,015 | 92.01 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 95 AMBULANCE SERVICES | 2 | 11 | 279,224 | 895 | 280,119 | 95 |
| 97 DURABLE MEDICAL EQUIP-SOLD | | 11,785 | 2,170,132 | 6,957 | 2,177,089 | 97 |
| 99 CMHC | | | | | | 99 |
| 99.10 CORF | | | | | | 99.10 |
| 99.20 OUTPATIENT PHYSICAL THERAPY | | | | | | 99.20 |
| 99.30 OUTPATIENT OCCUPATIONAL THERAPY | | | | | | 99.30 |
| 99.40 OUTPATIENT SPEECH PATHOLOGY | | | | | | 99.40 |
| 101 HOME HEALTH AGENCY | | 22,210 | 4,287,523 | 13,746 | 4,301,269 | 101 |
| SPECIAL PURPOSE COST CENTERS | | | | | | |
| 105 KIDNEY ACQUISITION | 5,541 | 16,647 | 1,010,682 | 3,240 | 1,013,922 | 105 |
| 106 HEART ACQUISITION | 2,618 | 8,475 | 798,291 | 2,559 | 800,850 | 106 |
| 107 LIVER ACQUISITION | 1,998 | 6,003 | 496,512 | 1,592 | 498,104 | 107 |
| 108 LUNG ACQUISITION | 4,275 | 12,842 | 605,019 | 1,940 | 606,959 | 108 |
| 112 OTHER ORGAN ACQUISITION (SPECIFY) | | | 198,619 | 637 | 199,256 | 112 |
| 116 HOSPICE | | 8,765 | 778,375 | 2,495 | 780,870 | 116 |
| 118 SUBTOTALS (SUM OF LINES 1-117) | 1,382,223 | 7,755,854 | 648,960,008 | 2,072,495 | 648,573,299 | 118 |
| NONREIMBURSABLE COST CENTERS | | | | | | |
| 190 GIFT, FLOWER, COFFEE SHOP & CANTEEN | | | 218,214 | 700 | 218,914 | 190 |
| 190.01 HINES RADIATION THERAPY | | | 775,499 | 2,486 | 777,985 | 190.01 |
| 190.02 HOME INFUSION THERAPY | | 53,678 | 2,855,844 | 9,156 | 2,865,000 | 190.02 |
| 190.03 OP HOSPITAL PHARMACY | | | 4,141,501 | 13,278 | 4,154,779 | 190.03 |
| 190.04 HOSPITALIST | | | 30,199 | 97 | 30,296 | 190.04 |
| 192 PHYSICIANS' PRIVATE OFFICES | | 1,718 | 266,152 | 853 | 267,005 | 192 |
| 192.01 FACUALTY CLINICAL OPERATIONS | | | 112,332,810 | 360,139 | 112,692,949 | 192.01 |
| 200 CROSS FOOT ADJUSTMENTS | | | | | | 200 |
| 201 NEGATIVE COST CENTER | | | | | | 201 |
| 202 TOTAL (SUM OF LINES 118-201) | 1,382,223 | 7,811,250 | 769,580,227 | 2,459,204 | 769,580,227 | 202 |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | EMPLOYEE HEALTH SERVICES 5.09 | SUBTOTAL (COLS.0-4) | PASTORAL CARE 5.10 | SUBTOTAL (COLS.0-4) | HOSPITAL ADMINSTRN 5.11 | |
|---------------------------------------|----------------------------------|------------------------|-----------------------|------------------------|----------------------------|-------|
| GENERAL SERVICE COST CENTERS | | | | | | |
| 1 CAP REL COSTS-BLDG & FIXT | | | | | | 1 |
| 1.01 NEW CAPITAL-BLDG INTEREST | | | | | | 1.01 |
| 2 CAP REL COSTS-MVBLE EQUIP | | | | | | 2 |
| 4 EMPLOYEE BENEFITS | | | | | | 4 |
| 5.01 COMMUNICATION | | | | | | 5.01 |
| 5.02 SYSTEM & COMPUTERS | | | | | | 5.02 |
| 5.03 PURCHASING | | | | | | 5.03 |
| 5.04 OPC STORES | | | | | | 5.04 |
| 5.05 PATIENT AFFAIRS | | | | | | 5.05 |
| 5.06 PATIENT ADMITTING | | | | | | 5.06 |
| 5.07 PATIENT ACCOUNTS | | | | | | 5.07 |
| 5.08 ACCOUNTING | | | | | | 5.08 |
| 5.09 EMPLOYEE HEALTH SERVICES | 811,813 | | | | | 5.09 |
| 5.10 PASTORAL CARE | 1,084 | 1,027,874 | 1,027,874 | | | 5.10 |
| 5.11 HOSPITAL ADMINISTRATION | 135,730 | 128,674,674 | 172,352 | 128,847,026 | 128,847,026 | 5.11 |
| 5.12 AMBULATORY ADMINISTRATION | 24,915 | 23,618,868 | 31,578 | 23,650,446 | 4,755,939 | 5.12 |
| 5.14 PRIMARY CARE ADMINISTRATION | 3,360 | 3,184,841 | 4,258 | 3,189,099 | 641,305 | 5.14 |
| 6 MAINTENANCE & REPAIRS | | | | | | 6 |
| 7 OPERATION OF PLANT | 18,164 | 17,218,844 | 23,022 | 17,241,866 | 3,467,219 | 7 |
| 7.01 SAFETY AND SECURITY | 2,604 | 2,468,719 | 3,301 | 2,472,020 | 497,106 | 7.01 |
| 8 LAUNDRY & LINEN SERVICE | 2,203 | 2,088,381 | 2,792 | 2,091,173 | 420,520 | 8 |
| 9 HOUSEKEEPING | 8,782 | 8,324,679 | 11,130 | 8,335,809 | 1,676,273 | 9 |
| 10 DIETARY | 5,117 | 4,851,151 | 6,486 | 4,857,637 | 976,837 | 10 |
| 11 CAFETERIA | 140 | 132,331 | 177 | 132,508 | 26,646 | 11 |
| 12 MAINTENANCE OF PERSONNEL | | | | | | 12 |
| 12.01 PATIENT TRANSPORTATION | 1,068 | 1,012,481 | 1,354 | 1,013,835 | 203,875 | 12.01 |
| 13 NURSING ADMINISTRATION | 2,713 | 2,571,716 | 3,438 | 2,575,154 | 517,845 | 13 |
| 14 CENTRAL SERVICES & SUPPLY | 1,993 | 1,888,928 | 2,525 | 1,891,453 | 380,358 | 14 |
| 14.01 CENTRAL PROCESSING | 181 | 171,834 | 230 | 172,064 | 34,601 | 14.01 |
| 15 PHARMACY | 8,004 | 7,587,414 | 10,144 | 7,597,558 | 1,527,816 | 15 |
| 16 MEDICAL RECORDS & LIBRARY | 9,202 | 8,722,959 | 11,663 | 8,734,622 | 1,756,471 | 16 |
| 17 SOCIAL SERVICE | 4,560 | 4,322,944 | 5,780 | 4,328,724 | 870,476 | 17 |
| 17.01 HOSPITAL MEDICAL ADMIN | 14,311 | 13,566,379 | 18,138 | 13,584,517 | 2,731,751 | 17.01 |
| 19 NONPHYSICIAN ANESTHETISTS | 1 | 503 | 1 | 504 | 101 | 19 |
| 20 NURSING SCHOOL | | | | | | 20 |
| 21 I&R SRVCES-SALARY & FRINGES APPRVD | 27,127 | 25,715,949 | 34,382 | 25,750,331 | 5,178,211 | 21 |
| 22 I&R SRVCES-OTHER PRGM COSTS APPRVD | | | | | | 22 |
| 23 PARAMED ED PRGM-(SPECIFY) | | | | | | 23 |
| 23.01 PARAMEDICAL ED-MICU | 533 | 505,017 | 675 | 505,692 | 101,691 | 23.01 |
| 23.02 PARAMEDICAL ED-SOCIAL WORK | | | | | | 23.02 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| 30 ADULTS & PEDIATRICS | 39,356 | 37,308,609 | 49,882 | 37,358,491 | 7,512,531 | 30 |
| 31 INTENSIVE CARE UNIT | 15,366 | 14,566,728 | 19,476 | 14,586,204 | 2,933,184 | 31 |
| 33 BURN INTENSIVE CARE UNIT | 4,838 | 4,586,132 | 6,132 | 4,592,264 | 923,472 | 33 |
| 35 NEONATAL INTENSIVE CARE | 8,194 | 7,767,578 | 10,385 | 7,777,963 | 1,564,094 | 35 |
| 35.01 PEDIATRIC INTENSIVE CARE | 2,460 | 2,331,854 | 3,118 | 2,334,972 | 469,547 | 35.01 |
| 35.03 HEART TRANSPLANT ICU | 2,738 | 2,595,371 | 3,470 | 2,598,841 | 522,609 | 35.03 |
| 35.04 BONE INTENSIVE CARE | 2,922 | 2,769,748 | 3,703 | 2,773,451 | 557,722 | 35.04 |
| 41 SUBPROVIDER - IRF | 4,283 | 4,060,371 | 5,429 | 4,065,800 | 817,604 | 41 |
| 43 NURSERY | 554 | 525,138 | 702 | 525,840 | 105,743 | 43 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50 OPERATING ROOM | 51,698 | 49,008,496 | 65,524 | 49,074,020 | 9,868,442 | 50 |
| 50.01 AMBULATORY SURGERY CENTER | 7,556 | 7,162,999 | 9,577 | 7,172,576 | 1,442,355 | 50.01 |
| 51 RECOVERY ROOM | 3,275 | 3,104,345 | 4,151 | 3,108,496 | 625,097 | 51 |
| 52 DELIVERY ROOM & LABOR ROOM | 2,477 | 2,348,520 | 3,140 | 2,351,660 | 472,902 | 52 |
| 53 ANESTHESIOLOGY | 2,920 | 2,768,296 | 3,701 | 2,771,997 | 557,429 | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | 14,021 | 13,291,121 | 17,770 | 13,308,891 | 2,676,325 | 54 |
| 54.01 RADIOLOGY-ULTRASOUND | 1,163 | 1,102,848 | 1,475 | 1,104,323 | 222,072 | 54.01 |
| 55 RADIOLOGY-THERAPEUTIC | | | | | | 55 |
| 56 RADIOISOTOPE | 3,713 | 3,519,374 | 4,705 | 3,524,079 | 708,668 | 56 |
| 57 COMPUTED TOMOGRAPHY (CT) SCAN | 4,803 | 4,553,257 | 6,088 | 4,559,345 | 916,852 | 57 |
| 58 MAGNETIC RESONANCE IMAGING (MRI) | 3,506 | 3,323,909 | 4,444 | 3,328,353 | 669,308 | 58 |
| 59 CARDIAC CATHETERIZATION | 13,029 | 12,350,664 | 16,513 | 12,367,177 | 2,486,953 | 59 |
| 60 LABORATORY | 21,779 | 20,645,424 | 27,603 | 20,673,027 | 4,157,201 | 60 |
| 60.01 LABORATORY-SURGICAL PATHOLOGY | 3,212 | 3,044,539 | 4,071 | 3,048,610 | 613,054 | 60.01 |
| 60.02 LABORATORY-NEUROSURGICAL | | | | | | 60.02 |
| 60.03 LABORATORY-HLA | 49 | 46,481 | 62 | 46,543 | 9,359 | 60.03 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS | | | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & TRANS. | 7,767 | 7,362,660 | 9,844 | 7,372,504 | 1,482,559 | 63 |
| 65 RESPIRATORY THERAPY | 7,509 | 7,117,996 | 9,517 | 7,127,513 | 1,433,293 | 65 |
| 66 PHYSICAL THERAPY | 4,665 | 4,422,315 | 5,913 | 4,428,228 | 890,486 | 66 |
| 67 OCCUPATIONAL THERAPY | 1,843 | 1,747,540 | 2,336 | 1,749,876 | 351,888 | 67 |
| 68 SPEECH PATHOLOGY | 691 | 655,447 | 876 | 656,323 | 131,982 | 68 |
| 69 ELECTROCARDIOLOGY | 16,994 | 16,110,125 | 21,539 | 16,131,664 | 3,243,965 | 69 |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | EMPLOYEE | SUBTOTAL (COLS.0-4) | PASTORAL | SUBTOTAL (COLS.0-4) | HOSPITAL | |
|---|----------------------------|------------------------|--------------|------------------------|-------------------|--------|
| | HEALTH SERVICES 5.09 | | CARE 5.10 | | ADMINSTRN 5.11 | |
| 70 ELECTROENCEPHALOGRAPHY | 1,660 | 1,573,679 | 2,104 | 1,575,783 | 316,879 | 70 |
| 71 MEDICAL SUPPLIES CHRGD TO PATIENTS | 1,827 | 1,732,195 | 2,316 | 1,734,511 | 348,798 | 71 |
| 73 DRUGS CHARGED TO PATIENTS | 24,993 | 23,692,339 | 31,677 | 23,724,016 | 4,770,734 | 73 |
| 74 RENAL DIALYSIS | 6,063 | 5,747,546 | 7,684 | 5,755,230 | 1,157,336 | 74 |
| 76 PULMONARY LABS | 497 | 471,131 | 630 | 471,761 | 94,868 | 76 |
| 76.01 OCCUPATIONAL HEALTH | 307 | 290,737 | 389 | 291,126 | 58,543 | 76.01 |
| 76.03 HYPERALIMENTATION | | | | | | 76.03 |
| 76.04 PERIPHERAL VASCULAR | 966 | 915,923 | 1,225 | 917,148 | 184,432 | 76.04 |
| 76.05 PEDIATRIC ENDO NUTRITION | | | | | | 76.05 |
| 76.07 GASTROINTESTINAL SERVICE | 4,000 | 3,792,199 | 5,070 | 3,797,269 | 763,604 | 76.07 |
| 76.09 BONE MARROW PROCUREMENT | 1,415 | 1,341,312 | 1,793 | 1,343,105 | 270,089 | 76.09 |
| 76.97 CARDIAC REHABILITATION | | | | | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 90 CLINIC | 296 | 280,422 | 375 | 280,797 | 56,466 | 90 |
| 90.01 CARDIAC REHABILITATION | 399 | 378,208 | 506 | 378,714 | 76,157 | 90.01 |
| 90.02 CANCER CENTER | 21,309 | 20,200,105 | 27,008 | 20,227,113 | 4,067,531 | 90.02 |
| 90.03 PSYCH SOCIAL REHAB | 436 | 413,464 | 553 | 414,017 | 83,256 | 90.03 |
| 90.04 WELLNESS ASSESSMENT | | | | | | 90.04 |
| 90.06 HEART FAILURE CLINIC | | | | | | 90.06 |
| 90.07 LOC OUTPATIENT CENTER | 31,913 | 30,252,773 | 40,448 | 30,293,221 | 6,091,755 | 90.07 |
| 90.08 OBT OUTPATIENT CENTER | 6,668 | 6,321,278 | 8,452 | 6,329,730 | 1,272,864 | 90.08 |
| 90.09 ELMHURST IMMEDIATE CARE | 1,181 | 1,119,339 | 1,497 | 1,120,836 | 225,392 | 90.09 |
| 90.10 LAGRANGE FAMILY PCC | 2,120 | 2,009,588 | 2,687 | 2,012,275 | 404,654 | 90.10 |
| 90.12 NORTH RIVERSIDE PCC | 2,078 | 1,969,727 | 2,634 | 1,972,361 | 396,628 | 90.12 |
| 90.13 GLENDALE HEIGHTS PCC | | | | | | 90.13 |
| 90.14 WHEATON PCC | 2,239 | 2,122,346 | 2,838 | 2,125,184 | 427,360 | 90.14 |
| 90.15 OBT II PCC | 1,809 | 1,715,284 | 2,293 | 1,717,577 | 345,393 | 90.15 |
| 90.16 HICKORY HILLS PCC | 2,953 | 2,799,529 | 3,743 | 2,803,272 | 563,718 | 90.16 |
| 90.18 DARIEN PCC | 1,240 | 1,175,296 | 1,571 | 1,176,867 | 236,660 | 90.18 |
| 90.20 ORLANAD PARK - FP | 2,210 | 2,094,749 | 2,801 | 2,097,550 | 421,803 | 90.20 |
| 90.21 FAMILY PRACTICE MAYWOOD PCC | 1,014 | 961,099 | 1,285 | 962,384 | 193,529 | 90.21 |
| 90.22 HOMER GLEN PCC | 5,330 | 5,052,960 | 6,756 | 5,059,716 | 1,017,473 | 90.22 |
| 90.23 OAK PARK PCC | 680 | 644,307 | 861 | 645,168 | 129,739 | 90.23 |
| 90.24 PARK RIDGE PCC | 961 | 910,872 | 1,218 | 912,090 | 183,415 | 90.24 |
| 90.25 LOYOLA CLINIC AT GOTTLIEB | 181 | 171,926 | 230 | 172,156 | 34,619 | 90.25 |
| 90.26 WOODRIDGE PCC | | | | | | 90.26 |
| 90.27 NEUROLOGY - NILES | 19 | 17,958 | 24 | 17,982 | 3,616 | 90.27 |
| 90.28 MARJORIE WEINBERG CANCER CENTER | 6,964 | 6,602,021 | 8,827 | 6,610,848 | 1,329,395 | 90.28 |
| 90.29 BURR RIDGE PCC | 5,425 | 5,142,429 | 6,875 | 5,149,304 | 1,035,489 | 90.29 |
| 91 EMERGENCY | 7,999 | 7,583,246 | 10,139 | 7,593,385 | 1,526,977 | 91 |
| 92 OBSERVATION BEDS | | | | | | 92 |
| 92.01 OBSERVATION BEDS-DISTINCT | 449 | 425,464 | 569 | 426,033 | 85,672 | 92.01 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 95 AMBULANCE SERVICES | 296 | 280,415 | 375 | 280,790 | 56,465 | 95 |
| 97 DURABLE MEDICAL EQUIP-SOLD | 2,299 | 2,179,388 | 2,914 | 2,182,302 | 438,846 | 97 |
| 99 CMHC | | | | | | 99 |
| 99.10 CORF | | | | | | 99.10 |
| 99.20 OUTPATIENT PHYSICAL THERAPY | | | | | | 99.20 |
| 99.30 OUTPATIENT OCCUPATIONAL THERAPY | | | | | | 99.30 |
| 99.40 OUTPATIENT SPEECH PATHOLOGY | | | | | | 99.40 |
| 101 HOME HEALTH AGENCY | 4,542 | 4,305,811 | 5,757 | 4,311,568 | 867,026 | 101 |
| SPECIAL PURPOSE COST CENTERS | | | | | | |
| 105 KIDNEY ACQUISITION | 1,071 | 1,014,993 | 1,357 | 1,016,350 | 204,381 | 105 |
| 106 HEART ACQUISITION | 846 | 801,696 | 1,072 | 802,768 | 161,431 | 106 |
| 107 LIVER ACQUISITION | 526 | 498,630 | 667 | 499,297 | 100,405 | 107 |
| 108 LUNG ACQUISITION | 641 | 607,600 | 812 | 608,412 | 122,347 | 108 |
| 112 OTHER ORGAN ACQUISITION (SPECIFY) | 210 | 199,466 | 267 | 199,733 | 40,165 | 112 |
| 116 HOSPICE | 825 | 781,695 | 1,045 | 782,740 | 157,404 | 116 |
| 118 SUBTOTALS (SUM OF LINES 1-117) | 684,030 | 648,445,516 | 865,916 | 648,283,558 | 104,455,051 | 118 |
| NONREIMBURSABLE COST CENTERS | | | | | | |
| 190 GIFT, FLOWER, COFFEE SHOP & CANTEEN | 231 | 219,145 | 293 | 219,438 | 44,127 | 190 |
| 190.01 HINES RADIATION THERAPY | 822 | 778,807 | 1,041 | 779,848 | 156,822 | 190.01 |
| 190.02 HOME INFUSION THERAPY | 3,025 | 2,868,025 | 3,835 | 2,871,860 | 577,511 | 190.02 |
| 190.03 OP HOSPITAL PHARMACY | 4,387 | 4,159,166 | 5,561 | 4,164,727 | 837,497 | 190.03 |
| 190.04 HOSPITALIST | 32 | 30,328 | 41 | 30,369 | 6,107 | 190.04 |
| 192 PHYSICIANS' PRIVATE OFFICES | 282 | 267,287 | 357 | 267,644 | 53,821 | 192 |
| 192.01 FACULTY CLINICAL OPERATIONS | 119,004 | 112,811,953 | 150,830 | 112,962,783 | 22,716,090 | 192.01 |
| 200 CROSS FOOT ADJUSTMENTS | | | | | | 200 |
| 201 NEGATIVE COST CENTER | | | | | | 201 |
| 202 TOTAL (SUM OF LINES 118-201) | 811,813 | 769,580,227 | 1,027,874 | 769,580,227 | 128,847,026 | 202 |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | SUBTOTAL (COLS.0-4) | AMBULATORY | SUBTOTAL (COLS.0-4) | PRIMARY | OPERATION | |
|---------------------------------------|------------------------|---------------|------------------------|-----------------------|---------------|-------|
| | | ADMIN 5.12 | | CARE ADMIN 5.14 | OF PLANT 7 | |
| GENERAL SERVICE COST CENTERS | | | | | | |
| 1 CAP REL COSTS-BLDG & FIXT | | | | | | 1 |
| 1.01 NEW CAPITAL-BLDG INTEREST | | | | | | 1.01 |
| 2 CAP REL COSTS-MVBLE EQUIP | | | | | | 2 |
| 4 EMPLOYEE BENEFITS | | | | | | 4 |
| 5.01 COMMUNICATION | | | | | | 5.01 |
| 5.02 SYSTEM & COMPUTERS | | | | | | 5.02 |
| 5.03 PURCHASING | | | | | | 5.03 |
| 5.04 OPC STORES | | | | | | 5.04 |
| 5.05 PATIENT AFFAIRS | | | | | | 5.05 |
| 5.06 PATIENT ADMITTING | | | | | | 5.06 |
| 5.07 PATIENT ACCOUNTS | | | | | | 5.07 |
| 5.08 ACCOUNTING | | | | | | 5.08 |
| 5.09 EMPLOYEE HEALTH SERVICES | | | | | | 5.09 |
| 5.10 PASTORAL CARE | | | | | | 5.10 |
| 5.11 HOSPITAL ADMINISTRATION | | | | | | 5.11 |
| 5.12 AMBULATORY ADMINISTRATION | 28,406,385 | 28,406,385 | | | | 5.12 |
| 5.14 PRIMARY CARE ADMINISTRATION | 3,830,404 | 146,804 | 3,977,208 | 3,977,208 | | 5.14 |
| 6 MAINTENANCE & REPAIRS | | | | | | 6 |
| 7 OPERATION OF PLANT | 20,709,085 | 793,696 | 21,502,781 | 111,707 | 21,614,488 | 7 |
| 7.01 SAFETY AND SECURITY | 2,969,126 | 113,795 | 3,082,921 | 16,016 | 106,672 | 7.01 |
| 8 LAUNDRY & LINEN SERVICE | 2,511,693 | 96,263 | 2,607,956 | 13,548 | 135,165 | 8 |
| 9 HOUSEKEEPING | 10,012,082 | 383,723 | 10,395,805 | 54,006 | 186,380 | 9 |
| 10 DIETARY | 5,834,474 | 223,612 | 6,058,086 | 31,472 | 428,886 | 10 |
| 11 CAFETERIA | 159,154 | 6,100 | 165,254 | 858 | 194,847 | 11 |
| 12 MAINTENANCE OF PERSONNEL | | | | | | 12 |
| 12.01 PATIENT TRANSPORTATION | 1,217,710 | 46,670 | 1,264,380 | 6,568 | 15,211 | 12.01 |
| 13 NURSING ADMINISTRATION | 3,092,999 | 118,542 | 3,211,541 | 16,684 | 146,406 | 13 |
| 14 CENTRAL SERVICES & SUPPLY | 2,271,811 | 87,069 | 2,358,880 | 12,254 | 230,548 | 14 |
| 14.01 CENTRAL PROCESSING | 206,665 | 7,921 | 214,586 | 1,115 | 60,591 | 14.01 |
| 15 PHARMACY | 9,125,374 | 349,739 | 9,475,113 | 49,223 | 285,845 | 15 |
| 16 MEDICAL RECORDS & LIBRARY | 10,491,093 | 402,082 | 10,893,175 | 56,590 | 396,646 | 16 |
| 17 SOCIAL SERVICE | 5,199,200 | 199,265 | 5,398,465 | 28,045 | 62,249 | 17 |
| 17.01 HOSPITAL MEDICAL ADMIN | 16,316,268 | 625,337 | 16,941,605 | 88,012 | | 17.01 |
| 19 NONPHYSICIAN ANESTHETISTS | 605 | 23 | 628 | 3 | | 19 |
| 20 NURSING SCHOOL | | | | | | 20 |
| 21 I&R SRVCES-SALARY & FRINGES APPRVD | 30,928,542 | 1,185,367 | 32,113,909 | 166,832 | 122,058 | 21 |
| 22 I&R SRVCES-OTHER PRGM COSTS APPRVD | | | | | | 22 |
| 23 PARAMED ED PRGM-(SPECIFY) | | | | | | 23 |
| 23.01 PARAMEDICAL ED-MICU | 607,383 | 23,279 | 630,662 | 3,276 | 77,716 | 23.01 |
| 23.02 PARAMEDICAL ED-SOCIAL WORK | | | | | | 23.02 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| 30 ADULTS & PEDIATRICS | 44,871,022 | 1,719,727 | 46,590,749 | 242,039 | 2,912,101 | 30 |
| 31 INTENSIVE CARE UNIT | 17,519,388 | 671,448 | 18,190,836 | 94,501 | 723,868 | 31 |
| 33 BURN INTENSIVE CARE UNIT | 5,515,736 | 211,396 | 5,727,132 | 29,752 | 173,002 | 33 |
| 35 NEONATAL INTENSIVE CARE | 9,342,057 | 358,044 | 9,700,101 | 50,392 | 392,309 | 35 |
| 35.01 PEDIATRIC INTENSIVE CARE | 2,804,519 | 107,486 | 2,912,005 | 15,128 | 73,060 | 35.01 |
| 35.03 HEART TRANSPLANT ICU | 3,121,450 | 119,633 | 3,241,083 | 16,837 | 177,068 | 35.03 |
| 35.04 BONE INTENSIVE CARE | 3,331,173 | 127,671 | 3,458,844 | 17,969 | 152,705 | 35.04 |
| 41 SUBPROVIDER - IRF | 4,883,404 | 187,161 | 5,070,565 | 26,342 | 461,861 | 41 |
| 43 NURSERY | 631,583 | 24,206 | 655,789 | 3,407 | | 43 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50 OPERATING ROOM | 58,942,462 | 2,259,029 | 61,201,491 | 317,942 | 2,475,991 | 50 |
| 50.01 AMBULATORY SURGERY CENTER | 8,614,931 | 330,176 | 8,945,107 | 46,470 | 523,615 | 50.01 |
| 51 RECOVERY ROOM | 3,733,593 | 143,094 | 3,876,687 | 20,139 | 554,070 | 51 |
| 52 DELIVERY ROOM & LABOR ROOM | 2,824,562 | 108,254 | 2,932,816 | 15,236 | 137,971 | 52 |
| 53 ANESTHESIOLOGY | 3,329,426 | 127,604 | 3,457,030 | 17,959 | 40,883 | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | 15,985,216 | 612,649 | 16,597,865 | 86,226 | 977,918 | 54 |
| 54.01 RADIOLOGY-ULTRASOUND | 1,326,395 | 50,835 | 1,377,230 | 7,155 | 61,276 | 54.01 |
| 55 RADIOLOGY-THERAPEUTIC | | | | | | 55 |
| 56 RADIOISOTOPE | 4,232,747 | 162,224 | 4,394,971 | 22,832 | 223,404 | 56 |
| 57 COMPUTED TOMOGRAPHY (CT) SCAN | 5,476,197 | 209,881 | 5,686,078 | 29,539 | 110,148 | 57 |
| 58 MAGNETIC RESONANCE IMAGING (MRI) | 3,997,661 | 153,214 | 4,150,875 | 21,564 | 238,727 | 58 |
| 59 CARDIAC CATHETERIZATION | 14,854,130 | 569,299 | 15,423,429 | 80,125 | 586,582 | 59 |
| 60 LABORATORY | 24,830,228 | 951,643 | 25,781,871 | 133,937 | 480,532 | 60 |
| 60.01 LABORATORY-SURGICAL PATHOLOGY | 3,661,664 | 140,337 | 3,802,001 | 19,751 | 391,830 | 60.01 |
| 60.02 LABORATORY-NEUROSURGICAL | | | | | | 60.02 |
| 60.03 LABORATORY-HLA | 55,902 | 2,143 | 58,045 | 302 | 46,782 | 60.03 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS | | | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & TRANS. | 8,855,063 | 339,379 | 9,194,442 | 47,765 | 109,478 | 63 |
| 65 RESPIRATORY THERAPY | 8,560,806 | 328,101 | 8,888,907 | 46,178 | 167,549 | 65 |
| 66 PHYSICAL THERAPY | 5,318,714 | 203,845 | 5,522,559 | 28,690 | 221,826 | 66 |
| 67 OCCUPATIONAL THERAPY | 2,101,764 | 80,552 | 2,182,316 | 11,337 | 95,893 | 67 |
| 68 SPEECH PATHOLOGY | 788,305 | 30,213 | 818,518 | 4,252 | 17,906 | 68 |
| 69 ELECTROCARDIOLOGY | 19,375,629 | 742,590 | 20,118,219 | 104,514 | 541,250 | 69 |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | SUBTOTAL (COLS.0-4) | AMBULATORY | SUBTOTAL (COLS.0-4) | PRIMARY | OPERATION | |
|---|------------------------|------------|------------------------|-----------|------------|--------|
| | | ADMIN | | CARE | OF PLANT | |
| | | 5.12 | | 5.14 | 7 | |
| 70 ELECTROENCEPHALOGRAPHY | 1,892,662 | 72,538 | 1,965,200 | 10,209 | 135,165 | 70 |
| 71 MEDICAL SUPPLIES CHRGD TO PATIENTS | 2,083,309 | 79,845 | 2,163,154 | 11,238 | | 71 |
| 73 DRUGS CHARGED TO PATIENTS | 28,494,750 | 1,092,090 | 29,586,840 | 153,704 | | 73 |
| 74 RENAL DIALYSIS | 6,912,566 | 264,931 | 7,177,497 | 37,287 | 187,082 | 74 |
| 76 PULMONARY LABS | 566,629 | 21,717 | 588,346 | 3,056 | 53,272 | 76 |
| 76.01 OCCUPATIONAL HEALTH | 349,669 | 13,401 | 363,070 | 1,886 | 58,374 | 76.01 |
| 76.03 HYPERALIMENTATION | | | | | | 76.03 |
| 76.04 PERIPHERAL VASCULAR | 1,101,580 | 42,219 | 1,143,799 | 5,942 | 20,920 | 76.04 |
| 76.05 PEDIATRIC ENDO NUTRITION | | | | | | 76.05 |
| 76.07 GASTROINTESTINAL SERVICE | 4,560,873 | 174,800 | 4,735,673 | 24,602 | 145,434 | 76.07 |
| 76.09 BONE MARROW PROCUREMENT | 1,613,194 | 61,827 | 1,675,021 | 8,702 | | 76.09 |
| 76.97 CARDIAC REHABILITATION | | | | | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 90 CLINIC | 337,263 | 12,926 | 350,189 | 1,819 | 58,374 | 90 |
| 90.01 CARDIAC REHABILITATION | 454,871 | 17,433 | 472,304 | 2,454 | | 90.01 |
| 90.02 CANCER CENTER | 24,294,644 | 931,117 | 25,225,761 | 131,048 | 837,188 | 90.02 |
| 90.03 PSYCH SOCIAL REHAB | 497,273 | 19,058 | 516,331 | 2,682 | 158,572 | 90.03 |
| 90.04 WELLNESS ASSESSMENT | | | | | | 90.04 |
| 90.06 HEART FAILURE CLINIC | | | | | | 90.06 |
| 90.07 LOC OUTPATIENT CENTER | 36,384,976 | 1,394,491 | 37,779,467 | 196,264 | 2,162,753 | 90.07 |
| 90.08 OBT OUTPATIENT CENTER | 7,602,594 | 291,377 | 7,893,971 | 41,009 | 1,547 | 90.08 |
| 90.09 ELMHURST IMMEDIATE CARE | 1,346,228 | 51,596 | 1,397,824 | 7,262 | | 90.09 |
| 90.10 LAGRANGE FAMILY PCC | 2,416,929 | 92,631 | 2,509,560 | 13,037 | | 90.10 |
| 90.12 NORTH RIVERSIDE PCC | 2,368,989 | 90,794 | 2,459,783 | 12,779 | | 90.12 |
| 90.13 GLENDALE HEIGHTS PCC | | | | | | 90.13 |
| 90.14 WHEATON PCC | 2,552,544 | 97,829 | 2,650,373 | 13,769 | | 90.14 |
| 90.15 OBT II PCC | 2,062,970 | 79,065 | 2,142,035 | 11,128 | | 90.15 |
| 90.16 HICKORY HILLS PCC | 3,366,990 | 129,043 | 3,496,033 | 18,162 | | 90.16 |
| 90.18 DARIEN PCC | 1,413,527 | 54,175 | 1,467,702 | 7,625 | | 90.18 |
| 90.20 ORLANAD PARK - FP | 2,519,353 | 96,557 | 2,615,910 | 13,590 | | 90.20 |
| 90.21 FAMILY PRACTICE MAYWOOD PCC | 1,155,913 | 44,302 | 1,200,215 | 6,235 | 51,199 | 90.21 |
| 90.22 HOMER GLEN PCC | 6,077,189 | 232,914 | 6,310,103 | 32,781 | | 90.22 |
| 90.23 OAK PARK PCC | 774,907 | 29,699 | 804,606 | 4,180 | | 90.23 |
| 90.24 PARK RIDGE PCC | 1,095,505 | 41,986 | 1,137,491 | 5,909 | | 90.24 |
| 90.25 LOYOLA CLINIC AT GOTTLIEB | 206,775 | 7,925 | 214,700 | 1,115 | | 90.25 |
| 90.26 WOODRIDGE PCC | | | | | | 90.26 |
| 90.27 NEUROLOGY - NILES | 21,598 | 828 | 22,426 | 117 | | 90.27 |
| 90.28 MARJORIE WEINBERG CANCER CENTER | 7,940,243 | 304,318 | 8,244,561 | 42,830 | | 90.28 |
| 90.29 BURR RIDGE PCC | 6,184,793 | 237,038 | 6,421,831 | 33,361 | 1,594,492 | 90.29 |
| 91 EMERGENCY | 9,120,362 | 349,547 | 9,469,909 | 49,196 | 396,455 | 91 |
| 92 OBSERVATION BEDS | | | | | | 92 |
| 92.01 OBSERVATION BEDS-DISTINCT | 511,705 | 19,612 | 531,317 | 2,760 | 25,496 | 92.01 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 95 AMBULANCE SERVICES | 337,255 | 12,926 | 350,181 | 1,819 | 11,624 | 95 |
| 97 DURABLE MEDICAL EQUIP-SOLD | 2,621,148 | 100,458 | 2,721,606 | 14,139 | | 97 |
| 99 CMHC | | | | | | 99 |
| 99.10 CORF | | | | | | 99.10 |
| 99.20 OUTPATIENT PHYSICAL THERAPY | | | | | | 99.20 |
| 99.30 OUTPATIENT OCCUPATIONAL THERAPY | | | | | | 99.30 |
| 99.40 OUTPATIENT SPEECH PATHOLOGY | | | | | | 99.40 |
| 101 HOME HEALTH AGENCY | 5,178,594 | 198,475 | 5,377,069 | 27,934 | 91,348 | 101 |
| SPECIAL PURPOSE COST CENTERS | | | | | | |
| 105 KIDNEY ACQUISITION | 1,220,731 | 46,786 | 1,267,517 | 6,585 | 11,209 | 105 |
| 106 HEART ACQUISITION | 964,199 | 36,954 | 1,001,153 | 5,201 | 42,366 | 106 |
| 107 LIVER ACQUISITION | 599,702 | 22,984 | 622,686 | 3,235 | 5,055 | 107 |
| 108 LUNG ACQUISITION | 730,759 | 28,007 | 758,766 | 3,942 | 38,092 | 108 |
| 112 OTHER ORGAN ACQUISITION (SPECIFY) | 239,898 | 9,194 | 249,092 | 1,294 | 2,551 | 112 |
| 116 HOSPICE | 940,144 | 36,032 | 976,176 | 5,071 | 7,095 | 116 |
| 118 SUBTOTALS (SUM OF LINES 1-117) | 623,891,583 | 22,822,566 | 618,307,764 | 3,191,447 | 21,614,488 | 118 |
| NONREIMBURSABLE COST CENTERS | | | | | | |
| 190 GIFT, FLOWER, COFFEE SHOP & CANTEEN | 263,565 | 10,101 | 273,666 | 1,422 | | 190 |
| 190.01 HINES RADIATION THERAPY | 936,670 | 35,899 | 972,569 | 5,052 | | 190.01 |
| 190.02 HOME INFUSION THERAPY | 3,449,371 | 132,201 | 3,581,572 | 18,606 | | 190.02 |
| 190.03 OP HOSPITAL PHARMACY | 5,002,224 | 191,715 | 5,193,939 | 26,983 | | 190.03 |
| 190.04 HOSPITALIST | 36,476 | 1,398 | 37,874 | 197 | | 190.04 |
| 192 PHYSICIANS' PRIVATE OFFICES | 321,465 | 12,320 | 333,785 | 1,734 | | 192 |
| 192.01 FACULTY CLINICAL OPERATIONS | 135,678,873 | 5,200,185 | 140,879,058 | 731,767 | | 192.01 |
| 200 CROSS FOOT ADJUSTMENTS | | | | | | 200 |
| 201 NEGATIVE COST CENTER | | | | | | 201 |
| 202 TOTAL (SUM OF LINES 118-201) | 769,580,227 | 28,406,385 | 769,580,227 | 3,977,208 | 21,614,488 | 202 |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | SAFETY & SECURITY | LAUNDRY + LINEN SERVICE | HOUSE-KEEPING | DIETARY | CAFETERIA | |
|---------------------------------------|-------------------|-------------------------|---------------|-----------|-----------|-------|
| | 7.01 | 8 | 9 | 10 | 11 | |
| GENERAL SERVICE COST CENTERS | | | | | | |
| 1 CAP REL COSTS-BLDG & FIXT | | | | | | 1 |
| 1.01 NEW CAPITAL-BLDG INTEREST | | | | | | 1.01 |
| 2 CAP REL COSTS-MVBLE EQUIP | | | | | | 2 |
| 4 EMPLOYEE BENEFITS | | | | | | 4 |
| 5.01 COMMUNICATION | | | | | | 5.01 |
| 5.02 SYSTEM & COMPUTERS | | | | | | 5.02 |
| 5.03 PURCHASING | | | | | | 5.03 |
| 5.04 OPC STORES | | | | | | 5.04 |
| 5.05 PATIENT AFFAIRS | | | | | | 5.05 |
| 5.06 PATIENT ADMITTING | | | | | | 5.06 |
| 5.07 PATIENT ACCOUNTS | | | | | | 5.07 |
| 5.08 ACCOUNTING | | | | | | 5.08 |
| 5.09 EMPLOYEE HEALTH SERVICES | | | | | | 5.09 |
| 5.10 PASTORAL CARE | | | | | | 5.10 |
| 5.11 HOSPITAL ADMINISTRATION | | | | | | 5.11 |
| 5.12 AMBULATORY ADMINISTRATION | | | | | | 5.12 |
| 5.14 PRIMARY CARE ADMINISTRATION | | | | | | 5.14 |
| 6 MAINTENANCE & REPAIRS | | | | | | 6 |
| 7 OPERATION OF PLANT | | | | | | 7 |
| 7.01 SAFETY AND SECURITY | 3,205,609 | | | | | 7.01 |
| 8 LAUNDRY & LINEN SERVICE | | 2,756,669 | | | | 8 |
| 9 HOUSEKEEPING | | 432 | 10,636,623 | | | 9 |
| 10 DIETARY | 101,659 | | 433,270 | 7,053,373 | | 10 |
| 11 CAFETERIA | 12,436 | | 37,661 | | 411,056 | 11 |
| 12 MAINTENANCE OF PERSONNEL | | | | | | 12 |
| 12.01 PATIENT TRANSPORTATION | 3,631 | 80 | 15,462 | | 5,195 | 12.01 |
| 13 NURSING ADMINISTRATION | 17,402 | | 46,489 | | 5,068 | 13 |
| 14 CENTRAL SERVICES & SUPPLY | 40,564 | | 198,708 | | 3,665 | 14 |
| 14.01 CENTRAL PROCESSING | 25,999 | | 94,243 | | 435 | 14.01 |
| 15 PHARMACY | 59,844 | 1,402 | 132,859 | | 11,708 | 15 |
| 16 MEDICAL RECORDS & LIBRARY | 17,987 | | 59,602 | | 8,068 | 16 |
| 17 SOCIAL SERVICE | 6,468 | | 12,855 | | 2,886 | 17 |
| 17.01 HOSPITAL MEDICAL ADMIN | | | | | | 17.01 |
| 19 NONPHYSICIAN ANESTHETISTS | | | | | | 19 |
| 20 NURSING SCHOOL | | | | | | 20 |
| 21 I&R SRVCES-SALARY & FRINGES APPRVD | 6,969 | 17,994 | 38,848 | | 39,219 | 21 |
| 22 I&R SRVCES-OTHER PRGM COSTS APPRVD | | | | | | 22 |
| 23 PARAMED ED PRGM-(SPECIFY) | | | | | | 23 |
| 23.01 PARAMEDICAL ED-MICU | 38,018 | | 21,760 | | 857 | 23.01 |
| 23.02 PARAMEDICAL ED-SOCIAL WORK | | | | | | 23.02 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| 30 ADULTS & PEDIATRICS | 475,078 | 1,087,927 | 2,331,371 | 4,889,139 | 61,429 | 30 |
| 31 INTENSIVE CARE UNIT | 112,760 | 227,613 | 322,223 | 609,327 | 19,686 | 31 |
| 33 BURN INTENSIVE CARE UNIT | 27,293 | 77,243 | 117,784 | 245,463 | 3,850 | 33 |
| 35 NEONATAL INTENSIVE CARE | 86,928 | 44,495 | 173,334 | | 11,515 | 35 |
| 35.01 PEDIATRIC INTENSIVE CARE | 17,319 | 16,965 | 74,238 | | 2,749 | 35.01 |
| 35.03 HEART TRANSPLANT ICU | 14,231 | 44,903 | 78,858 | 196,998 | 3,263 | 35.03 |
| 35.04 BONE INTENSIVE CARE | 21,742 | 20,350 | 155,161 | 208,603 | 3,739 | 35.04 |
| 41 SUBPROVIDER - IRF | 80,752 | 72,469 | 455,030 | 671,050 | 5,690 | 41 |
| 43 NURSERY | | | | | | 43 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50 OPERATING ROOM | 278,270 | 217,858 | 1,171,158 | | 21,042 | 50 |
| 50.01 AMBULATORY SURGERY CENTER | 50,621 | 85,760 | 200,024 | | 4,908 | 50.01 |
| 51 RECOVERY ROOM | 54,127 | 49,565 | 255,238 | | 3,961 | 51 |
| 52 DELIVERY ROOM & LABOR ROOM | 11,059 | 48,336 | 61,461 | | 3,465 | 52 |
| 53 ANESTHESIOLOGY | 5,592 | 13,300 | 18,714 | | 3,025 | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | 193,011 | 39,353 | 462,438 | | 12,340 | 54 |
| 54.01 RADIOLOGY-ULTRASOUND | 11,894 | 22,298 | 26,226 | | 987 | 54.01 |
| 55 RADIOLOGY-THERAPEUTIC | | | | | | 55 |
| 56 RADIOISOTOPE | 57,340 | 15,344 | 92,462 | | 1,883 | 56 |
| 57 COMPUTED TOMOGRAPHY (CT) SCAN | 9,014 | 35,330 | 45,818 | | 2,521 | 57 |
| 58 MAGNETIC RESONANCE IMAGING (MRI) | 15,107 | 31,034 | 104,646 | | 1,821 | 58 |
| 59 CARDIAC CATHETERIZATION | 55,587 | 48,136 | 283,477 | | 3,632 | 59 |
| 60 LABORATORY | 67,773 | | 243,803 | | 14,100 | 60 |
| 60.01 LABORATORY-SURGICAL PATHOLOGY | 191,342 | | 214,428 | | 3,295 | 60.01 |
| 60.02 LABORATORY-NEUROSURGICAL | | | | | | 60.02 |
| 60.03 LABORATORY-HLA | 3,756 | | 20,831 | | 480 | 60.03 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS | | | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & TRANS. | 18,863 | 2,903 | 85,363 | | 2,170 | 63 |
| 65 RESPIRATORY THERAPY | 38,018 | 7,248 | 74,031 | | 9,652 | 65 |
| 66 PHYSICAL THERAPY | 28,545 | 15,103 | 121,811 | | 4,488 | 66 |
| 67 OCCUPATIONAL THERAPY | 19,572 | | 83,789 | | 1,346 | 67 |
| 68 SPEECH PATHOLOGY | 3,631 | | 17,217 | | 618 | 68 |
| 69 ELECTROCARDIOLOGY | 96,818 | 15,403 | 242,951 | | 5,153 | 69 |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | SAFETY & SECURITY | LAUNDRY + LINEN SERVICE | HOUSE-KEEPING | DIETARY | CAFETERIA | |
|---|-------------------|-------------------------|---------------|-----------|-----------|--------|
| | 7.01 | 8 | 9 | 10 | 11 | |
| 70 ELECTROENCEPHALOGRAPHY | 32,050 | 4,471 | 137,350 | | 2,382 | 70 |
| 71 MEDICAL SUPPLIES CHRGD TO PATIENTS | | | | | | 71 |
| 73 DRUGS CHARGED TO PATIENTS | | | | | | 73 |
| 74 RENAL DIALYSIS | | 29,774 | 11,538 | | 5,583 | 74 |
| 76 PULMONARY LABS | 2,504 | 1,566 | 54,130 | | 521 | 76 |
| 76.01 OCCUPATIONAL HEALTH | 12,645 | | | | 217 | 76.01 |
| 76.03 HYPERALIMENTATION | | | | | | 76.03 |
| 76.04 PERIPHERAL VASCULAR | 4,966 | 7,905 | 21,270 | | 947 | 76.04 |
| 76.05 PEDIATRIC ENDO NUTRITION | | | | | | 76.05 |
| 76.07 GASTROINTESTINAL SERVICE | 11,476 | 24,692 | 64,790 | | 3,007 | 76.07 |
| 76.09 BONE MARROW PROCUREMENT | | | | | | 76.09 |
| 76.97 CARDIAC REHABILITATION | | | | | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 90 CLINIC | 12,853 | 1,013 | 55,756 | 199,801 | 395 | 90 |
| 90.01 CARDIAC REHABILITATION | | | | | 365 | 90.01 |
| 90.02 CANCER CENTER | 216,631 | 52,447 | 219,126 | 32,992 | 9,496 | 90.02 |
| 90.03 PSYCH SOCIAL REHAB | 27,001 | | 16,649 | | 748 | 90.03 |
| 90.04 WELLNESS ASSESSMENT | | | | | | 90.04 |
| 90.06 HEART FAILURE CLINIC | | | | | | 90.06 |
| 90.07 LOC OUTPATIENT CENTER | 282,568 | 68,899 | 1,144,906 | | 33,693 | 90.07 |
| 90.08 OBT OUTPATIENT CENTER | | 26,418 | 594 | | 6,914 | 90.08 |
| 90.09 ELMHURST IMMEDIATE CARE | | 698 | | | 1,904 | 90.09 |
| 90.10 LAGRANGE FAMILY PCC | | 6,945 | | | 2,825 | 90.10 |
| 90.12 NORTH RIVERSIDE PCC | | 5,858 | | | 3,657 | 90.12 |
| 90.13 GLENDALE HEIGHTS PCC | | | | | | 90.13 |
| 90.14 WHEATON PCC | | 1,371 | | | 1,540 | 90.14 |
| 90.15 OBT II PCC | | 7,803 | | | 3,610 | 90.15 |
| 90.16 HICKORY HILLS PCC | | 12,059 | | | 4,168 | 90.16 |
| 90.18 DARIEN PCC | | 1,797 | | | 2,561 | 90.18 |
| 90.20 ORLANAD PARK - FP | | 5,055 | | | 2,870 | 90.20 |
| 90.21 FAMILY PRACTICE MAYWOOD PCC | | 17,913 | | | 1,362 | 90.21 |
| 90.22 HOMER GLEN PCC | | 15,387 | | | 4,266 | 90.22 |
| 90.23 OAK PARK PCC | | | | | 1,458 | 90.23 |
| 90.24 PARK RIDGE PCC | | 3,255 | | | 688 | 90.24 |
| 90.25 LOYOLA CLINIC AT GOTTLIEB | | 673 | | | 165 | 90.25 |
| 90.26 WOODRIDGE PCC | | | | | | 90.26 |
| 90.27 NEUROLOGY - NILES | | | | | | 90.27 |
| 90.28 MARJORIE WEINBERG CANCER CENTER | | | | | | 90.28 |
| 90.29 BURR RIDGE PCC | | | | | | 90.29 |
| 91 EMERGENCY | 179,531 | 193,337 | 247,597 | | 11,346 | 91 |
| 92 OBSERVATION BEDS | | | | | | 92 |
| 92.01 OBSERVATION BEDS-DISTINCT | 2,045 | 8,489 | 11,358 | | 341 | 92.01 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 95 AMBULANCE SERVICES | 1,628 | | 1,523 | | | 95 |
| 97 DURABLE MEDICAL EQUIP-SOLD | | | | | | 97 |
| 99 CMHC | | | | | 109 | 99 |
| 99.10 CORF | | | | | | 99.10 |
| 99.20 OUTPATIENT PHYSICAL THERAPY | | | | | | 99.20 |
| 99.30 OUTPATIENT OCCUPATIONAL THERAPY | | | | | | 99.30 |
| 99.40 OUTPATIENT SPEECH PATHOLOGY | | | | | | 99.40 |
| 101 HOME HEALTH AGENCY | 17,694 | | 9,757 | | 6,173 | 101 |
| SPECIAL PURPOSE COST CENTERS | | | | | | |
| 105 KIDNEY ACQUISITION | 1,878 | | 1,162 | | 639 | 105 |
| 106 HEART ACQUISITION | 7,261 | | 6,118 | | 502 | 106 |
| 107 LIVER ACQUISITION | 2,462 | | 1,420 | | 622 | 107 |
| 108 LUNG ACQUISITION | 5,342 | | 4,982 | | 591 | 108 |
| 112 OTHER ORGAN ACQUISITION (SPECIFY) | 459 | | 361 | | 51 | 112 |
| 116 HOSPICE | 2,003 | | 594 | | 934 | 116 |
| 118 SUBTOTALS (SUM OF LINES 1-117) | 3,200,017 | 2,756,669 | 10,636,623 | 7,053,373 | 406,559 | 118 |
| NONREIMBURSABLE COST CENTERS | | | | | | |
| 190 GIFT, FLOWER, COFFEE SHOP & CANTEEN | 5,592 | | | | 176 | 190 |
| 190.01 HINES RADIATION THERAPY | | | | | 1,059 | 190.01 |
| 190.02 HOME INFUSION THERAPY | | | | | 1,290 | 190.02 |
| 190.03 OP HOSPITAL PHARMACY | | | | | 209 | 190.03 |
| 190.04 HOSPITALIST | | | | | | 190.04 |
| 192 PHYSICIANS' PRIVATE OFFICES | | | | | 1,560 | 192 |
| 192.01 FACULTY CLINICAL OPERATIONS | | | | | 203 | 192.01 |
| 200 CROSS FOOT ADJUSTMENTS | | | | | | 200 |
| 201 NEGATIVE COST CENTER | | | | | | 201 |
| 202 TOTAL (SUM OF LINES 118-201) | 3,205,609 | 2,756,669 | 10,636,623 | 7,053,373 | 411,056 | 202 |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | PATIENT TRNSPRTN 12.01 | NURSING ADMINIS-TRATION 13 | CENTRAL SERVICES & SUPPLY 14 | CENTRAL PROCESSING 14.01 | PHARMACY 15 | |
|---------------------------------------|---------------------------|-------------------------------|---------------------------------|-----------------------------|----------------|-------|
| GENERAL SERVICE COST CENTERS | | | | | | |
| 1 CAP REL COSTS-BLDG & FIXT | | | | | | 1 |
| 1.01 NEW CAPITAL-BLDG INTEREST | | | | | | 1.01 |
| 2 CAP REL COSTS-MVBLE EQUIP | | | | | | 2 |
| 4 EMPLOYEE BENEFITS | | | | | | 4 |
| 5.01 COMMUNICATION | | | | | | 5.01 |
| 5.02 SYSTEM & COMPUTERS | | | | | | 5.02 |
| 5.03 PURCHASING | | | | | | 5.03 |
| 5.04 OPC STORES | | | | | | 5.04 |
| 5.05 PATIENT AFFAIRS | | | | | | 5.05 |
| 5.06 PATIENT ADMITTING | | | | | | 5.06 |
| 5.07 PATIENT ACCOUNTS | | | | | | 5.07 |
| 5.08 ACCOUNTING | | | | | | 5.08 |
| 5.09 EMPLOYEE HEALTH SERVICES | | | | | | 5.09 |
| 5.10 PASTORAL CARE | | | | | | 5.10 |
| 5.11 HOSPITAL ADMINISTRATION | | | | | | 5.11 |
| 5.12 AMBULATORY ADMINISTRATION | | | | | | 5.12 |
| 5.14 PRIMARY CARE ADMINISTRATION | | | | | | 5.14 |
| 6 MAINTENANCE & REPAIRS | | | | | | 6 |
| 7 OPERATION OF PLANT | | | | | | 7 |
| 7.01 SAFETY AND SECURITY | | | | | | 7.01 |
| 8 LAUNDRY & LINEN SERVICE | | | | | | 8 |
| 9 HOUSEKEEPING | | | | | | 9 |
| 10 DIETARY | | | | | | 10 |
| 11 CAFETERIA | | | | | | 11 |
| 12 MAINTENANCE OF PERSONNEL | | | | | | 12 |
| 12.01 PATIENT TRANSPORTATION | 1,310,527 | | | | | 12.01 |
| 13 NURSING ADMINISTRATION | | 3,443,590 | | | | 13 |
| 14 CENTRAL SERVICES & SUPPLY | | | 2,844,619 | | | 14 |
| 14.01 CENTRAL PROCESSING | | | 3,058 | 400,027 | | 14.01 |
| 15 PHARMACY | | 525 | 3,466 | | 10,019,985 | 15 |
| 16 MEDICAL RECORDS & LIBRARY | | | 2 | | | 16 |
| 17 SOCIAL SERVICE | | | 77 | | | 17 |
| 17.01 HOSPITAL MEDICAL ADMIN | | | | | | 17.01 |
| 19 NONPHYSICIAN ANESTHETISTS | | | | | | 19 |
| 20 NURSING SCHOOL | | | | | | 20 |
| 21 I&R SRVCES-SALARY & FRINGES APPRVD | | | 83 | | | 21 |
| 22 I&R SRVCES-OTHER PRGM COSTS APPRVD | | | | | | 22 |
| 23 PARAMED ED PRGM-(SPECIFY) | | | | | | 23 |
| 23.01 PARAMEDICAL ED-MICU | | | 119 | | 116 | 23.01 |
| 23.02 PARAMEDICAL ED-SOCIAL WORK | | | | | | 23.02 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| 30 ADULTS & PEDIATRICS | 407,550 | 933,834 | 333,133 | 174,901 | 1,173 | 30 |
| 31 INTENSIVE CARE UNIT | 79,170 | 392,501 | 152,310 | 40,873 | 525 | 31 |
| 33 BURN INTENSIVE CARE UNIT | 2,682 | 102,328 | 65,622 | 9,475 | 25 | 33 |
| 35 NEONATAL INTENSIVE CARE | 1,520 | 232,581 | 16,858 | 23,821 | 383 | 35 |
| 35.01 PEDIATRIC INTENSIVE CARE | 4,800 | 59,058 | 18,117 | 7,218 | 34 | 35.01 |
| 35.03 HEART TRANSPLANT ICU | 10,245 | 65,527 | 37,534 | 8,875 | 141 | 35.03 |
| 35.04 BONE INTENSIVE CARE | 4,933 | 68,845 | 20,698 | 7,630 | 122 | 35.04 |
| 41 SUBPROVIDER - IRF | 9,236 | 61,021 | 14,431 | 10,536 | 5 | 41 |
| 43 NURSERY | | | | | | 43 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50 OPERATING ROOM | 193 | 228,931 | 37,498 | 1,961 | 30,245 | 50 |
| 50.01 AMBULATORY SURGERY CENTER | 120 | 57,095 | 3,981 | 764 | 117,994 | 50.01 |
| 51 RECOVERY ROOM | 106 | 67,131 | 11,645 | 5,625 | 3 | 51 |
| 52 DELIVERY ROOM & LABOR ROOM | 1,036 | 56,735 | 24,943 | 51,487 | 181 | 52 |
| 53 ANESTHESIOLOGY | | 11,142 | 1,303 | 6,526 | 83 | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | 225,832 | 44,708 | 8,109 | 739 | 1,411 | 54 |
| 54.01 RADIOLOGY-ULTRASOUND | 14,421 | | 396 | 13 | 138 | 54.01 |
| 55 RADIOLOGY-THERAPEUTIC | | | | | | 55 |
| 56 RADIOISOTOPE | 6,434 | | 757 | 209 | | 56 |
| 57 COMPUTED TOMOGRAPHY (CT) SCAN | 130,335 | | 451 | 308 | 133 | 57 |
| 58 MAGNETIC RESONANCE IMAGING (MRI) | 43,171 | | 399 | 515 | 46 | 58 |
| 59 CARDIAC CATHETERIZATION | 9,588 | 53,638 | 13,327 | 5,925 | 2,764 | 59 |
| 60 LABORATORY | 12,887 | | 14,957 | | 1,639 | 60 |
| 60.01 LABORATORY-SURGICAL PATHOLOGY | 4,495 | | 3,306 | | 2,156 | 60.01 |
| 60.02 LABORATORY-NEUROSURGICAL | | | | | | 60.02 |
| 60.03 LABORATORY-HLA | | | 299 | | 4 | 60.03 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS | | | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & TRANS. | 1,341 | 11,474 | 2,531 | 374 | 202 | 63 |
| 65 RESPIRATORY THERAPY | 18,013 | | 1,291 | | 128,882 | 65 |
| 66 PHYSICAL THERAPY | 22,940 | | 1,013 | 38 | 166 | 66 |
| 67 OCCUPATIONAL THERAPY | 23,823 | | 30 | 125 | 250 | 67 |
| 68 SPEECH PATHOLOGY | | | 1,722 | | | 68 |
| 69 ELECTROCARDIOLOGY | 38,284 | 43,934 | 13,606 | 2,824 | 912 | 69 |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | PATIENT | NURSING | CENTRAL | CENTRAL | PHARMACY | |
|---|-----------|---------------------|----------------------|------------|------------|--------|
| | TRNSPRTN | ADMINIS- TRATION | SERVICES & SUPPLY | PROCESSING | | |
| | 12.01 | 13 | 14 | 14.01 | 15 | |
| 70 ELECTROENCEPHALOGRAPHY | | 28 | 149 | | 3,824 | 70 |
| 71 MEDICAL SUPPLIES CHRGD TO PATIENTS | | | 1,671,501 | | | 71 |
| 73 DRUGS CHARGED TO PATIENTS | | | | | 3,895,930 | 73 |
| 74 RENAL DIALYSIS | 53,920 | 50,514 | 93,918 | 498 | 288,497 | 74 |
| 76 PULMONARY LABS | | 2,654 | 180 | 139 | 28 | 76 |
| 76.01 OCCUPATIONAL HEALTH | | 83 | 951 | | 1,458 | 76.01 |
| 76.03 HYPERALIMENTATION | | | | | | 76.03 |
| 76.04 PERIPHERAL VASCULAR | 41,033 | 2,820 | 164 | 30 | | 76.04 |
| 76.05 PEDIATRIC ENDO NUTRITION | | | | | | 76.05 |
| 76.07 GASTROINTESTINAL SERVICE | 40,986 | 49,132 | 21,671 | 557 | 900 | 76.07 |
| 76.09 BONE MARROW PROCUREMENT | | | | | | 76.09 |
| 76.97 CARDIAC REHABILITATION | | | | | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 90 CLINIC | 173 | 4,756 | 406 | | 948 | 90 |
| 90.01 CARDIAC REHABILITATION | | | | | | 90.01 |
| 90.02 CANCER CENTER | 15,656 | 67,380 | 93,142 | 15,030 | 3,259,097 | 90.02 |
| 90.03 PSYCH SOCIAL REHAB | | 2,765 | 27 | | 183 | 90.03 |
| 90.04 WELLNESS ASSESSMENT | | | | | | 90.04 |
| 90.06 HEART FAILURE CLINIC | | | | | | 90.06 |
| 90.07 LOC OUTPATIENT CENTER | 27 | 231,033 | 15,511 | 163 | 591,693 | 90.07 |
| 90.08 OB OUTPATIENT CENTER | | 37,160 | 5,661 | | 18,881 | 90.08 |
| 90.09 ELMHURST IMMEDIATE CARE | | 9,705 | 1,311 | | 26,111 | 90.09 |
| 90.10 LAGRANGE FAMILY PCC | | 24,331 | 3,130 | | 19,652 | 90.10 |
| 90.12 NORTH RIVERSIDE PCC | | 18,635 | 2,421 | | 93,396 | 90.12 |
| 90.13 GLENDALE HEIGHTS PCC | | | | | | 90.13 |
| 90.14 WHEATON PCC | | 7,935 | 731 | 1,456 | 10,788 | 90.14 |
| 90.15 OB II PCC | | 16,893 | 2,296 | | 55,500 | 90.15 |
| 90.16 HICKORY HILLS PCC | | 20,018 | 3,555 | 1,294 | 55,226 | 90.16 |
| 90.18 DARIEN PCC | | 11,225 | 1,311 | | 35,841 | 90.18 |
| 90.20 ORLANAD PARK - FP | | 13,327 | 2,908 | | 91,508 | 90.20 |
| 90.21 FAMILY PRACTICE MAYWOOD PCC | | 7,133 | 1,352 | | 13,383 | 90.21 |
| 90.22 HOMER GLEN PCC | | 31,520 | 6,112 | 1,484 | 415,615 | 90.22 |
| 90.23 OAK PARK PCC | | 6,083 | 1,182 | | 24,005 | 90.23 |
| 90.24 PARK RIDGE PCC | | 6,636 | 922 | | 1,632 | 90.24 |
| 90.25 LOYOLA CLINIC AT GOTTLIEB | | 2,875 | 274 | | 1,019 | 90.25 |
| 90.26 WOODRIDGE PCC | | | | | | 90.26 |
| 90.27 NEUROLOGY - NILES | | | | | | 90.27 |
| 90.28 MARJORIE WEINBERG CANCER CENTER | | | | | | 90.28 |
| 90.29 BURR RIDGE PCC | | | | | 409 | 90.29 |
| 91 EMERGENCY | 83,081 | 150,879 | 103,939 | 18,451 | | 91 |
| 92 OBSERVATION BEDS | | | | | | 92 |
| 92.01 OBSERVATION BEDS-DISTINCT | 2,370 | 9,705 | 373 | 163 | 258 | 92.01 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 95 AMBULANCE SERVICES | | | | | 19 | 95 |
| 97 DURABLE MEDICAL EQUIP-SOLD | | | | | | 97 |
| 99 CMHC | | | | | | 99 |
| 99.10 CORF | | | | | | 99.10 |
| 99.20 OUTPATIENT PHYSICAL THERAPY | | | | | | 99.20 |
| 99.30 OUTPATIENT OCCUPATIONAL THERAPY | | | | | | 99.30 |
| 99.40 OUTPATIENT SPEECH PATHOLOGY | | | | | | 99.40 |
| 101 HOME HEALTH AGENCY | | 69,730 | 829 | | 822 | 101 |
| SPECIAL PURPOSE COST CENTERS | | | | | | |
| 105 KIDNEY ACQUISITION | | 332 | 13 | | | 105 |
| 106 HEART ACQUISITION | 126 | 636 | 9 | | | 106 |
| 107 LIVER ACQUISITION | | | | | | 107 |
| 108 LUNG ACQUISITION | | 802 | 20 | | | 108 |
| 112 OTHER ORGAN ACQUISITION (SPECIFY) | | 55 | | | | 112 |
| 116 HOSPICE | | 11,059 | 616 | | 11,517 | 116 |
| 118 SUBTOTALS (SUM OF LINES 1-117) | 1,310,527 | 3,358,847 | 2,843,657 | 400,027 | 9,207,873 | 118 |
| NONREIMBURSABLE COST CENTERS | | | | | | |
| 190 GIFT, FLOWER, COFFEE SHOP & CANTEEN | | | | | | 190 |
| 190.01 HINES RADIATION THERAPY | | | | | | 190.01 |
| 190.02 HOME INFUSION THERAPY | | 3,290 | 702 | | 338,266 | 190.02 |
| 190.03 OP HOSPITAL PHARMACY | | | | | 473,737 | 190.03 |
| 190.04 HOSPITALIST | | | 170 | | | 190.04 |
| 192 PHYSICIANS' PRIVATE OFFICES | | 1,991 | 79 | | 109 | 192 |
| 192.01 FACUALTY CLINICAL OPERATIONS | | 79,462 | 11 | | | 192.01 |
| 200 CROSS FOOT ADJUSTMENTS | | | | | | 200 |
| 201 NEGATIVE COST CENTER | | | | | | 201 |
| 202 TOTAL (SUM OF LINES 118-201) | 1,310,527 | 3,443,590 | 2,844,619 | 400,027 | 10,019,985 | 202 |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | MEDICAL RECORDS + LIBRARY 16 | SOCIAL SERVICE 17 | HOSPITAL MEDICAL ADMIN 17.01 | NONPHYSIC. ANESTHET. 19 | I&R SALARY & FRINGES 21 | |
|---------------------------------------|---------------------------------|----------------------|---------------------------------|----------------------------|----------------------------|-------|
| GENERAL SERVICE COST CENTERS | | | | | | |
| 1 CAP REL COSTS-BLDG & FIXT | | | | | | 1 |
| 1.01 NEW CAPITAL-BLDG INTEREST | | | | | | 1.01 |
| 2 CAP REL COSTS-MVBLE EQUIP | | | | | | 2 |
| 4 EMPLOYEE BENEFITS | | | | | | 4 |
| 5.01 COMMUNICATION | | | | | | 5.01 |
| 5.02 SYSTEM & COMPUTERS | | | | | | 5.02 |
| 5.03 PURCHASING | | | | | | 5.03 |
| 5.04 OPC STORES | | | | | | 5.04 |
| 5.05 PATIENT AFFAIRS | | | | | | 5.05 |
| 5.06 PATIENT ADMITTING | | | | | | 5.06 |
| 5.07 PATIENT ACCOUNTS | | | | | | 5.07 |
| 5.08 ACCOUNTING | | | | | | 5.08 |
| 5.09 EMPLOYEE HEALTH SERVICES | | | | | | 5.09 |
| 5.10 PASTORAL CARE | | | | | | 5.10 |
| 5.11 HOSPITAL ADMINISTRATION | | | | | | 5.11 |
| 5.12 AMBULATORY ADMINISTRATION | | | | | | 5.12 |
| 5.14 PRIMARY CARE ADMINISTRATION | | | | | | 5.14 |
| 6 MAINTENANCE & REPAIRS | | | | | | 6 |
| 7 OPERATION OF PLANT | | | | | | 7 |
| 7.01 SAFETY AND SECURITY | | | | | | 7.01 |
| 8 LAUNDRY & LINEN SERVICE | | | | | | 8 |
| 9 HOUSEKEEPING | | | | | | 9 |
| 10 DIETARY | | | | | | 10 |
| 11 CAFETERIA | | | | | | 11 |
| 12 MAINTENANCE OF PERSONNEL | | | | | | 12 |
| 12.01 PATIENT TRANSPORTATION | | | | | | 12.01 |
| 13 NURSING ADMINISTRATION | | | | | | 13 |
| 14 CENTRAL SERVICES & SUPPLY | | | | | | 14 |
| 14.01 CENTRAL PROCESSING | | | | | | 14.01 |
| 15 PHARMACY | | | | | | 15 |
| 16 MEDICAL RECORDS & LIBRARY | 11,432,070 | | | | | 16 |
| 17 SOCIAL SERVICE | | 5,511,045 | | | | 17 |
| 17.01 HOSPITAL MEDICAL ADMIN | | | 17,029,617 | | | 17.01 |
| 19 NONPHYSICIAN ANESTHETISTS | | | | 631 | | 19 |
| 20 NURSING SCHOOL | | | | | | 20 |
| 21 I&R SRVCES-SALARY & FRINGES APPRVD | | | 380,072 | | 32,885,984 | 21 |
| 22 I&R SRVCES-OTHER PRGM COSTS APPRVD | | | | | | 22 |
| 23 PARAMED ED PRGM-(SPECIFY) | | | | | | 23 |
| 23.01 PARAMEDICAL ED-MICU | | | | | | 23.01 |
| 23.02 PARAMEDICAL ED-SOCIAL WORK | | | | | | 23.02 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| 30 ADULTS & PEDIATRICS | 861,835 | 1,623,745 | 370,792 | | 7,383,090 | 30 |
| 31 INTENSIVE CARE UNIT | 317,361 | 106,346 | 326,997 | | 2,057,098 | 31 |
| 33 BURN INTENSIVE CARE UNIT | 116,839 | 120,356 | | | 680,773 | 33 |
| 35 NEONATAL INTENSIVE CARE | 198,676 | 217,095 | 450,296 | | 322,160 | 35 |
| 35.01 PEDIATRIC INTENSIVE CARE | 53,821 | 116,487 | 154,714 | | 314,279 | 35.01 |
| 35.03 HEART TRANSPLANT ICU | 64,722 | 143,307 | 239,103 | | 314,279 | 35.03 |
| 35.04 BONE INTENSIVE CARE | 81,222 | 166,925 | 65,298 | | 922,147 | 35.04 |
| 41 SUBPROVIDER - IRF | 62,425 | 49,904 | 150,485 | | 314,279 | 41 |
| 43 NURSERY | 6,672 | | | | | 43 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50 OPERATING ROOM | 880,308 | 142,773 | 478,206 | 631 | 3,959,520 | 50 |
| 50.01 AMBULATORY SURGERY CENTER | 247,774 | 1,067 | 793,325 | | 780,279 | 50.01 |
| 51 RECOVERY ROOM | 220,036 | | 33,756 | | | 51 |
| 52 DELIVERY ROOM & LABOR ROOM | 51,180 | | | | 324,131 | 52 |
| 53 ANESTHESIOLOGY | 391,706 | | 3,342,960 | | 3,166,434 | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | 382,108 | | 686,825 | | 1,073,868 | 54 |
| 54.01 RADIOLOGY-ULTRASOUND | 74,246 | | 95,342 | | 285,708 | 54.01 |
| 55 RADIOLOGY-THERAPEUTIC | | | | | | 55 |
| 56 RADIOISOTOPE | 145,502 | | 281,689 | | 397,036 | 56 |
| 57 COMPUTED TOMOGRAPHY (CT) SCAN | 512,298 | | 653,384 | | 285,708 | 57 |
| 58 MAGNETIC RESONANCE IMAGING (MRI) | 247,177 | | 335,311 | | 462,059 | 58 |
| 59 CARDIAC CATHETERIZATION | 361,876 | | | | | 59 |
| 60 LABORATORY | 1,217,572 | 84,063 | 2,585,354 | | | 60 |
| 60.01 LABORATORY-SURGICAL PATHOLOGY | 101,386 | | 226,721 | | 1,365,488 | 60.01 |
| 60.02 LABORATORY-NEUROSURGICAL | | | | | | 60.02 |
| 60.03 LABORATORY-HLA | 47 | | 26,084 | | | 60.03 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS | | | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & TRANS. | 146,210 | | 370,831 | | | 63 |
| 65 RESPIRATORY THERAPY | 270,817 | | 46,104 | | | 65 |
| 66 PHYSICAL THERAPY | 114,007 | | 35,162 | | | 66 |
| 67 OCCUPATIONAL THERAPY | 56,151 | | | | | 67 |
| 68 SPEECH PATHOLOGY | 17,854 | 52,172 | | | | 68 |
| 69 ELECTROCARDIOLOGY | 567,160 | 263,397 | | | | 69 |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | MEDICAL RECORDS + LIBRARY 16 | SOCIAL SERVICE 17 | HOSPITAL MEDICAL ADMIN 17.01 | NONPHYSIC. ANESTHET. 19 | I&R SALARY & FRINGES 21 | |
|---|---------------------------------|----------------------|---------------------------------|----------------------------|----------------------------|--------|
| 70 ELECTROENCEPHALOGRAPHY | 39,636 | | 60,395 | | | 70 |
| 71 MEDICAL SUPPLIES CHRGED TO PATIENTS | 24,014 | | | | | 71 |
| 73 DRUGS CHARGED TO PATIENTS | 680,601 | | | | | 73 |
| 74 RENAL DIALYSIS | 163,907 | 219,230 | 347,459 | | | 74 |
| 76 PULMONARY LABS | 11,932 | | 272,296 | | 230,537 | 76 |
| 76.01 OCCUPATIONAL HEALTH | 2,719 | | | | | 76.01 |
| 76.03 HYPERALIMENTATION | | | | | | 76.03 |
| 76.04 PERIPHERAL VASCULAR | 46,539 | | 9,654 | | | 76.04 |
| 76.05 PEDIATRIC ENDO NUTRITION | | | | | | 76.05 |
| 76.07 GASTROINTESTINAL SERVICE | 119,892 | 6,271 | 154,714 | | | 76.07 |
| 76.09 BONE MARROW PROCUREMENT | 12,416 | | | | | 76.09 |
| 76.97 CARDIAC REHABILITATION | | | | | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 90 CLINIC | 2,569 | 1,868 | | | | 90 |
| 90.01 CARDIAC REHABILITATION | 2,148 | 267 | | | | 90.01 |
| 90.02 CANCER CENTER | 552,347 | 3,870 | 362,649 | | 34,482 | 90.02 |
| 90.03 PSYCH SOCIAL REHAB | 2,975 | | | | 458,118 | 90.03 |
| 90.04 WELLNESS ASSESSMENT | | | | | | 90.04 |
| 90.06 HEART FAILURE CLINIC | | | | | | 90.06 |
| 90.07 LOC OUTPATIENT CENTER | 597,954 | 1,864,858 | 2,363,960 | | 5,266,880 | 90.07 |
| 90.08 OBT OUTPATIENT CENTER | 134,113 | | 37,131 | | 612,795 | 90.08 |
| 90.09 ELMHURST IMMEDIATE CARE | 15,208 | | | | | 90.09 |
| 90.10 LAGRANGE FAMILY PCC | 32,767 | | 23,442 | | | 90.10 |
| 90.12 NORTH RIVERSIDE PCC | 29,185 | | | | | 90.12 |
| 90.13 GLENDALE HEIGHTS PCC | | | | | | 90.13 |
| 90.14 WHEATON PCC | 25,216 | | | | 112,313 | 90.14 |
| 90.15 OBT II PCC | 29,602 | | | | | 90.15 |
| 90.16 HICKORY HILLS PCC | 48,245 | | | | | 90.16 |
| 90.18 DARIEN PCC | 18,810 | | | | | 90.18 |
| 90.20 ORLANAD PARK - FP | 26,367 | | | | | 90.20 |
| 90.21 FAMILY PRACTICE MAYWOOD PCC | 17,953 | | 36,920 | | | 90.21 |
| 90.22 HOMER GLEN PCC | 92,407 | | | | | 90.22 |
| 90.23 OAK PARK PCC | 9,814 | | | | | 90.23 |
| 90.24 PARK RIDGE PCC | 15,737 | | | | | 90.24 |
| 90.25 LOYOLA CLINIC AT GOTTLIEB | 2,077 | | | | | 90.25 |
| 90.26 WOODRIDGE PCC | | | | | | 90.26 |
| 90.27 NEUROLOGY - NILES | 164 | | | | | 90.27 |
| 90.28 MARJORIE WEINBERG CANCER CENTER | 104,299 | | | | | 90.28 |
| 90.29 BURR RIDGE PCC | 42,406 | 164,790 | 103,827 | | | 90.29 |
| 91 EMERGENCY | 493,400 | | | | 1,762,523 | 91 |
| 92 OBSERVATION BEDS | | | | | | 92 |
| 92.01 OBSERVATION BEDS-DISTINCT | 57,644 | | | | | 92.01 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 95 AMBULANCE SERVICES | 16 | | | | | 95 |
| 97 DURABLE MEDICAL EQUIP-SOLD | 17,247 | | | | | 97 |
| 99 CMHC | | | | | | 99 |
| 99.10 CORF | | | | | | 99.10 |
| 99.20 OUTPATIENT PHYSICAL THERAPY | | | | | | 99.20 |
| 99.30 OUTPATIENT OCCUPATIONAL THERAPY | | | | | | 99.30 |
| 99.40 OUTPATIENT SPEECH PATHOLOGY | | | | | | 99.40 |
| 101 HOME HEALTH AGENCY | 32,505 | | 151,178 | | | 101 |
| SPECIAL PURPOSE COST CENTERS | | | | | | |
| 105 KIDNEY ACQUISITION | 24,363 | 104,478 | 356,219 | | | 105 |
| 106 HEART ACQUISITION | 12,404 | | 9,191 | | | 106 |
| 107 LIVER ACQUISITION | 8,786 | | 214,931 | | | 107 |
| 108 LUNG ACQUISITION | 18,795 | 57,776 | 338,917 | | | 108 |
| 112 OTHER ORGAN ACQUISITION (SPECIFY) | | | 1,664 | | | 112 |
| 116 HOSPICE | 12,828 | | 56,259 | | | 116 |
| 118 SUBTOTALS (SUM OF LINES 1-117) | 11,350,995 | 5,511,045 | 17,029,617 | 631 | 32,885,984 | 118 |
| NONREIMBURSABLE COST CENTERS | | | | | | |
| 190 GIFT, FLOWER, COFFEE SHOP & CANTEEN | 78,560 | | | | | 190 |
| 190.01 HINES RADIATION THERAPY | | | | | | 190.01 |
| 190.02 HOME INFUSION THERAPY | | | | | | 190.02 |
| 190.03 OP HOSPITAL PHARMACY | | | | | | 190.03 |
| 190.04 HOSPITALIST | | | | | | 190.04 |
| 192 PHYSICIANS' PRIVATE OFFICES | 2,515 | | | | | 192 |
| 192.01 FACULTY CLINICAL OPERATIONS | | | | | | 192.01 |
| 200 CROSS FOOT ADJUSTMENTS | | | | | | 200 |
| 201 NEGATIVE COST CENTER | | | | | | 201 |
| 202 TOTAL (SUM OF LINES 118-201) | 11,432,070 | 5,511,045 | 17,029,617 | 631 | 32,885,984 | 202 |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | PARAMED ED-MICU 23.01 | SUBTOTAL 24 | I&R COST & POST STEP- DOWN ADJS 25 | TOTAL 26 | |
|---------------------------------------|-----------------------------|----------------|---|-------------|-------|
| GENERAL SERVICE COST CENTERS | | | | | |
| 1 CAP REL COSTS-BLDG & FIXT | | | | | 1 |
| 1.01 NEW CAPITAL-BLDG INTEREST | | | | | 1.01 |
| 2 CAP REL COSTS-MVBLE EQUIP | | | | | 2 |
| 4 EMPLOYEE BENEFITS | | | | | 4 |
| 5.01 COMMUNICATION | | | | | 5.01 |
| 5.02 SYSTEM & COMPUTERS | | | | | 5.02 |
| 5.03 PURCHASING | | | | | 5.03 |
| 5.04 OPC STORES | | | | | 5.04 |
| 5.05 PATIENT AFFAIRS | | | | | 5.05 |
| 5.06 PATIENT ADMITTING | | | | | 5.06 |
| 5.07 PATIENT ACCOUNTS | | | | | 5.07 |
| 5.08 ACCOUNTING | | | | | 5.08 |
| 5.09 EMPLOYEE HEALTH SERVICES | | | | | 5.09 |
| 5.10 PASTORAL CARE | | | | | 5.10 |
| 5.11 HOSPITAL ADMINISTRATION | | | | | 5.11 |
| 5.12 AMBULATORY ADMINISTRATION | | | | | 5.12 |
| 5.14 PRIMARY CARE ADMINISTRATION | | | | | 5.14 |
| 6 MAINTENANCE & REPAIRS | | | | | 6 |
| 7 OPERATION OF PLANT | | | | | 7 |
| 7.01 SAFETY AND SECURITY | | | | | 7.01 |
| 8 LAUNDRY & LINEN SERVICE | | | | | 8 |
| 9 HOUSEKEEPING | | | | | 9 |
| 10 DIETARY | | | | | 10 |
| 11 CAFETERIA | | | | | 11 |
| 12 MAINTENANCE OF PERSONNEL | | | | | 12 |
| 12.01 PATIENT TRANSPORTATION | | | | | 12.01 |
| 13 NURSING ADMINISTRATION | | | | | 13 |
| 14 CENTRAL SERVICES & SUPPLY | | | | | 14 |
| 14.01 CENTRAL PROCESSING | | | | | 14.01 |
| 15 PHARMACY | | | | | 15 |
| 16 MEDICAL RECORDS & LIBRARY | | | | | 16 |
| 17 SOCIAL SERVICE | | | | | 17 |
| 17.01 HOSPITAL MEDICAL ADMIN | | | | | 17.01 |
| 19 NONPHYSICIAN ANESTHETISTS | | | | | 19 |
| 20 NURSING SCHOOL | | | | | 20 |
| 21 I&R SRVCES-SALARY & FRINGES APPRVD | | | | | 21 |
| 22 I&R SRVCES-OTHER PRGM COSTS APPRVD | | | | | 22 |
| 23 PARAMED ED PRGM-(SPECIFY) | | | | | 23 |
| 23.01 PARAMEDICAL ED-MICU | 772,524 | | | | 23.01 |
| 23.02 PARAMEDICAL ED-SOCIAL WORK | | | | | 23.02 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | |
| 30 ADULTS & PEDIATRICS | | 70,679,886 | -7,383,090 | 63,296,796 | 30 |
| 31 INTENSIVE CARE UNIT | | 23,773,995 | -2,057,098 | 21,716,897 | 31 |
| 33 BURN INTENSIVE CARE UNIT | | 7,499,619 | -680,773 | 6,818,846 | 33 |
| 35 NEONATAL INTENSIVE CARE | | 11,922,464 | -322,160 | 11,600,304 | 35 |
| 35.01 PEDIATRIC INTENSIVE CARE | | 3,839,992 | -314,279 | 3,525,713 | 35.01 |
| 35.03 HEART TRANSPLANT ICU | | 4,656,974 | -314,279 | 4,342,695 | 35.03 |
| 35.04 BONE INTENSIVE CARE | | 5,376,933 | -922,147 | 4,454,786 | 35.04 |
| 41 SUBPROVIDER - IRF | | 7,516,081 | -314,279 | 7,201,802 | 41 |
| 43 NURSERY | | 665,868 | | 665,868 | 43 |
| ANCILLARY SERVICE COST CENTERS | | | | | |
| 50 OPERATING ROOM | | 71,444,018 | -3,959,520 | 67,484,498 | 50 |
| 50.01 AMBULATORY SURGERY CENTER | | 11,858,904 | -780,279 | 11,078,625 | 50.01 |
| 51 RECOVERY ROOM | | 5,152,089 | | 5,152,089 | 51 |
| 52 DELIVERY ROOM & LABOR ROOM | | 3,720,037 | -324,131 | 3,395,906 | 52 |
| 53 ANESTHESIOLOGY | | 10,476,657 | -3,166,434 | 7,310,223 | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | | 20,792,751 | -1,073,868 | 19,718,883 | 54 |
| 54.01 RADIOLOGY-ULTRASOUND | | 1,977,330 | -285,708 | 1,691,622 | 54.01 |
| 55 RADIOLOGY-THERAPEUTIC | | | | | 55 |
| 56 RADIOISOTOPE | | 5,639,863 | -397,036 | 5,242,827 | 56 |
| 57 COMPUTED TOMOGRAPHY (CT) SCAN | | 7,501,065 | -285,708 | 7,215,357 | 57 |
| 58 MAGNETIC RESONANCE IMAGING (MRI) | | 5,652,452 | -462,059 | 5,190,393 | 58 |
| 59 CARDIAC CATHETERIZATION | | 16,928,086 | | 16,928,086 | 59 |
| 60 LABORATORY | | 30,638,488 | | 30,638,488 | 60 |
| 60.01 LABORATORY-SURGICAL PATHOLOGY | | 6,326,199 | -1,365,488 | 4,960,711 | 60.01 |
| 60.02 LABORATORY-NEUROSURGICAL | | | | | 60.02 |
| 60.03 LABORATORY-HLA | | 156,630 | | 156,630 | 60.03 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS | | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & TRANS. | | 9,993,947 | | 9,993,947 | 63 |
| 65 RESPIRATORY THERAPY | | 9,696,690 | | 9,696,690 | 65 |
| 66 PHYSICAL THERAPY | | 6,116,348 | | 6,116,348 | 66 |
| 67 OCCUPATIONAL THERAPY | | 2,474,632 | | 2,474,632 | 67 |
| 68 SPEECH PATHOLOGY | | 933,890 | | 933,890 | 68 |
| 69 ELECTROCARDIOLOGY | | 22,054,425 | | 22,054,425 | 69 |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | PARAMED | SUBTOTAL | I&R COST & | TOTAL | |
|---|---------|-------------|-------------|-------------|--------|
| | ED-MICU | | POST STEP- | | |
| | 23.01 | 24 | 25 | 26 | |
| 70 ELECTROENCEPHALOGRAPHY | | 2,390,859 | | 2,390,859 | 70 |
| 71 MEDICAL SUPPLIES CHRGD TO PATIENTS | | 3,869,907 | | 3,869,907 | 71 |
| 73 DRUGS CHARGED TO PATIENTS | | 34,317,075 | | 34,317,075 | 73 |
| 74 RENAL DIALYSIS | | 8,666,704 | -4,263,049 | 4,403,655 | 74 |
| 76 PULMONARY LABS | | 1,221,161 | -230,537 | 990,624 | 76 |
| 76.01 OCCUPATIONAL HEALTH | | 441,403 | | 441,403 | 76.01 |
| 76.03 HYPERALIMENTATION | | | | | 76.03 |
| 76.04 PERIPHERAL VASCULAR | | 1,305,989 | | 1,305,989 | 76.04 |
| 76.05 PEDIATRIC ENDO NUTRITION | | | | | 76.05 |
| 76.07 GASTROINTESTINAL SERVICE | | 5,403,797 | | 5,403,797 | 76.07 |
| 76.09 BONE MARROW PROCUREMENT | | 1,696,139 | | 1,696,139 | 76.09 |
| 76.97 CARDIAC REHABILITATION | | | | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | |
| 90 CLINIC | | 690,920 | | 690,920 | 90 |
| 90.01 CARDIAC REHABILITATION | | 477,538 | | 477,538 | 90.01 |
| 90.02 CANCER CENTER | | 31,128,342 | -34,482 | 31,093,860 | 90.02 |
| 90.03 PSYCH SOCIAL REHAB | | 1,186,051 | -458,118 | 727,933 | 90.03 |
| 90.04 WELLNESS ASSESSMENT | | | | | 90.04 |
| 90.06 HEART FAILURE CLINIC | | | | | 90.06 |
| 90.07 LOC OUTPATIENT CENTER | | 52,600,629 | -5,266,880 | 47,333,749 | 90.07 |
| 90.08 OB OUTPATIENT CENTER | | 8,816,194 | -612,795 | 8,203,399 | 90.08 |
| 90.09 ELMHURST IMMEDIATE CARE | | 1,460,023 | | 1,460,023 | 90.09 |
| 90.10 LAGRANGE FAMILY PCC | | 2,635,689 | | 2,635,689 | 90.10 |
| 90.12 NORTH RIVERSIDE PCC | | 2,625,714 | | 2,625,714 | 90.12 |
| 90.13 GLENDALE HEIGHTS PCC | | | | | 90.13 |
| 90.14 WHEATON PCC | | 2,825,492 | -112,313 | 2,713,179 | 90.14 |
| 90.15 OB II PCC | | 2,268,867 | | 2,268,867 | 90.15 |
| 90.16 HICKORY HILLS PCC | | 3,658,760 | | 3,658,760 | 90.16 |
| 90.18 DARIEN PCC | | 1,546,872 | | 1,546,872 | 90.18 |
| 90.20 ORLANAD PARK - FP | | 2,771,535 | | 2,771,535 | 90.20 |
| 90.21 FAMILY PRACTICE MAYWOOD PCC | | 1,353,665 | | 1,353,665 | 90.21 |
| 90.22 HOMER GLEN PCC | | 6,909,675 | | 6,909,675 | 90.22 |
| 90.23 OAK PARK PCC | | 851,328 | | 851,328 | 90.23 |
| 90.24 PARK RIDGE PCC | | 1,172,270 | | 1,172,270 | 90.24 |
| 90.25 LOYOLA CLINIC AT GOTTLIEB | | 222,898 | | 222,898 | 90.25 |
| 90.26 WOODRIDGE PCC | | | | | 90.26 |
| 90.27 NEUROLOGY - NILES | | 22,707 | | 22,707 | 90.27 |
| 90.28 MARJORIE WEINBERG CANCER CENTER | | 8,391,690 | | 8,391,690 | 90.28 |
| 90.29 BURR RIDGE PCC | | 8,361,116 | | 8,361,116 | 90.29 |
| 91 EMERGENCY | 772,524 | 13,932,168 | -1,762,523 | 12,169,645 | 91 |
| 92 OBSERVATION BEDS | | | | | 92 |
| 92.01 OBSERVATION BEDS-DISTINCT | | 652,319 | | 652,319 | 92.01 |
| OTHER REIMBURSABLE COST CENTERS | | | | | |
| 95 AMBULANCE SERVICES | | 366,810 | | 366,810 | 95 |
| 97 DURABLE MEDICAL EQUIP-SOLD | | 2,752,992 | | 2,752,992 | 97 |
| 99 CMHC | | 109 | | 109 | 99 |
| 99.10 CORF | | | | | 99.10 |
| 99.20 OUTPATIENT PHYSICAL THERAPY | | | | | 99.20 |
| 99.30 OUTPATIENT OCCUPATIONAL THERAPY | | | | | 99.30 |
| 99.40 OUTPATIENT SPEECH PATHOLOGY | | | | | 99.40 |
| 101 HOME HEALTH AGENCY | | 5,785,039 | | 5,785,039 | 101 |
| SPECIAL PURPOSE COST CENTERS | | | | | |
| 105 KIDNEY ACQUISITION | | 1,774,395 | | 1,774,395 | 105 |
| 106 HEART ACQUISITION | | 1,084,967 | | 1,084,967 | 106 |
| 107 LIVER ACQUISITION | | 859,197 | | 859,197 | 107 |
| 108 LUNG ACQUISITION | | 1,228,025 | | 1,228,025 | 108 |
| 112 OTHER ORGAN ACQUISITION (SPECIFY) | | 255,527 | | 255,527 | 112 |
| 116 HOSPICE | | 1,084,152 | | 1,084,152 | 116 |
| 118 SUBTOTALS (SUM OF LINES 1-117) | 772,524 | 616,533,022 | -37,149,033 | 579,383,989 | 118 |
| NONREIMBURSABLE COST CENTERS | | | | | |
| 190 GIFT, FLOWER, COFFEE SHOP & CANTEEN | | 359,416 | | 359,416 | 190 |
| 190.01 HINES RADIATION THERAPY | | 978,680 | | 978,680 | 190.01 |
| 190.02 HOME INFUSION THERAPY | | 3,943,726 | | 3,943,726 | 190.02 |
| 190.03 OP HOSPITAL PHARMACY | | 5,694,868 | | 5,694,868 | 190.03 |
| 190.04 HOSPITALIST | | 38,241 | | 38,241 | 190.04 |
| 192 PHYSICIANS' PRIVATE OFFICES | | 341,773 | | 341,773 | 192 |
| 192.01 FACULTY CLINICAL OPERATIONS | | 141,690,501 | | 141,690,501 | 192.01 |
| 200 CROSS FOOT ADJUSTMENTS | | | | | 200 |
| 201 NEGATIVE COST CENTER | | | | | 201 |
| 202 TOTAL (SUM OF LINES 118-201) | 772,524 | 769,580,227 | -37,149,033 | 732,431,194 | 202 |

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

| COST CENTER DESCRIPTION | DIR ASSGND CAP-REL COSTS 0 | CAP BLDGS & FIXTURES 1 | NEW CPTL BLG INTRST 1.01 | CAP MOVABLE EQUIPMENT 2 | SUBTOTAL 2A | |
|---------------------------------------|-------------------------------------|---------------------------------|--------------------------------|----------------------------------|----------------|-------|
| GENERAL SERVICE COST CENTERS | | | | | | |
| 1 CAP REL COSTS-BLDG & FIXT | | | | | | 1 |
| 1.01 NEW CAPITAL-BLDG INTEREST | | | | | | 1.01 |
| 2 CAP REL COSTS-MVBLE EQUIP | | | | | | 2 |
| 4 EMPLOYEE BENEFITS | | 76,879 | 1,605 | 10,825 | 89,309 | 4 |
| 5.01 COMMUNICATION | | 25,450 | 531 | 160,100 | 186,081 | 5.01 |
| 5.02 SYSTEM & COMPUTERS | | 197,772 | 4,128 | 1,582,487 | 1,784,387 | 5.02 |
| 5.03 PURCHASING | | 204,395 | 4,266 | 9,612 | 218,273 | 5.03 |
| 5.04 OPC STORES | | 59,284 | 1,237 | 5,430 | 65,951 | 5.04 |
| 5.05 PATIENT AFFAIRS | | 34,531 | 721 | 8,244 | 43,496 | 5.05 |
| 5.06 PATIENT ADMITTING | | 31,088 | 649 | 21,867 | 53,604 | 5.06 |
| 5.07 PATIENT ACCOUNTS | | 124,468 | 2,598 | 78,283 | 205,349 | 5.07 |
| 5.08 ACCOUNTING | | 67,092 | 1,400 | 166,494 | 234,986 | 5.08 |
| 5.09 EMPLOYEE HEALTH SERVICES | | 27,730 | 579 | 223 | 28,532 | 5.09 |
| 5.10 PASTORAL CARE | | 127,252 | 2,656 | 6,262 | 136,170 | 5.10 |
| 5.11 HOSPITAL ADMINISTRATION | | 728,277 | 15,201 | 763,271 | 1,506,749 | 5.11 |
| 5.12 AMBULATORY ADMINISTRATION | | 28,576 | 596 | 6,362 | 35,534 | 5.12 |
| 5.14 PRIMARY CARE ADMINISTRATION | | | | | | 5.14 |
| 6 MAINTENANCE & REPAIRS | | | | | | 6 |
| 7 OPERATION OF PLANT | | 177,021 | 3,695 | 292,520 | 473,236 | 7 |
| 7.01 SAFETY AND SECURITY | | 51,878 | 1,083 | 193,479 | 246,440 | 7.01 |
| 8 LAUNDRY & LINEN SERVICE | | 65,735 | 1,372 | 1,605 | 68,712 | 8 |
| 9 HOUSEKEEPING | | 90,643 | 1,892 | 15,361 | 107,896 | 9 |
| 10 DIETARY | | 208,582 | 4,354 | 38,646 | 251,582 | 10 |
| 11 CAFETERIA | | 94,761 | 1,978 | 7,762 | 104,501 | 11 |
| 12 MAINTENANCE OF PERSONNEL | | | | | | 12 |
| 12.01 PATIENT TRANSPORTATION | | 7,398 | 154 | 18,032 | 25,584 | 12.01 |
| 13 NURSING ADMINISTRATION | | 71,202 | 1,486 | 40,217 | 112,905 | 13 |
| 14 CENTRAL SERVICES & SUPPLY | | 112,123 | 2,340 | 149,662 | 264,125 | 14 |
| 14.01 CENTRAL PROCESSING | | 29,467 | 615 | | 30,082 | 14.01 |
| 15 PHARMACY | | 139,016 | 2,902 | 149,261 | 291,179 | 15 |
| 16 MEDICAL RECORDS & LIBRARY | | 192,902 | 4,026 | 2,047,029 | 2,243,957 | 16 |
| 17 SOCIAL SERVICE | | 30,274 | 632 | 3,759 | 34,665 | 17 |
| 17.01 HOSPITAL MEDICAL ADMIN | | | | | | 17.01 |
| 19 NONPHYSICIAN ANESTHETISTS | | | | | | 19 |
| 20 NURSING SCHOOL | | | | | | 20 |
| 21 I&R SRVCES-SALARY & FRINGES APPRVD | | 59,361 | 1,239 | 1,046 | 61,646 | 21 |
| 22 I&R SRVCES-OTHER PRGM COSTS APPRVD | | | | | | 22 |
| 23 PARAMED ED PRGM-(SPECIFY) | | | | | | 23 |
| 23.01 PARAMEDICAL ED-MICU | | 37,796 | 789 | 32,021 | 70,606 | 23.01 |
| 23.02 PARAMEDICAL ED-SOCIAL WORK | | | | | | 23.02 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| 30 ADULTS & PEDIATRICS | | 1,416,257 | 29,564 | 829,039 | 2,274,860 | 30 |
| 31 INTENSIVE CARE UNIT | | 352,041 | 7,348 | 213,904 | 573,293 | 31 |
| 33 BURN INTENSIVE CARE UNIT | | 84,137 | 1,756 | 51,660 | 137,553 | 33 |
| 35 NEONATAL INTENSIVE CARE | | 190,793 | 3,982 | 130,721 | 325,496 | 35 |
| 35.01 PEDIATRIC INTENSIVE CARE | | 35,531 | 742 | 25,248 | 61,521 | 35.01 |
| 35.03 HEART TRANSPLANT ICU | | 86,114 | 1,797 | 29,732 | 117,643 | 35.03 |
| 35.04 BONE INTENSIVE CARE | | 74,265 | 1,550 | 23,999 | 99,814 | 35.04 |
| 41 SUBPROVIDER - IRF | | 224,618 | 4,688 | 42,167 | 271,473 | 41 |
| 43 NURSERY | | | | | | 43 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50 OPERATING ROOM | | 1,204,158 | 25,134 | 3,142,205 | 4,371,497 | 50 |
| 50.01 AMBULATORY SURGERY CENTER | | 254,652 | 5,315 | 622,605 | 882,572 | 50.01 |
| 51 RECOVERY ROOM | | 269,463 | 5,624 | 87,805 | 362,892 | 51 |
| 52 DELIVERY ROOM & LABOR ROOM | | 67,100 | 1,401 | 64,877 | 133,378 | 52 |
| 53 ANESTHESIOLOGY | | 19,883 | 415 | 156,860 | 177,158 | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | | 475,595 | 9,927 | 1,465,387 | 1,950,909 | 54 |
| 54.01 RADIOLOGY-ULTRASOUND | | 29,801 | 622 | 101,634 | 132,057 | 54.01 |
| 55 RADIOLOGY-THERAPEUTIC | | | | | | 55 |
| 56 RADIOISOTOPE | | 108,649 | 2,268 | 184,689 | 295,606 | 56 |
| 57 COMPUTED TOMOGRAPHY (CT) SCAN | | 53,568 | 1,118 | 501,952 | 556,638 | 57 |
| 58 MAGNETIC RESONANCE IMAGING (MRI) | | 116,101 | 2,423 | 501,250 | 619,774 | 58 |
| 59 CARDIAC CATHETERIZATION | | 285,275 | 5,955 | 1,172,696 | 1,463,926 | 59 |
| 60 LABORATORY | | 233,699 | 4,878 | 229,224 | 467,801 | 60 |
| 60.01 LABORATORY-SURGICAL PATHOLOGY | | 190,560 | 3,978 | 108,471 | 303,009 | 60.01 |
| 60.02 LABORATORY-NEUROSURGICAL | | | | | | 60.02 |
| 60.03 LABORATORY-HLA | | 22,752 | 475 | 2,522 | 25,749 | 60.03 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS | | | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & TRANS. | | 53,243 | 1,111 | 2,418 | 56,772 | 63 |
| 65 RESPIRATORY THERAPY | | 81,485 | 1,701 | 186,845 | 270,031 | 65 |
| 66 PHYSICAL THERAPY | | 107,881 | 2,252 | 11,688 | 121,821 | 66 |
| 67 OCCUPATIONAL THERAPY | | 46,636 | 973 | 914 | 48,523 | 67 |
| 68 SPEECH PATHOLOGY | | 8,708 | 182 | 15,848 | 24,738 | 68 |
| 69 ELECTROCARDIOLOGY | | 263,228 | 5,494 | 1,412,469 | 1,681,191 | 69 |

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

| COST CENTER DESCRIPTION | DIR ASSGND | CAP | NEW CPTL | CAP | SUBTOTAL | |
|---|-----------------|--------------------|-----------------|---------------------|------------|--------|
| | CAP-REL COSTS 0 | BLDGS & FIXTURES 1 | BLG INTRST 1.01 | MOVABLE EQUIPMENT 2 | | |
| | | | | | 2A | |
| 70 ELECTROENCEPHALOGRAPHY | | 65,735 | 1,372 | 102,148 | 169,255 | 70 |
| 71 MEDICAL SUPPLIES CHRGD TO PATIENTS | | | | | | 71 |
| 73 DRUGS CHARGED TO PATIENTS | | | | | | 73 |
| 74 RENAL DIALYSIS | | 90,984 | 1,899 | 144,195 | 237,078 | 74 |
| 76 PULMONARY LABS | | 25,908 | 541 | 57,594 | 84,043 | 76 |
| 76.01 OCCUPATIONAL HEALTH | | 28,389 | 593 | 12,861 | 41,843 | 76.01 |
| 76.03 HYPERALIMENTATION | | | | | | 76.03 |
| 76.04 PERIPHERAL VASCULAR | | 10,174 | 212 | 82,432 | 92,818 | 76.04 |
| 76.05 PEDIATRIC ENDO NUTRITION | | | | | | 76.05 |
| 76.07 GASTROINTESTINAL SERVICE | | 70,729 | 1,476 | 214,705 | 286,910 | 76.07 |
| 76.09 BONE MARROW PROCUREMENT | | | | | | 76.09 |
| 76.97 CARDIAC REHABILITATION | | | | | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 90 CLINIC | | 28,389 | 593 | 3,010 | 31,992 | 90 |
| 90.01 CARDIAC REHABILITATION | | | | 28 | 28 | 90.01 |
| 90.02 CANCER CENTER | | 407,153 | 8,498 | 182,328 | 597,979 | 90.02 |
| 90.03 PSYCH SOCIAL REHAB | | 77,119 | 1,610 | 1,933 | 80,662 | 90.03 |
| 90.04 WELLNESS ASSESSMENT | | | | | | 90.04 |
| 90.06 HEART FAILURE CLINIC | | | | | | 90.06 |
| 90.07 LOC OUTPATIENT CENTER | | 1,051,820 | 21,955 | 2,065,363 | 3,139,138 | 90.07 |
| 90.08 OBT OUTPATIENT CENTER | | 752 | 16 | 357,585 | 358,353 | 90.08 |
| 90.09 ELMHURST IMMEDIATE CARE | | | | 51,325 | 51,325 | 90.09 |
| 90.10 LAGRANGE FAMILY PCC | | | | 96,409 | 96,409 | 90.10 |
| 90.12 NORTH RIVERSIDE PCC | | | | 51,057 | 51,057 | 90.12 |
| 90.13 GLENDALE HEIGHTS PCC | | | | | | 90.13 |
| 90.14 WHEATON PCC | | | | 31,070 | 31,070 | 90.14 |
| 90.15 OBT II PCC | | | | 66,845 | 66,845 | 90.15 |
| 90.16 HICKORY HILLS PCC | | | | 128,838 | 128,838 | 90.16 |
| 90.18 DARIEN PCC | | | | 73,809 | 73,809 | 90.18 |
| 90.20 ORLANAD PARK - FP | | | | 62,460 | 62,460 | 90.20 |
| 90.21 FAMILY PRACTICE MAYWOOD PCC | | 24,900 | 520 | 31,976 | 57,396 | 90.21 |
| 90.22 HOMER GLEN PCC | | | | 204,965 | 204,965 | 90.22 |
| 90.23 OAK PARK PCC | | | | 31,943 | 31,943 | 90.23 |
| 90.24 PARK RIDGE PCC | | | | 207,908 | 207,908 | 90.24 |
| 90.25 LOYOLA CLINIC AT GOTTLIEB | | | | 15,293 | 15,293 | 90.25 |
| 90.26 WOODRIDGE PCC | | | | | | 90.26 |
| 90.27 NEUROLOGY - NILES | | | | | | 90.27 |
| 90.28 MARJORIE WEINBERG CANCER CENTER | | | | | | 90.28 |
| 90.29 BURR RIDGE PCC | | 775,456 | 16,186 | | 791,642 | 90.29 |
| 91 EMERGENCY | | 192,809 | 4,024 | 219,159 | 415,992 | 91 |
| 92 OBSERVATION BEDS | | | | | | 92 |
| 92.01 OBSERVATION BEDS-DISTINCT | | 12,400 | 259 | 15,793 | 28,452 | 92.01 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 95 AMBULANCE SERVICES | | 5,653 | 118 | 2,108 | 7,879 | 95 |
| 97 DURABLE MEDICAL EQUIP-SOLD | | | | | | 97 |
| 99 CMHC | | | | | | 99 |
| 99.10 CORF | | | | | | 99.10 |
| 99.20 OUTPATIENT PHYSICAL THERAPY | | | | | | 99.20 |
| 99.30 OUTPATIENT OCCUPATIONAL THERAPY | | | | | | 99.30 |
| 99.40 OUTPATIENT SPEECH PATHOLOGY | | | | | | 99.40 |
| 101 HOME HEALTH AGENCY | | 44,426 | 927 | 2,499 | 47,852 | 101 |
| SPECIAL PURPOSE COST CENTERS | | | | | | |
| 105 KIDNEY ACQUISITION | | 5,451 | 114 | 404 | 5,969 | 105 |
| 106 HEART ACQUISITION | | 20,604 | 430 | 1,405 | 22,439 | 106 |
| 107 LIVER ACQUISITION | | 2,458 | 51 | 535 | 3,044 | 107 |
| 108 LUNG ACQUISITION | | 18,526 | 387 | | 18,913 | 108 |
| 112 OTHER ORGAN ACQUISITION (SPECIFY) | | 1,241 | 26 | 85 | 1,352 | 112 |
| 116 HOSPICE | | 3,451 | 72 | 2,629 | 6,152 | 116 |
| 118 SUBTOTALS (SUM OF LINES 1-117) | | 12,421,673 | 259,276 | 21,651,386 | 34,332,335 | 118 |
| NONREIMBURSABLE COST CENTERS | | | | | | |
| 190 GIFT, FLOWER, COFFEE SHOP & CANTEEN | | | | 3,694 | 3,694 | 190 |
| 190.01 HINES RADIATION THERAPY | | | | 6,473 | 6,473 | 190.01 |
| 190.02 HOME INFUSION THERAPY | | | | 1,025 | 1,025 | 190.02 |
| 190.03 OP HOSPITAL PHARMACY | | | | 2,593 | 2,593 | 190.03 |
| 190.04 HOSPITALIST | | | | | | 190.04 |
| 192 PHYSICIANS' PRIVATE OFFICES | | | | 3,835 | 3,835 | 192 |
| 192.01 FACUALTY CLINICAL OPERATIONS | | | | 150,871 | 150,871 | 192.01 |
| 200 CROSS FOOT ADJUSTMENTS | | | | | | 200 |
| 201 NEGATIVE COST CENTER | | | | | | 201 |
| 202 TOTAL (SUM OF LINES 118-201) | | 12,421,673 | 259,276 | 21,819,877 | 34,500,826 | 202 |

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

| COST CENTER DESCRIPTION | EMPLOYEE BENEFITS | COMMUNICTN | SYSTEM + COMPUTERS | PURCHASING | OPC STORES | |
|---------------------------------------|----------------------|------------|-----------------------|------------|---------------|-------|
| | 4 | 5.01 | 5.02 | 5.03 | 5.04 | |
| GENERAL SERVICE COST CENTERS | | | | | | |
| 1 CAP REL COSTS-BLDG & FIXT | | | | | | 1 |
| 1.01 NEW CAPITAL-BLDG INTEREST | | | | | | 1.01 |
| 2 CAP REL COSTS-MVBLE EQUIP | | | | | | 2 |
| 4 EMPLOYEE BENEFITS | 89,309 | | | | | 4 |
| 5.01 COMMUNICATION | 210 | 186,291 | | | | 5.01 |
| 5.02 SYSTEM & COMPUTERS | 1,130 | 3,744 | 1,789,261 | | | 5.02 |
| 5.03 PURCHASING | 304 | 1,988 | | 220,565 | | 5.03 |
| 5.04 OPC STORES | | 19 | | 61 | 66,031 | 5.04 |
| 5.05 PATIENT AFFAIRS | 238 | 926 | | 7 | | 5.05 |
| 5.06 PATIENT ADMITTING | 253 | 1,279 | | 45 | | 5.06 |
| 5.07 PATIENT ACCOUNTS | 818 | 6,778 | | 14 | | 5.07 |
| 5.08 ACCOUNTING | 411 | 2,120 | | 25 | | 5.08 |
| 5.09 EMPLOYEE HEALTH SERVICES | 113 | 204 | | 140 | | 5.09 |
| 5.10 PASTORAL CARE | 173 | 1,197 | | 10 | | 5.10 |
| 5.11 HOSPITAL ADMINISTRATION | 10,610 | 11,188 | | 615 | 120 | 5.11 |
| 5.12 AMBULATORY ADMINISTRATION | 820 | 393 | | 24 | | 5.12 |
| 5.14 PRIMARY CARE ADMINISTRATION | 9 | | | | | 5.14 |
| 6 MAINTENANCE & REPAIRS | | | | | | 6 |
| 7 OPERATION OF PLANT | 1,716 | 3,154 | | 1,908 | 103 | 7 |
| 7.01 SAFETY AND SECURITY | 436 | 970 | | 41 | 120 | 7.01 |
| 8 LAUNDRY & LINEN SERVICE | 44 | | | 383 | | 8 |
| 9 HOUSEKEEPING | | 1,242 | | 20 | 205 | 9 |
| 10 DIETARY | 394 | 1,935 | | 2,209 | | 10 |
| 11 CAFETERIA | 196 | | | 1,952 | | 11 |
| 12 MAINTENANCE OF PERSONNEL | | | | | | 12 |
| 12.01 PATIENT TRANSPORTATION | 184 | 795 | | 6 | 68 | 12.01 |
| 13 NURSING ADMINISTRATION | 401 | 1,551 | | 93 | | 13 |
| 14 CENTRAL SERVICES & SUPPLY | 264 | 84 | | 237 | | 14 |
| 14.01 CENTRAL PROCESSING | 19 | 17 | | 314 | | 14.01 |
| 15 PHARMACY | 1,351 | 1,591 | | 3,996 | | 15 |
| 16 MEDICAL RECORDS & LIBRARY | 610 | 3,586 | | 62 | | 16 |
| 17 SOCIAL SERVICE | 790 | 2,709 | | 15 | | 17 |
| 17.01 HOSPITAL MEDICAL ADMIN | | | | | | 17.01 |
| 19 NONPHYSICIAN ANESTHETISTS | 500 | | | | | 19 |
| 20 NURSING SCHOOL | | | | | | 20 |
| 21 I&R SRVCES-SALARY & FRINGES APPRVD | 4,539 | 405 | | | | 21 |
| 22 I&R SRVCES-OTHER PRGM COSTS APPRVD | | | | | | 22 |
| 23 PARAMED ED PRGM-(SPECIFY) | | | | | | 23 |
| 23.01 PARAMEDICAL ED-MICU | 97 | | | 7 | | 23.01 |
| 23.02 PARAMEDICAL ED-SOCIAL WORK | | | | | | 23.02 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| 30 ADULTS & PEDIATRICS | 5,865 | 27,417 | 134,901 | 66,190 | 17 | 30 |
| 31 INTENSIVE CARE UNIT | 2,285 | 4,849 | 49,676 | 28,965 | | 31 |
| 33 BURN INTENSIVE CARE UNIT | 655 | 623 | 18,288 | 5,516 | | 33 |
| 35 NEONATAL INTENSIVE CARE | 1,352 | 3,389 | 31,098 | 3,222 | | 35 |
| 35.01 PEDIATRIC INTENSIVE CARE | 376 | 1,232 | 8,424 | 3,992 | | 35.01 |
| 35.03 HEART TRANSPLANT ICU | 413 | 918 | 10,131 | 4,277 | | 35.03 |
| 35.04 BONE INTENSIVE CARE | 447 | 1,066 | 12,713 | 4,042 | | 35.04 |
| 41 SUBPROVIDER - IRF | 735 | 2,497 | 9,771 | 2,876 | | 41 |
| 43 NURSERY | 71 | | 1,044 | | | 43 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50 OPERATING ROOM | 2,080 | 4,447 | 137,792 | 13,213 | | 50 |
| 50.01 AMBULATORY SURGERY CENTER | 487 | | 38,783 | 7,048 | 46,871 | 50.01 |
| 51 RECOVERY ROOM | 420 | 947 | 34,442 | 4,399 | | 51 |
| 52 DELIVERY ROOM & LABOR ROOM | 352 | 1,339 | 8,011 | 4,556 | | 52 |
| 53 ANESTHESIOLOGY | 88 | | 61,313 | 369 | | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | 1,199 | 8,252 | 59,810 | 2,863 | 360 | 54 |
| 54.01 RADIOLOGY-ULTRASOUND | 159 | | 11,622 | 272 | 17 | 54.01 |
| 55 RADIOLOGY-THERAPEUTIC | | | | | | 55 |
| 56 RADIOISOTOPE | 317 | 1,219 | 22,775 | 438 | | 56 |
| 57 COMPUTED TOMOGRAPHY (CT) SCAN | 408 | | 80,189 | 1,251 | | 57 |
| 58 MAGNETIC RESONANCE IMAGING (MRI) | 230 | 915 | 38,690 | 414 | 428 | 58 |
| 59 CARDIAC CATHETERIZATION | 618 | 792 | 56,643 | 1,339 | | 59 |
| 60 LABORATORY | 1,423 | 3,759 | 190,415 | 4,735 | | 60 |
| 60.01 LABORATORY-SURGICAL PATHOLOGY | 273 | 2,164 | 15,870 | 851 | | 60.01 |
| 60.02 LABORATORY-NEUROSURGICAL | | | | | | 60.02 |
| 60.03 LABORATORY-HLA | | 125 | 7 | 137 | | 60.03 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS | | | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & TRANS. | 230 | 521 | 22,886 | 495 | 274 | 63 |
| 65 RESPIRATORY THERAPY | 1,001 | 318 | 42,390 | 2,202 | | 65 |
| 66 PHYSICAL THERAPY | 656 | 1,985 | 17,845 | 549 | | 66 |
| 67 OCCUPATIONAL THERAPY | 267 | | 8,789 | 393 | | 67 |
| 68 SPEECH PATHOLOGY | 108 | 333 | 2,795 | 166 | 34 | 68 |
| 69 ELECTROCARDIOLOGY | 582 | 2,214 | 88,776 | 1,735 | | 69 |

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

| COST CENTER DESCRIPTION | EMPLOYEE | COMMUNICTN | SYSTEM + | PURCHASING | OPC | |
|---|----------|------------|-----------|------------|--------|--------|
| | BENEFITS | | COMPUTERS | | STORES | |
| | 4 | 5.01 | 5.02 | 5.03 | 5.04 | |
| 70 ELECTROENCEPHALOGRAPHY | 227 | 1,294 | 6,204 | 189 | | 70 |
| 71 MEDICAL SUPPLIES CHRGD TO PATIENTS | | | 3,759 | | | 71 |
| 73 DRUGS CHARGED TO PATIENTS | 4,444 | | 106,533 | | | 73 |
| 74 RENAL DIALYSIS | 476 | 827 | 25,656 | 1,718 | | 74 |
| 76 PULMONARY LABS | 46 | 788 | 1,868 | 816 | | 76 |
| 76.01 OCCUPATIONAL HEALTH | 40 | | 426 | 31 | 17 | 76.01 |
| 76.03 HYPERALIMENTATION | | | | | | 76.03 |
| 76.04 PERIPHERAL VASCULAR | 130 | 296 | 7,285 | 37 | | 76.04 |
| 76.05 PEDIATRIC ENDO NUTRITION | | | | | | 76.05 |
| 76.07 GASTROINTESTINAL SERVICE | 342 | | 18,766 | 1,325 | | 76.07 |
| 76.09 BONE MARROW PROCUREMENT | | | 1,943 | | | 76.09 |
| 76.97 CARDIAC REHABILITATION | | | | | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 90 CLINIC | 35 | | 402 | 511 | 17 | 90 |
| 90.01 CARDIAC REHABILITATION | 54 | 38 | 336 | 7,480 | 565 | 90.01 |
| 90.02 CANCER CENTER | 993 | 6,980 | 86,457 | 47 | | 90.02 |
| 90.03 PSYCH SOCIAL REHAB | 53 | 1,248 | 466 | | | 90.03 |
| 90.04 WELLNESS ASSESSMENT | | | | | | 90.04 |
| 90.06 HEART FAILURE CLINIC | | | | | | 90.06 |
| 90.07 LOC OUTPATIENT CENTER | 3,417 | 25,171 | 93,596 | 6,470 | 15,806 | 90.07 |
| 90.08 OB OUTPATIENT CENTER | 713 | 2,858 | 20,992 | 1,505 | 702 | 90.08 |
| 90.09 ELMHURST IMMEDIATE CARE | 170 | | 2,380 | 259 | | 90.09 |
| 90.10 LAGRANGE FAMILY PCC | 296 | 2,191 | 5,129 | 606 | | 90.10 |
| 90.12 NORTH RIVERSIDE PCC | 461 | 2,804 | 4,568 | 430 | | 90.12 |
| 90.13 GLENDALE HEIGHTS PCC | | | | | | 90.13 |
| 90.14 WHEATON PCC | 294 | 1,024 | 3,947 | 215 | | 90.14 |
| 90.15 OB II PCC | 445 | 2,113 | 4,634 | 435 | 51 | 90.15 |
| 90.16 HICKORY HILLS PCC | 507 | 2,682 | 7,552 | 662 | 17 | 90.16 |
| 90.18 DARIEN PCC | 315 | 1,423 | 2,944 | 549 | | 90.18 |
| 90.20 ORLANAD PARK - FP | 473 | 3,204 | 4,127 | 386 | 171 | 90.20 |
| 90.21 FAMILY PRACTICE MAYWOOD PCC | 122 | | 2,810 | 238 | | 90.21 |
| 90.22 HOMER GLEN PCC | 465 | 37 | 14,464 | 1,704 | | 90.22 |
| 90.23 OAK PARK PCC | 351 | | 1,536 | 275 | 68 | 90.23 |
| 90.24 PARK RIDGE PCC | 66 | 15 | 2,463 | 198 | | 90.24 |
| 90.25 LOYOLA CLINIC AT GOTTLIEB | 19 | | 325 | 67 | | 90.25 |
| 90.26 WOODRIDGE PCC | | | | | | 90.26 |
| 90.27 NEUROLOGY - NILES | 1 | | 26 | | | 90.27 |
| 90.28 MARJORIE WEINBERG CANCER CENTER | 152 | | 16,326 | | | 90.28 |
| 90.29 BURR RIDGE PCC | 373 | | 6,638 | | | 90.29 |
| 91 EMERGENCY | 2,151 | 7,980 | 77,230 | 8,623 | | 91 |
| 92 OBSERVATION BEDS | | | | | | 92 |
| 92.01 OBSERVATION BEDS-DISTINCT | 57 | | 9,023 | 269 | | 92.01 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 95 AMBULANCE SERVICES | | 42 | 2 | | | 95 |
| 97 DURABLE MEDICAL EQUIP-SOLD | 7 | | 2,700 | 1 | | 97 |
| 99 CMHC | | | | | | 99 |
| 99.10 CORF | | | | | | 99.10 |
| 99.20 OUTPATIENT PHYSICAL THERAPY | | | | | | 99.20 |
| 99.30 OUTPATIENT OCCUPATIONAL THERAPY | | | | | | 99.30 |
| 99.40 OUTPATIENT SPEECH PATHOLOGY | | | | | | 99.40 |
| 101 HOME HEALTH AGENCY | 662 | 2,445 | 5,088 | 54 | | 101 |
| SPECIAL PURPOSE COST CENTERS | | | | | | |
| 105 KIDNEY ACQUISITION | 72 | 885 | 3,813 | 4 | | 105 |
| 106 HEART ACQUISITION | 60 | 349 | 1,942 | 5 | | 106 |
| 107 LIVER ACQUISITION | 57 | | 1,375 | 7 | | 107 |
| 108 LUNG ACQUISITION | 46 | | 2,942 | 2 | | 108 |
| 112 OTHER ORGAN ACQUISITION (SPECIFY) | 11 | 21 | | | | 112 |
| 116 HOSPICE | 102 | 212 | 2,008 | 3 | | 116 |
| 118 SUBTOTALS (SUM OF LINES 1-117) | 68,432 | 186,123 | 1,776,570 | 213,810 | 66,031 | 118 |
| NONREIMBURSABLE COST CENTERS | | | | | | |
| 190 GIFT, FLOWER, COFFEE SHOP & CANTEEN | 15 | 168 | | 12 | | 190 |
| 190.01 HINES RADIATION THERAPY | 157 | | | 3 | | 190.01 |
| 190.02 HOME INFUSION THERAPY | 170 | | 12,297 | 1,246 | | 190.02 |
| 190.03 OP HOSPITAL PHARMACY | 30 | | | 5,451 | | 190.03 |
| 190.04 HOSPITALIST | 478 | | | 8 | | 190.04 |
| 192 PHYSICIANS' PRIVATE OFFICES | 16 | | 394 | 27 | | 192 |
| 192.01 FACULTY CLINICAL OPERATIONS | 20,011 | | | 8 | | 192.01 |
| 200 CROSS FOOT ADJUSTMENTS | | | | | | 200 |
| 201 NEGATIVE COST CENTER | | | | | | 201 |
| 202 TOTAL (SUM OF LINES 118-201) | 89,309 | 186,291 | 1,789,261 | 220,565 | 66,031 | 202 |

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

| COST CENTER DESCRIPTION | PATIENT | PATIENT | PATIENT | ACCOUNTING | EMPLOYEE |
|---------------------------------------|---------|-----------|----------|------------|-----------------|
| | AFFAIRS | ADMITTING | ACCOUNTS | | HEALTH SERVICES |
| | 5.05 | 5.06 | 5.07 | 5.08 | 5.09 |
| GENERAL SERVICE COST CENTERS | | | | | |
| 1 CAP REL COSTS-BLDG & FIXT | | | | | 1 |
| 1.01 NEW CAPITAL-BLDG INTEREST | | | | | 1.01 |
| 2 CAP REL COSTS-MVBLE EQUIP | | | | | 2 |
| 4 EMPLOYEE BENEFITS | | | | | 4 |
| 5.01 COMMUNICATION | | | | | 5.01 |
| 5.02 SYSTEM & COMPUTERS | | | | | 5.02 |
| 5.03 PURCHASING | | | | | 5.03 |
| 5.04 OPC STORES | | | | | 5.04 |
| 5.05 PATIENT AFFAIRS | 44,667 | | | | 5.05 |
| 5.06 PATIENT ADMITTING | | 55,181 | | | 5.06 |
| 5.07 PATIENT ACCOUNTS | | | 212,959 | | 5.07 |
| 5.08 ACCOUNTING | | | | 237,542 | 5.08 |
| 5.09 EMPLOYEE HEALTH SERVICES | | | | 251 | 29,240 |
| 5.10 PASTORAL CARE | | | | 317 | 39 |
| 5.11 HOSPITAL ADMINISTRATION | | | | 39,452 | 4,906 |
| 5.12 AMBULATORY ADMINISTRATION | | | | 7,291 | 897 |
| 5.14 PRIMARY CARE ADMINISTRATION | | | | 983 | 121 |
| 6 MAINTENANCE & REPAIRS | | | | | 6 |
| 7 OPERATION OF PLANT | | | | 5,315 | 654 |
| 7.01 SAFETY AND SECURITY | | | | 762 | 94 |
| 8 LAUNDRY & LINEN SERVICE | | | | 645 | 79 |
| 9 HOUSEKEEPING | | | | 2,570 | 316 |
| 10 DIETARY | | | | 1,497 | 184 |
| 11 CAFETERIA | | | | 41 | 5 |
| 12 MAINTENANCE OF PERSONNEL | | | | | 11 |
| 12.01 PATIENT TRANSPORTATION | | | | 313 | 38 |
| 13 NURSING ADMINISTRATION | | | | 794 | 98 |
| 14 CENTRAL SERVICES & SUPPLY | | | | 583 | 72 |
| 14.01 CENTRAL PROCESSING | | | | 53 | 7 |
| 15 PHARMACY | | | | 2,342 | 288 |
| 16 MEDICAL RECORDS & LIBRARY | | | | 2,693 | 331 |
| 17 SOCIAL SERVICE | | | | 1,334 | 164 |
| 17.01 HOSPITAL MEDICAL ADMIN | | | | 4,188 | 515 |
| 19 NONPHYSICIAN ANESTHETISTS | | | | | 515 |
| 20 NURSING SCHOOL | | | | | 19 |
| 21 I&R SRVCES-SALARY & FRINGES APPRVD | | | | 7,938 | 976 |
| 22 I&R SRVCES-OTHER PRGM COSTS APPRVD | | | | | 976 |
| 23 PARAMED ED PRGM-(SPECIFY) | | | | | 23 |
| 23.01 PARAMEDICAL ED-MICU | | | | 156 | 19 |
| 23.02 PARAMEDICAL ED-SOCIAL WORK | | | | | 19 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | 23.02 |
| 30 ADULTS & PEDIATRICS | | 8,141 | 16,072 | 11,517 | 1,416 |
| 31 INTENSIVE CARE UNIT | | 2,862 | 5,918 | 4,497 | 553 |
| 33 BURN INTENSIVE CARE UNIT | | 1,054 | 2,179 | 1,416 | 174 |
| 35 NEONATAL INTENSIVE CARE | | 1,792 | 3,705 | 2,398 | 295 |
| 35.01 PEDIATRIC INTENSIVE CARE | | 485 | 1,004 | 720 | 89 |
| 35.03 HEART TRANSPLANT ICU | | 584 | 1,207 | 801 | 99 |
| 35.04 BONE INTENSIVE CARE | | 733 | 1,515 | 855 | 105 |
| 41 SUBPROVIDER - IRF | | 563 | 1,164 | 1,253 | 154 |
| 43 NURSERY | | 60 | 124 | 162 | 20 |
| ANCILLARY SERVICE COST CENTERS | | | | | 43 |
| 50 OPERATING ROOM | | 6,684 | 16,417 | 15,128 | 1,860 |
| 50.01 AMBULATORY SURGERY CENTER | | 15 | 4,621 | 2,211 | 272 |
| 51 RECOVERY ROOM | | 1,350 | 4,103 | 958 | 118 |
| 52 DELIVERY ROOM & LABOR ROOM | | 378 | 954 | 725 | 89 |
| 53 ANESTHESIOLOGY | | 2,916 | 7,305 | 855 | 105 |
| 54 RADIOLOGY-DIAGNOSTIC | | 1,614 | 7,126 | 4,103 | 505 |
| 54.01 RADIOLOGY-ULTRASOUND | | 157 | 1,385 | 340 | 42 |
| 55 RADIOLOGY-THERAPEUTIC | | | | | 42 |
| 56 RADIOISOTOPE | | 138 | 2,713 | 1,086 | 134 |
| 57 COMPUTED TOMOGRAPHY (CT) SCAN | | 1,563 | 9,554 | 1,406 | 173 |
| 58 MAGNETIC RESONANCE IMAGING (MRI) | | 615 | 4,610 | 1,026 | 126 |
| 59 CARDIAC CATHETERIZATION | | 1,648 | 6,749 | 3,812 | 469 |
| 60 LABORATORY | | 4,828 | 22,470 | 6,373 | 784 |
| 60.01 LABORATORY-SURGICAL PATHOLOGY | | 324 | 1,891 | 940 | 116 |
| 60.02 LABORATORY-NEUROSURGICAL | | | | | 116 |
| 60.03 LABORATORY-HLA | | | 1 | 14 | 2 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS | | | | | 2 |
| 63 BLOOD STORING, PROCESSING & TRANS. | | 941 | 2,727 | 2,273 | 279 |
| 65 RESPIRATORY THERAPY | | 2,398 | 5,050 | 2,197 | 270 |
| 66 PHYSICAL THERAPY | | 3,270 | 2,126 | 1,365 | 168 |
| 67 OCCUPATIONAL THERAPY | | 567 | 392 | 539 | 66 |
| 68 SPEECH PATHOLOGY | | | 157 | 333 | 25 |
| 69 ELECTROCARDIOLOGY | | 3,060 | 10,577 | 4,973 | 612 |

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

| COST CENTER DESCRIPTION | PATIENT | PATIENT | PATIENT | ACCOUNTING | EMPLOYEE | |
|---|---------|-----------|----------|------------|----------|----------|
| | AFFAIRS | ADMITTING | ACCOUNTS | | HEALTH | SERVICES |
| | 5.05 | 5.06 | 5.07 | 5.08 | 5.09 | |
| 70 ELECTROENCEPHALOGRAPHY | | 158 | 739 | 486 | 60 | 70 |
| 71 MEDICAL SUPPLIES CHRGED TO PATIENTS | | 201 | 448 | 535 | 66 | 71 |
| 73 DRUGS CHARGED TO PATIENTS | | 5,617 | 12,692 | 7,313 | 899 | 73 |
| 74 RENAL DIALYSIS | | 170 | 3,057 | 1,774 | 218 | 74 |
| 76 PULMONARY LABS | | 41 | 223 | 145 | 18 | 76 |
| 76.01 OCCUPATIONAL HEALTH | 303 | | 51 | 90 | 11 | 76.01 |
| 76.03 HYPERALIMENTATION | | | | | | 76.03 |
| 76.04 PERIPHERAL VASCULAR | | 179 | 868 | 283 | 35 | 76.04 |
| 76.05 PEDIATRIC ENDO NUTRITION | | | | | | 76.05 |
| 76.07 GASTROINTESTINAL SERVICE | 489 | 193 | 2,236 | 1,171 | 144 | 76.07 |
| 76.09 BONE MARROW PROCUREMENT | | 79 | 232 | 414 | 51 | 76.09 |
| 76.97 CARDIAC REHABILITATION | | | | | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 90 CLINIC | 194 | | 48 | 87 | 11 | 90 |
| 90.01 CARDIAC REHABILITATION | | 18 | 40 | 117 | 14 | 90.01 |
| 90.02 CANCER CENTER | | 43 | 10,301 | 6,235 | 767 | 90.02 |
| 90.03 PSYCH SOCIAL REHAB | 738 | | 55 | 128 | 16 | 90.03 |
| 90.04 WELLNESS ASSESSMENT | | | | | | 90.04 |
| 90.06 HEART FAILURE CLINIC | | | | | | 90.06 |
| 90.07 LOC OUTPATIENT CENTER | 18,806 | 109 | 11,151 | 9,339 | 1,148 | 90.07 |
| 90.08 OB OUTPATIENT CENTER | 1,351 | 3 | 2,501 | 1,951 | 240 | 90.08 |
| 90.09 ELMHURST IMMEDIATE CARE | 1,235 | | 284 | 346 | 42 | 90.09 |
| 90.10 LAGRANGE FAMILY PCC | 590 | | 611 | 620 | 76 | 90.10 |
| 90.12 NORTH RIVERSIDE PCC | 2,516 | | 544 | 608 | 75 | 90.12 |
| 90.13 GLENDALE HEIGHTS PCC | | | | | | 90.13 |
| 90.14 WHEATON PCC | 652 | | 470 | 655 | 81 | 90.14 |
| 90.15 OB II PCC | 2,439 | | 552 | 529 | 65 | 90.15 |
| 90.16 HICKORY HILLS PCC | 2,221 | | 900 | 864 | 106 | 90.16 |
| 90.18 DARIEN PCC | 1,025 | | 351 | 363 | 45 | 90.18 |
| 90.20 ORLANAD PARK - FP | 2,027 | | 492 | 647 | 80 | 90.20 |
| 90.21 FAMILY PRACTICE MAYWOOD PCC | 1,553 | | 335 | 297 | 36 | 90.21 |
| 90.22 HOMER GLEN PCC | 2,027 | 1 | 1,723 | 1,560 | 192 | 90.22 |
| 90.23 OAK PARK PCC | 932 | | 183 | 199 | 24 | 90.23 |
| 90.24 PARK RIDGE PCC | 171 | 1 | 293 | 281 | 35 | 90.24 |
| 90.25 LOYOLA CLINIC AT GOTTLIEB | 78 | | 39 | 53 | 7 | 90.25 |
| 90.26 WOODRIDGE PCC | | | | | | 90.26 |
| 90.27 NEUROLOGY - NILES | | | 3 | 6 | 1 | 90.27 |
| 90.28 MARJORIE WEINBERG CANCER CENTER | | 1 | 1,945 | 2,038 | 251 | 90.28 |
| 90.29 BURR RIDGE PCC | 1,483 | | 791 | 1,587 | 195 | 90.29 |
| 91 EMERGENCY | | 1,858 | 9,201 | 2,341 | 288 | 91 |
| 92 OBSERVATION BEDS | | | | | | 92 |
| 92.01 OBSERVATION BEDS-DISTINCT | | 4 | 1,075 | 131 | 16 | 92.01 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 95 AMBULANCE SERVICES | | | | 87 | 11 | 95 |
| 97 DURABLE MEDICAL EQUIP-SOLD | | | 322 | 673 | 83 | 97 |
| 99 CMHC | | | | | | 99 |
| 99.10 CORF | | | | | | 99.10 |
| 99.20 OUTPATIENT PHYSICAL THERAPY | | | | | | 99.20 |
| 99.30 OUTPATIENT OCCUPATIONAL THERAPY | | | | | | 99.30 |
| 99.40 OUTPATIENT SPEECH PATHOLOGY | | | | | | 99.40 |
| 101 HOME HEALTH AGENCY | | | 606 | 1,329 | 163 | 101 |
| SPECIAL PURPOSE COST CENTERS | | | | | | |
| 105 KIDNEY ACQUISITION | | 220 | 454 | 313 | 39 | 105 |
| 106 HEART ACQUISITION | | 104 | 231 | 247 | 30 | 106 |
| 107 LIVER ACQUISITION | | 79 | 164 | 154 | 19 | 107 |
| 108 LUNG ACQUISITION | | 170 | 350 | 188 | 23 | 108 |
| 112 OTHER ORGAN ACQUISITION (SPECIFY) | | | | 62 | 8 | 112 |
| 116 HOSPICE | | | 239 | 241 | 30 | 116 |
| 118 SUBTOTALS (SUM OF LINES 1-117) | 44,667 | 55,181 | 211,447 | 200,150 | 24,642 | 118 |
| NONREIMBURSABLE COST CENTERS | | | | | | |
| 190 GIFT, FLOWER, COFFEE SHOP & CANTEEN | | | | 68 | 8 | 190 |
| 190.01 HINES RADIATION THERAPY | | | | 240 | 30 | 190.01 |
| 190.02 HOME INFUSION THERAPY | | | 1,465 | 885 | 109 | 190.02 |
| 190.03 OP HOSPITAL PHARMACY | | | | 1,284 | 158 | 190.03 |
| 190.04 HOSPITALIST | | | | 9 | 1 | 190.04 |
| 192 PHYSICIANS' PRIVATE OFFICES | | | 47 | 83 | 10 | 192 |
| 192.01 FACULTY CLINICAL OPERATIONS | | | | 34,823 | 4,282 | 192.01 |
| 200 CROSS FOOT ADJUSTMENTS | | | | | | 200 |
| 201 NEGATIVE COST CENTER | | | | | | 201 |
| 202 TOTAL (SUM OF LINES 118-201) | 44,667 | 55,181 | 212,959 | 237,542 | 29,240 | 202 |

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

| COST CENTER DESCRIPTION | PASTORAL | HOSPITAL | AMBULATORY | PRIMARY | OPERATION | |
|---------------------------------------|----------|-----------|------------|------------|-----------|-------|
| | CARE | ADMINSTRN | ADMIN | CARE ADMIN | OF PLANT | |
| | 5.10 | 5.11 | 5.12 | 5.14 | 7 | |
| GENERAL SERVICE COST CENTERS | | | | | | |
| 1 CAP REL COSTS-BLDG & FIXT | | | | | | 1 |
| 1.01 NEW CAPITAL-BLDG INTEREST | | | | | | 1.01 |
| 2 CAP REL COSTS-MVBLE EQUIP | | | | | | 2 |
| 4 EMPLOYEE BENEFITS | | | | | | 4 |
| 5.01 COMMUNICATION | | | | | | 5.01 |
| 5.02 SYSTEM & COMPUTERS | | | | | | 5.02 |
| 5.03 PURCHASING | | | | | | 5.03 |
| 5.04 OPC STORES | | | | | | 5.04 |
| 5.05 PATIENT AFFAIRS | | | | | | 5.05 |
| 5.06 PATIENT ADMITTING | | | | | | 5.06 |
| 5.07 PATIENT ACCOUNTS | | | | | | 5.07 |
| 5.08 ACCOUNTING | | | | | | 5.08 |
| 5.09 EMPLOYEE HEALTH SERVICES | | | | | | 5.09 |
| 5.10 PASTORAL CARE | 137,906 | | | | | 5.10 |
| 5.11 HOSPITAL ADMINISTRATION | 23,371 | 1,597,011 | | | | 5.11 |
| 5.12 AMBULATORY ADMINISTRATION | 4,228 | 58,937 | 108,124 | | | 5.12 |
| 5.14 PRIMARY CARE ADMINISTRATION | 570 | 7,947 | 559 | 10,189 | | 5.14 |
| 6 MAINTENANCE & REPAIRS | | | | | | 6 |
| 7 OPERATION OF PLANT | 3,082 | 42,967 | 3,024 | 280 | 535,439 | 7 |
| 7.01 SAFETY AND SECURITY | 442 | 6,160 | 433 | 40 | 2,642 | 7.01 |
| 8 LAUNDRY & LINEN SERVICE | 374 | 5,211 | 367 | 34 | 3,348 | 8 |
| 9 HOUSEKEEPING | 1,490 | 20,773 | 1,462 | 135 | 4,617 | 9 |
| 10 DIETARY | 868 | 12,105 | 852 | 79 | 10,624 | 10 |
| 11 CAFETERIA | 24 | 330 | 23 | 2 | 4,827 | 11 |
| 12 MAINTENANCE OF PERSONNEL | | | | | | 12 |
| 12.01 PATIENT TRANSPORTATION | 181 | 2,526 | 178 | 16 | 377 | 12.01 |
| 13 NURSING ADMINISTRATION | 460 | 6,417 | 452 | 42 | 3,627 | 13 |
| 14 CENTRAL SERVICES & SUPPLY | 338 | 4,714 | 332 | 31 | 5,711 | 14 |
| 14.01 CENTRAL PROCESSING | 31 | 429 | 30 | 3 | 1,501 | 14.01 |
| 15 PHARMACY | 1,358 | 18,933 | 1,332 | 123 | 7,081 | 15 |
| 16 MEDICAL RECORDS & LIBRARY | 1,561 | 21,767 | 1,532 | 142 | 9,826 | 16 |
| 17 SOCIAL SERVICE | 774 | 10,787 | 759 | 70 | 1,542 | 17 |
| 17.01 HOSPITAL MEDICAL ADMIN | 2,428 | 33,853 | 2,382 | 220 | | 17.01 |
| 19 NONPHYSICIAN ANESTHETISTS | | 1 | | | | 19 |
| 20 NURSING SCHOOL | | | | | | 20 |
| 21 I&R SRVCES-SALARY & FRINGES APPRVD | 4,603 | 64,170 | 4,516 | 417 | 3,024 | 21 |
| 22 I&R SRVCES-OTHER PRGM COSTS APPRVD | | | | | | 22 |
| 23 PARAMED ED PRGM-(SPECIFY) | | | | | | 23 |
| 23.01 PARAMEDICAL ED-MICU | 90 | 1,260 | 89 | 8 | 1,925 | 23.01 |
| 23.02 PARAMEDICAL ED-SOCIAL WORK | | | | | | 23.02 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| 30 ADULTS & PEDIATRICS | 6,678 | 93,097 | 6,551 | 606 | 72,139 | 30 |
| 31 INTENSIVE CARE UNIT | 2,607 | 36,349 | 2,558 | 236 | 17,932 | 31 |
| 33 BURN INTENSIVE CARE UNIT | 821 | 11,444 | 805 | 74 | 4,286 | 33 |
| 35 NEONATAL INTENSIVE CARE | 1,390 | 19,383 | 1,364 | 126 | 9,718 | 35 |
| 35.01 PEDIATRIC INTENSIVE CARE | 417 | 5,819 | 409 | 38 | 1,810 | 35.01 |
| 35.03 HEART TRANSPLANT ICU | 465 | 6,476 | 456 | 42 | 4,386 | 35.03 |
| 35.04 BONE INTENSIVE CARE | 496 | 6,911 | 486 | 45 | 3,783 | 35.04 |
| 41 SUBPROVIDER - IRF | 727 | 10,132 | 713 | 66 | 11,441 | 41 |
| 43 NURSERY | 94 | 1,310 | 92 | 9 | | 43 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50 OPERATING ROOM | 8,773 | 122,292 | 8,606 | 796 | 61,336 | 50 |
| 50.01 AMBULATORY SURGERY CENTER | 1,282 | 17,874 | 1,258 | 116 | 12,971 | 50.01 |
| 51 RECOVERY ROOM | 556 | 7,746 | 545 | 50 | 13,726 | 51 |
| 52 DELIVERY ROOM & LABOR ROOM | 420 | 5,860 | 412 | 38 | 3,418 | 52 |
| 53 ANESTHESIOLOGY | 496 | 6,908 | 486 | 45 | 1,013 | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | 2,379 | 33,166 | 2,334 | 216 | 24,225 | 54 |
| 54.01 RADIOLOGY-ULTRASOUND | 197 | 2,752 | 194 | 18 | 1,518 | 54.01 |
| 55 RADIOLOGY-THERAPEUTIC | | | | | | 55 |
| 56 RADIOISOTOPE | 630 | 8,782 | 618 | 57 | 5,534 | 56 |
| 57 COMPUTED TOMOGRAPHY (CT) SCAN | 815 | 11,362 | 800 | 74 | 2,729 | 57 |
| 58 MAGNETIC RESONANCE IMAGING (MRI) | 595 | 8,294 | 584 | 54 | 5,914 | 58 |
| 59 CARDIAC CATHETERIZATION | 2,211 | 30,819 | 2,169 | 201 | 14,531 | 59 |
| 60 LABORATORY | 3,696 | 51,517 | 3,625 | 335 | 11,904 | 60 |
| 60.01 LABORATORY-SURGICAL PATHOLOGY | 545 | 7,597 | 535 | 49 | 9,707 | 60.01 |
| 60.02 LABORATORY-NEUROSURGICAL | | | | | | 60.02 |
| 60.03 LABORATORY-HLA | 8 | 116 | 8 | 1 | 1,159 | 60.03 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS | | | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & TRANS. | 1,318 | 18,372 | 1,293 | 120 | 2,712 | 63 |
| 65 RESPIRATORY THERAPY | 1,274 | 17,762 | 1,250 | 116 | 4,151 | 65 |
| 66 PHYSICAL THERAPY | 792 | 11,035 | 777 | 72 | 5,495 | 66 |
| 67 OCCUPATIONAL THERAPY | 313 | 4,361 | 307 | 28 | 2,375 | 67 |
| 68 SPEECH PATHOLOGY | 117 | 1,636 | 115 | 11 | 444 | 68 |
| 69 ELECTROCARDIOLOGY | 2,884 | 40,200 | 2,829 | 262 | 13,408 | 69 |

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

| COST CENTER DESCRIPTION | PASTORAL | HOSPITAL | AMBULATORY | PRIMARY | OPERATION | |
|---|----------|-----------|------------|------------|-----------|--------|
| | CARE | ADMINSTRN | ADMIN | CARE ADMIN | OF PLANT | |
| | 5.10 | 5.11 | 5.12 | 5.14 | 7 | |
| 70 ELECTROENCEPHALOGRAPHY | 282 | 3,927 | 276 | 26 | 3,348 | 70 |
| 71 MEDICAL SUPPLIES CHRGED TO PATIENTS | 310 | 4,322 | 304 | 28 | | 71 |
| 73 DRUGS CHARGED TO PATIENTS | 4,241 | 59,120 | 4,160 | 385 | | 73 |
| 74 RENAL DIALYSIS | 1,029 | 14,342 | 1,009 | 93 | 4,634 | 74 |
| 76 PULMONARY LABS | 84 | 1,176 | 83 | 8 | 1,320 | 76 |
| 76.01 OCCUPATIONAL HEALTH | 52 | 725 | 51 | 5 | 1,446 | 76.01 |
| 76.03 HYPERALIMENTATION | | | | | | 76.03 |
| 76.04 PERIPHERAL VASCULAR | 164 | 2,286 | 161 | 15 | 518 | 76.04 |
| 76.05 PEDIATRIC ENDO NUTRITION | | | | | | 76.05 |
| 76.07 GASTROINTESTINAL SERVICE | 679 | 9,463 | 666 | 62 | 3,603 | 76.07 |
| 76.09 BONE MARROW PROCUREMENT | 240 | 3,347 | 236 | 22 | | 76.09 |
| 76.97 CARDIAC REHABILITATION | | | | | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 90 CLINIC | 50 | 700 | 49 | 5 | 1,446 | 90 |
| 90.01 CARDIAC REHABILITATION | 68 | 944 | 66 | 6 | | 90.01 |
| 90.02 CANCER CENTER | 3,616 | 50,406 | 3,547 | 328 | 20,739 | 90.02 |
| 90.03 PSYCH SOCIAL REHAB | 74 | 1,032 | 73 | 7 | 3,928 | 90.03 |
| 90.04 WELLNESS ASSESSMENT | | | | | | 90.04 |
| 90.06 HEART FAILURE CLINIC | | | | | | 90.06 |
| 90.07 LOC OUTPATIENT CENTER | 5,415 | 75,491 | 5,312 | 491 | 53,576 | 90.07 |
| 90.08 OB OUTPATIENT CENTER | 1,132 | 15,774 | 1,110 | 103 | 38 | 90.08 |
| 90.09 ELMHURST IMMEDIATE CARE | 200 | 2,793 | 197 | 18 | | 90.09 |
| 90.10 LAGRANGE FAMILY PCC | 360 | 5,015 | 353 | 33 | | 90.10 |
| 90.12 NORTH RIVERSIDE PCC | 353 | 4,915 | 346 | 32 | | 90.12 |
| 90.13 GLENDALE HEIGHTS PCC | | | | | | 90.13 |
| 90.14 WHEATON PCC | 380 | 5,296 | 373 | 34 | | 90.14 |
| 90.15 OB II PCC | 307 | 4,280 | 301 | 28 | | 90.15 |
| 90.16 HICKORY HILLS PCC | 501 | 6,986 | 492 | 45 | | 90.16 |
| 90.18 DARIEN PCC | 210 | 2,933 | 206 | 19 | | 90.18 |
| 90.20 ORLANAD PARK - FP | 375 | 5,227 | 368 | 34 | | 90.20 |
| 90.21 FAMILY PRACTICE MAYWOOD PCC | 172 | 2,398 | 169 | 16 | 1,268 | 90.21 |
| 90.22 HOMER GLEN PCC | 904 | 12,609 | 887 | 82 | | 90.22 |
| 90.23 OAK PARK PCC | 115 | 1,608 | 113 | 10 | | 90.23 |
| 90.24 PARK RIDGE PCC | 163 | 2,273 | 160 | 15 | | 90.24 |
| 90.25 LOYOLA CLINIC AT GOTTLIEB | 31 | 429 | 30 | 3 | | 90.25 |
| 90.26 WOODRIDGE PCC | | | | | | 90.26 |
| 90.27 NEUROLOGY - NILES | 3 | 45 | 3 | | | 90.27 |
| 90.28 MARJORIE WEINBERG CANCER CENTER | 1,182 | 16,474 | 1,159 | 107 | | 90.28 |
| 90.29 BURR RIDGE PCC | 920 | 12,832 | 903 | 83 | 39,499 | 90.29 |
| 91 EMERGENCY | 1,357 | 18,923 | 1,332 | 123 | 9,821 | 91 |
| 92 OBSERVATION BEDS | | | | | | 92 |
| 92.01 OBSERVATION BEDS-DISTINCT | 76 | 1,062 | 75 | 7 | 632 | 92.01 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 95 AMBULANCE SERVICES | 50 | 700 | 49 | 5 | 288 | 95 |
| 97 DURABLE MEDICAL EQUIP-SOLD | 390 | 5,438 | 383 | 35 | | 97 |
| 99 CMHC | | | | | | 99 |
| 99.10 CORF | | | | | | 99.10 |
| 99.20 OUTPATIENT PHYSICAL THERAPY | | | | | | 99.20 |
| 99.30 OUTPATIENT OCCUPATIONAL THERAPY | | | | | | 99.30 |
| 99.40 OUTPATIENT SPEECH PATHOLOGY | | | | | | 99.40 |
| 101 HOME HEALTH AGENCY | 771 | 10,744 | 756 | 70 | 2,263 | 101 |
| SPECIAL PURPOSE COST CENTERS | | | | | | |
| 105 KIDNEY ACQUISITION | 182 | 2,533 | 178 | 16 | 278 | 105 |
| 106 HEART ACQUISITION | 144 | 2,000 | 141 | 13 | 1,049 | 106 |
| 107 LIVER ACQUISITION | 89 | 1,244 | 88 | 8 | 125 | 107 |
| 108 LUNG ACQUISITION | 109 | 1,516 | 107 | 10 | 944 | 108 |
| 112 OTHER ORGAN ACQUISITION (SPECIFY) | 36 | 498 | 35 | 3 | 63 | 112 |
| 116 HOSPICE | 140 | 1,951 | 137 | 13 | 176 | 116 |
| 118 SUBTOTALS (SUM OF LINES 1-117) | 116,225 | 1,294,436 | 86,945 | 7,989 | 535,439 | 118 |
| NONREIMBURSABLE COST CENTERS | | | | | | |
| 190 GIFT, FLOWER, COFFEE SHOP & CANTEEN | 39 | 547 | 38 | 4 | | 190 |
| 190.01 HINES RADIATION THERAPY | 139 | 1,943 | 137 | 13 | | 190.01 |
| 190.02 HOME INFUSION THERAPY | 513 | 7,157 | 504 | 47 | | 190.02 |
| 190.03 OP HOSPITAL PHARMACY | 744 | 10,378 | 730 | 68 | | 190.03 |
| 190.04 HOSPITALIST | 5 | 76 | 5 | | | 190.04 |
| 192 PHYSICIANS' PRIVATE OFFICES | 48 | 667 | 47 | 4 | | 192 |
| 192.01 FACUALTY CLINICAL OPERATIONS | 20,193 | 281,807 | 19,718 | 2,064 | | 192.01 |
| 200 CROSS FOOT ADJUSTMENTS | | | | | | 200 |
| 201 NEGATIVE COST CENTER | | | | | | 201 |
| 202 TOTAL (SUM OF LINES 118-201) | 137,906 | 1,597,011 | 108,124 | 10,189 | 535,439 | 202 |

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

| COST CENTER DESCRIPTION | SAFETY & SECURITY | LAUNDRY + LINEN SERVICE | HOUSE-KEEPING | DIETARY | CAFETERIA | |
|---------------------------------------|-------------------|-------------------------|---------------|---------|-----------|-------|
| | 7.01 | 8 | 9 | 10 | 11 | |
| GENERAL SERVICE COST CENTERS | | | | | | |
| 1 CAP REL COSTS-BLDG & FIXT | | | | | | 1 |
| 1.01 NEW CAPITAL-BLDG INTEREST | | | | | | 1.01 |
| 2 CAP REL COSTS-MVBLE EQUIP | | | | | | 2 |
| 4 EMPLOYEE BENEFITS | | | | | | 4 |
| 5.01 COMMUNICATION | | | | | | 5.01 |
| 5.02 SYSTEM & COMPUTERS | | | | | | 5.02 |
| 5.03 PURCHASING | | | | | | 5.03 |
| 5.04 OPC STORES | | | | | | 5.04 |
| 5.05 PATIENT AFFAIRS | | | | | | 5.05 |
| 5.06 PATIENT ADMITTING | | | | | | 5.06 |
| 5.07 PATIENT ACCOUNTS | | | | | | 5.07 |
| 5.08 ACCOUNTING | | | | | | 5.08 |
| 5.09 EMPLOYEE HEALTH SERVICES | | | | | | 5.09 |
| 5.10 PASTORAL CARE | | | | | | 5.10 |
| 5.11 HOSPITAL ADMINISTRATION | | | | | | 5.11 |
| 5.12 AMBULATORY ADMINISTRATION | | | | | | 5.12 |
| 5.14 PRIMARY CARE ADMINISTRATION | | | | | | 5.14 |
| 6 MAINTENANCE & REPAIRS | | | | | | 6 |
| 7 OPERATION OF PLANT | | | | | | 7 |
| 7.01 SAFETY AND SECURITY | 258,580 | | | | | 7.01 |
| 8 LAUNDRY & LINEN SERVICE | | 79,197 | | | | 8 |
| 9 HOUSEKEEPING | | 12 | 140,738 | | | 9 |
| 10 DIETARY | 8,200 | | 5,733 | 296,262 | | 10 |
| 11 CAFETERIA | 1,003 | | 498 | | 113,402 | 11 |
| 12 MAINTENANCE OF PERSONNEL | | | | | | 12 |
| 12.01 PATIENT TRANSPORTATION | 293 | 2 | 205 | | 1,433 | 12.01 |
| 13 NURSING ADMINISTRATION | 1,404 | | 615 | | 1,398 | 13 |
| 14 CENTRAL SERVICES & SUPPLY | 3,272 | | 2,629 | | 1,011 | 14 |
| 14.01 CENTRAL PROCESSING | 2,097 | | 1,247 | | 120 | 14.01 |
| 15 PHARMACY | 4,827 | 40 | 1,758 | | 3,230 | 15 |
| 16 MEDICAL RECORDS & LIBRARY | 1,451 | | 789 | | 2,226 | 16 |
| 17 SOCIAL SERVICE | 522 | | 170 | | 796 | 17 |
| 17.01 HOSPITAL MEDICAL ADMIN | | | | | | 17.01 |
| 19 NONPHYSICIAN ANESTHETISTS | | | | | | 19 |
| 20 NURSING SCHOOL | | | | | | 20 |
| 21 I&R SRVCES-SALARY & FRINGES APPRVD | 562 | 517 | 514 | | 10,820 | 21 |
| 22 I&R SRVCES-OTHER PRGM COSTS APPRVD | | | | | | 22 |
| 23 PARAMED ED PRGM-(SPECIFY) | | | | | | 23 |
| 23.01 PARAMEDICAL ED-MICU | 3,067 | | 288 | | 236 | 23.01 |
| 23.02 PARAMEDICAL ED-SOCIAL WORK | | | | | | 23.02 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| 30 ADULTS & PEDIATRICS | 38,319 | 31,257 | 30,848 | 205,358 | 16,947 | 30 |
| 31 INTENSIVE CARE UNIT | 9,096 | 6,539 | 4,263 | 25,593 | 5,431 | 31 |
| 33 BURN INTENSIVE CARE UNIT | 2,202 | 2,219 | 1,558 | 10,310 | 1,062 | 33 |
| 35 NEONATAL INTENSIVE CARE | 7,012 | 1,278 | 2,293 | | 3,177 | 35 |
| 35.01 PEDIATRIC INTENSIVE CARE | 1,397 | 487 | 982 | | 758 | 35.01 |
| 35.03 HEART TRANSPLANT ICU | 1,148 | 1,290 | 1,043 | 8,275 | 900 | 35.03 |
| 35.04 BONE INTENSIVE CARE | 1,754 | 585 | 2,053 | 8,762 | 1,031 | 35.04 |
| 41 SUBPROVIDER - IRF | 6,514 | 2,082 | 6,021 | 28,186 | 1,570 | 41 |
| 43 NURSERY | | | | | | 43 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50 OPERATING ROOM | 22,447 | 6,259 | 15,496 | | 5,805 | 50 |
| 50.01 AMBULATORY SURGERY CENTER | 4,083 | 2,464 | 2,647 | | 1,354 | 50.01 |
| 51 RECOVERY ROOM | 4,366 | 1,424 | 3,377 | | 1,093 | 51 |
| 52 DELIVERY ROOM & LABOR ROOM | 892 | 1,389 | 813 | | 956 | 52 |
| 53 ANESTHESIOLOGY | 451 | 382 | 248 | | 834 | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | 15,569 | 1,131 | 6,119 | | 3,405 | 54 |
| 54.01 RADIOLOGY-ULTRASOUND | 959 | 641 | 347 | | 272 | 54.01 |
| 55 RADIOLOGY-THERAPEUTIC | | | | | | 55 |
| 56 RADIOISOTOPE | 4,625 | 441 | 1,223 | | 520 | 56 |
| 57 COMPUTED TOMOGRAPHY (CT) SCAN | 727 | 1,015 | 606 | | 695 | 57 |
| 58 MAGNETIC RESONANCE IMAGING (MRI) | 1,219 | 892 | 1,385 | | 502 | 58 |
| 59 CARDIAC CATHETERIZATION | 4,484 | 1,383 | 3,751 | | 1,002 | 59 |
| 60 LABORATORY | 5,467 | | 3,226 | | 3,890 | 60 |
| 60.01 LABORATORY-SURGICAL PATHOLOGY | 15,435 | | 2,837 | | 909 | 60.01 |
| 60.02 LABORATORY-NEUROSURGICAL | | | | | | 60.02 |
| 60.03 LABORATORY-HLA | 303 | | 276 | | 133 | 60.03 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS | | | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & TRANS. | 1,522 | 83 | 1,129 | | 599 | 63 |
| 65 RESPIRATORY THERAPY | 3,067 | 208 | 980 | | 2,663 | 65 |
| 66 PHYSICAL THERAPY | 2,303 | 434 | 1,612 | | 1,238 | 66 |
| 67 OCCUPATIONAL THERAPY | 1,579 | | 1,109 | | 371 | 67 |
| 68 SPEECH PATHOLOGY | 293 | | 228 | | 170 | 68 |
| 69 ELECTROCARDIOLOGY | 7,810 | 443 | 3,215 | | 1,422 | 69 |

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

| COST CENTER DESCRIPTION | SAFETY & SECURITY | LAUNDRY + LINEN SERVICE | HOUSE-KEEPING | DIETARY | CAFETERIA | |
|---|-------------------|-------------------------|---------------|---------|-----------|--------|
| | 7.01 | 8 | 9 | 10 | 11 | |
| 70 ELECTROENCEPHALOGRAPHY | 2,585 | 128 | 1,817 | | 657 | 70 |
| 71 MEDICAL SUPPLIES CHRGED TO PATIENTS | | | | | | 71 |
| 73 DRUGS CHARGED TO PATIENTS | | | | | | 73 |
| 74 RENAL DIALYSIS | | 855 | 153 | | 1,540 | 74 |
| 76 PULMONARY LABS | 202 | 45 | 716 | | 144 | 76 |
| 76.01 OCCUPATIONAL HEALTH | 1,020 | | | | 60 | 76.01 |
| 76.03 HYPERALIMENTATION | | | | | | 76.03 |
| 76.04 PERIPHERAL VASCULAR | 401 | 227 | 281 | | 261 | 76.04 |
| 76.05 PEDIATRIC ENDO NUTRITION | | | | | | 76.05 |
| 76.07 GASTROINTESTINAL SERVICE | 926 | 709 | 857 | | 830 | 76.07 |
| 76.09 BONE MARROW PROCUREMENT | | | | | | 76.09 |
| 76.97 CARDIAC REHABILITATION | | | | | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 90 CLINIC | 1,037 | 29 | 738 | 8,392 | 109 | 90 |
| 90.01 CARDIAC REHABILITATION | | | | | 101 | 90.01 |
| 90.02 CANCER CENTER | 17,475 | 1,507 | 2,899 | 1,386 | 2,620 | 90.02 |
| 90.03 PSYCH SOCIAL REHAB | 2,178 | | 220 | | 206 | 90.03 |
| 90.04 WELLNESS ASSESSMENT | | | | | | 90.04 |
| 90.06 HEART FAILURE CLINIC | | | | | | 90.06 |
| 90.07 LOC OUTPATIENT CENTER | 22,793 | 1,979 | 15,149 | | 9,296 | 90.07 |
| 90.08 OBT OUTPATIENT CENTER | | 759 | 8 | | 1,907 | 90.08 |
| 90.09 ELMHURST IMMEDIATE CARE | | 20 | | | 525 | 90.09 |
| 90.10 LAGRANGE FAMILY PCC | | 200 | | | 779 | 90.10 |
| 90.12 NORTH RIVERSIDE PCC | | 168 | | | 1,009 | 90.12 |
| 90.13 GLENDALE HEIGHTS PCC | | | | | | 90.13 |
| 90.14 WHEATON PCC | | 39 | | | 425 | 90.14 |
| 90.15 OBT II PCC | | 224 | | | 996 | 90.15 |
| 90.16 HICKORY HILLS PCC | | 346 | | | 1,150 | 90.16 |
| 90.18 DARIEN PCC | | 52 | | | 706 | 90.18 |
| 90.20 ORLANAD PARK - FP | | 145 | | | 792 | 90.20 |
| 90.21 FAMILY PRACTICE MAYWOOD PCC | | 515 | | | 376 | 90.21 |
| 90.22 HOMER GLEN PCC | | 442 | | | 1,177 | 90.22 |
| 90.23 OAK PARK PCC | | | | | 402 | 90.23 |
| 90.24 PARK RIDGE PCC | | 94 | | | 190 | 90.24 |
| 90.25 LOYOLA CLINIC AT GOTTLIEB | | 19 | | | 46 | 90.25 |
| 90.26 WOODRIDGE PCC | | | | | | 90.26 |
| 90.27 NEUROLOGY - NILES | | | | | | 90.27 |
| 90.28 MARJORIE WEINBERG CANCER CENTER | | | | | | 90.28 |
| 90.29 BURR RIDGE PCC | | | | | | 90.29 |
| 91 EMERGENCY | 14,482 | 5,554 | 3,276 | | 3,130 | 91 |
| 92 OBSERVATION BEDS | | | | | | 92 |
| 92.01 OBSERVATION BEDS-DISTINCT | 165 | 244 | 150 | | 94 | 92.01 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 95 AMBULANCE SERVICES | 131 | | 20 | | | 95 |
| 97 DURABLE MEDICAL EQUIP-SOLD | | | | | | 97 |
| 99 CMHC | | | | | 30 | 99 |
| 99.10 CORF | | | | | | 99.10 |
| 99.20 OUTPATIENT PHYSICAL THERAPY | | | | | | 99.20 |
| 99.30 OUTPATIENT OCCUPATIONAL THERAPY | | | | | | 99.30 |
| 99.40 OUTPATIENT SPEECH PATHOLOGY | | | | | | 99.40 |
| 101 HOME HEALTH AGENCY | 1,427 | | 129 | | 1,703 | 101 |
| SPECIAL PURPOSE COST CENTERS | | | | | | |
| 105 KIDNEY ACQUISITION | 151 | | 15 | | 176 | 105 |
| 106 HEART ACQUISITION | 586 | | 81 | | 138 | 106 |
| 107 LIVER ACQUISITION | 199 | | 19 | | 172 | 107 |
| 108 LUNG ACQUISITION | 431 | | 66 | | 163 | 108 |
| 112 OTHER ORGAN ACQUISITION (SPECIFY) | 37 | | 5 | | 14 | 112 |
| 116 HOSPICE | 162 | | 8 | | 258 | 116 |
| 118 SUBTOTALS (SUM OF LINES 1-117) | 258,129 | 79,197 | 140,738 | 296,262 | 112,161 | 118 |
| NONREIMBURSABLE COST CENTERS | | | | | | |
| 190 GIFT, FLOWER, COFFEE SHOP & CANTEEN | 451 | | | | 49 | 190 |
| 190.01 HINES RADIATION THERAPY | | | | | 292 | 190.01 |
| 190.02 HOME INFUSION THERAPY | | | | | 356 | 190.02 |
| 190.03 OP HOSPITAL PHARMACY | | | | | 58 | 190.03 |
| 190.04 HOSPITALIST | | | | | | 190.04 |
| 192 PHYSICIANS' PRIVATE OFFICES | | | | | 430 | 192 |
| 192.01 FACUALTY CLINICAL OPERATIONS | | | | | 56 | 192.01 |
| 200 CROSS FOOT ADJUSTMENTS | | | | | | 200 |
| 201 NEGATIVE COST CENTER | | | | | | 201 |
| 202 TOTAL (SUM OF LINES 118-201) | 258,580 | 79,197 | 140,738 | 296,262 | 113,402 | 202 |

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

| COST CENTER DESCRIPTION | PATIENT | NURSING | CENTRAL | CENTRAL | PHARMACY | |
|---------------------------------------|----------|---------------------|----------------------|------------|----------|-------|
| | TRNSPRTN | ADMINIS- TRATION | SERVICES & SUPPLY | PROCESSING | | |
| | 12.01 | 13 | 14 | 14.01 | 15 | |
| GENERAL SERVICE COST CENTERS | | | | | | |
| 1 CAP REL COSTS-BLDG & FIXT | | | | | | 1 |
| 1.01 NEW CAPITAL-BLDG INTEREST | | | | | | 1.01 |
| 2 CAP REL COSTS-MVBLE EQUIP | | | | | | 2 |
| 4 EMPLOYEE BENEFITS | | | | | | 4 |
| 5.01 COMMUNICATION | | | | | | 5.01 |
| 5.02 SYSTEM & COMPUTERS | | | | | | 5.02 |
| 5.03 PURCHASING | | | | | | 5.03 |
| 5.04 OPC STORES | | | | | | 5.04 |
| 5.05 PATIENT AFFAIRS | | | | | | 5.05 |
| 5.06 PATIENT ADMITTING | | | | | | 5.06 |
| 5.07 PATIENT ACCOUNTS | | | | | | 5.07 |
| 5.08 ACCOUNTING | | | | | | 5.08 |
| 5.09 EMPLOYEE HEALTH SERVICES | | | | | | 5.09 |
| 5.10 PASTORAL CARE | | | | | | 5.10 |
| 5.11 HOSPITAL ADMINISTRATION | | | | | | 5.11 |
| 5.12 AMBULATORY ADMINISTRATION | | | | | | 5.12 |
| 5.14 PRIMARY CARE ADMINISTRATION | | | | | | 5.14 |
| 6 MAINTENANCE & REPAIRS | | | | | | 6 |
| 7 OPERATION OF PLANT | | | | | | 7 |
| 7.01 SAFETY AND SECURITY | | | | | | 7.01 |
| 8 LAUNDRY & LINEN SERVICE | | | | | | 8 |
| 9 HOUSEKEEPING | | | | | | 9 |
| 10 DIETARY | | | | | | 10 |
| 11 CAFETERIA | | | | | | 11 |
| 12 MAINTENANCE OF PERSONNEL | | | | | | 12 |
| 12.01 PATIENT TRANSPORTATION | 32,199 | | | | | 12.01 |
| 13 NURSING ADMINISTRATION | | 130,257 | | | | 13 |
| 14 CENTRAL SERVICES & SUPPLY | | | 283,403 | | | 14 |
| 14.01 CENTRAL PROCESSING | | | 305 | 36,255 | | 14.01 |
| 15 PHARMACY | | 20 | 345 | | 339,794 | 15 |
| 16 MEDICAL RECORDS & LIBRARY | | | | | | 16 |
| 17 SOCIAL SERVICE | | | 8 | | | 17 |
| 17.01 HOSPITAL MEDICAL ADMIN | | | | | | 17.01 |
| 19 NONPHYSICIAN ANESTHETISTS | | | | | | 19 |
| 20 NURSING SCHOOL | | | | | | 20 |
| 21 I&R SRVCES-SALARY & FRINGES APPRVD | | | 8 | | | 21 |
| 22 I&R SRVCES-OTHER PRGM COSTS APPRVD | | | | | | 22 |
| 23 PARAMED ED PRGM-(SPECIFY) | | | | | | 23 |
| 23.01 PARAMEDICAL ED-MICU | | | 12 | | 4 | 23.01 |
| 23.02 PARAMEDICAL ED-SOCIAL WORK | | | | | | 23.02 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| 30 ADULTS & PEDIATRICS | 10,012 | 35,322 | 33,190 | 15,852 | 40 | 30 |
| 31 INTENSIVE CARE UNIT | 1,945 | 14,847 | 15,175 | 3,704 | 18 | 31 |
| 33 BURN INTENSIVE CARE UNIT | 66 | 3,871 | 6,538 | 859 | 1 | 33 |
| 35 NEONATAL INTENSIVE CARE | 37 | 8,798 | 1,680 | 2,159 | 13 | 35 |
| 35.01 PEDIATRIC INTENSIVE CARE | 118 | 2,234 | 1,805 | 654 | 1 | 35.01 |
| 35.03 HEART TRANSPLANT ICU | 252 | 2,479 | 3,739 | 804 | 5 | 35.03 |
| 35.04 BONE INTENSIVE CARE | 121 | 2,604 | 2,062 | 692 | 4 | 35.04 |
| 41 SUBPROVIDER - IRF | 227 | 2,308 | 1,438 | 955 | | 41 |
| 43 NURSERY | | | | | | 43 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50 OPERATING ROOM | 5 | 8,660 | 3,736 | 178 | 1,026 | 50 |
| 50.01 AMBULATORY SURGERY CENTER | 3 | 2,160 | 397 | 69 | 4,001 | 50.01 |
| 51 RECOVERY ROOM | 3 | 2,539 | 1,160 | 510 | | 51 |
| 52 DELIVERY ROOM & LABOR ROOM | 25 | 2,146 | 2,485 | 4,666 | 6 | 52 |
| 53 ANESTHESIOLOGY | | 421 | 130 | 591 | 3 | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | 5,549 | 1,691 | 808 | 67 | 48 | 54 |
| 54.01 RADIOLOGY-ULTRASOUND | 354 | | 39 | 1 | 5 | 54.01 |
| 55 RADIOLOGY-THERAPEUTIC | | | | | | 55 |
| 56 RADIOISOTOPE | 158 | | 75 | 19 | | 56 |
| 57 COMPUTED TOMOGRAPHY (CT) SCAN | 3,202 | | 45 | 28 | 5 | 57 |
| 58 MAGNETIC RESONANCE IMAGING (MRI) | 1,061 | | 40 | 47 | 2 | 58 |
| 59 CARDIAC CATHETERIZATION | 236 | 2,029 | 1,328 | 537 | 94 | 59 |
| 60 LABORATORY | 317 | | 1,490 | | 56 | 60 |
| 60.01 LABORATORY-SURGICAL PATHOLOGY | 110 | | 329 | | 73 | 60.01 |
| 60.02 LABORATORY-NEUROSURGICAL | | | | | | 60.02 |
| 60.03 LABORATORY-HLA | | | 30 | | | 60.03 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS | | | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & TRANS. | 33 | 434 | 252 | 34 | 7 | 63 |
| 65 RESPIRATORY THERAPY | 443 | | 129 | | 4,370 | 65 |
| 66 PHYSICAL THERAPY | 564 | | 101 | 3 | 6 | 66 |
| 67 OCCUPATIONAL THERAPY | 585 | | 3 | 11 | 8 | 67 |
| 68 SPEECH PATHOLOGY | | | 172 | | | 68 |
| 69 ELECTROCARDIOLOGY | 941 | 1,662 | 1,356 | 256 | 31 | 69 |

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

| COST CENTER DESCRIPTION | PATIENT | NURSING | CENTRAL | CENTRAL | PHARMACY | |
|---|---------|---------------------|----------------------|------------|----------|--------|
| | TRNSPRN | ADMINIS- TRATION | SERVICES & SUPPLY | PROCESSING | 15 | 70 |
| | 12.01 | 13 | 14 | 14.01 | | |
| 70 ELECTROENCEPHALOGRAPHY | | 1 | 15 | | 130 | 70 |
| 71 MEDICAL SUPPLIES CHRGD TO PATIENTS | | | 166,523 | | | 71 |
| 73 DRUGS CHARGED TO PATIENTS | | | | | 132,128 | 73 |
| 74 RENAL DIALYSIS | 1,325 | 1,911 | 9,357 | 45 | 9,783 | 74 |
| 76 PULMONARY LABS | | 100 | 18 | 13 | 1 | 76 |
| 76.01 OCCUPATIONAL HEALTH | | 3 | 95 | | 49 | 76.01 |
| 76.03 HYPERALIMENTATION | | | | | | 76.03 |
| 76.04 PERIPHERAL VASCULAR | 1,008 | 107 | 16 | 3 | | 76.04 |
| 76.05 PEDIATRIC ENDO NUTRITION | | | | | | 76.05 |
| 76.07 GASTROINTESTINAL SERVICE | 1,007 | 1,858 | 2,159 | 51 | 31 | 76.07 |
| 76.09 BONE MARROW PROCUREMENT | | | | | | 76.09 |
| 76.97 CARDIAC REHABILITATION | | | | | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 90 CLINIC | 4 | 180 | 40 | | 32 | 90 |
| 90.01 CARDIAC REHABILITATION | | | | | | 90.01 |
| 90.02 CANCER CENTER | 385 | 2,549 | 9,280 | 1,362 | 110,514 | 90.02 |
| 90.03 PSYCH SOCIAL REHAB | | 105 | 3 | | 6 | 90.03 |
| 90.04 WELLNESS ASSESSMENT | | | | | | 90.04 |
| 90.06 HEART FAILURE CLINIC | | | | | | 90.06 |
| 90.07 LOC OUTPATIENT CENTER | 1 | 8,739 | 1,545 | 15 | 20,064 | 90.07 |
| 90.08 OB OUTPATIENT CENTER | | 1,406 | 564 | | 640 | 90.08 |
| 90.09 ELMHURST IMMEDIATE CARE | | 367 | 131 | | 885 | 90.09 |
| 90.10 LAGRANGE FAMILY PCC | | 920 | 312 | | 666 | 90.10 |
| 90.12 NORTH RIVERSIDE PCC | | 705 | 241 | | 3,167 | 90.12 |
| 90.13 GLENDALE HEIGHTS PCC | | | | | | 90.13 |
| 90.14 WHEATON PCC | | 300 | 73 | 132 | 366 | 90.14 |
| 90.15 OB II PCC | | 639 | 229 | | 1,882 | 90.15 |
| 90.16 HICKORY HILLS PCC | | 757 | 354 | 117 | 1,873 | 90.16 |
| 90.18 DARIEN PCC | | 425 | 131 | | 1,215 | 90.18 |
| 90.20 ORLANAD PARK - FP | | 504 | 290 | | 3,103 | 90.20 |
| 90.21 FAMILY PRACTICE MAYWOOD PCC | | 270 | 135 | | 454 | 90.21 |
| 90.22 HOMER GLEN PCC | | 1,192 | 609 | 134 | 14,093 | 90.22 |
| 90.23 OAK PARK PCC | | 230 | 118 | | 814 | 90.23 |
| 90.24 PARK RIDGE PCC | | 251 | 92 | | 55 | 90.24 |
| 90.25 LOYOLA CLINIC AT GOTTLIEB | | 109 | 27 | | 35 | 90.25 |
| 90.26 WOODRIDGE PCC | | | | | | 90.26 |
| 90.27 NEUROLOGY - NILES | | | | | | 90.27 |
| 90.28 MARJORIE WEINBERG CANCER CENTER | | | | | | 90.28 |
| 90.29 BURR RIDGE PCC | | | | | 14 | 90.29 |
| 91 EMERGENCY | 2,041 | 5,707 | 10,355 | 1,672 | | 91 |
| 92 OBSERVATION BEDS | | | | | | 92 |
| 92.01 OBSERVATION BEDS-DISTINCT | 58 | 367 | 37 | 15 | 9 | 92.01 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 95 AMBULANCE SERVICES | | | | | 1 | 95 |
| 97 DURABLE MEDICAL EQUIP-SOLD | | | | | | 97 |
| 99 CMHC | | | | | | 99 |
| 99.10 CORF | | | | | | 99.10 |
| 99.20 OUTPATIENT PHYSICAL THERAPY | | | | | | 99.20 |
| 99.30 OUTPATIENT OCCUPATIONAL THERAPY | | | | | | 99.30 |
| 99.40 OUTPATIENT SPEECH PATHOLOGY | | | | | | 99.40 |
| 101 HOME HEALTH AGENCY | | 2,638 | 83 | | 28 | 101 |
| SPECIAL PURPOSE COST CENTERS | | | | | | |
| 105 KIDNEY ACQUISITION | | 13 | 1 | | | 105 |
| 106 HEART ACQUISITION | 3 | 24 | 1 | | | 106 |
| 107 LIVER ACQUISITION | | | | | | 107 |
| 108 LUNG ACQUISITION | | 30 | 2 | | | 108 |
| 112 OTHER ORGAN ACQUISITION (SPECIFY) | | 2 | | | | 112 |
| 116 HOSPICE | | 418 | 61 | | 391 | 116 |
| 118 SUBTOTALS (SUM OF LINES 1-117) | 32,199 | 127,052 | 283,307 | 36,255 | 312,256 | 118 |
| NONREIMBURSABLE COST CENTERS | | | | | | |
| 190 GIFT, FLOWER, COFFEE SHOP & CANTEEN | | | | | | 190 |
| 190.01 HINES RADIATION THERAPY | | | | | | 190.01 |
| 190.02 HOME INFUSION THERAPY | | 124 | 70 | | 11,470 | 190.02 |
| 190.03 OP HOSPITAL PHARMACY | | | | | 16,064 | 190.03 |
| 190.04 HOSPITALIST | | | 17 | | | 190.04 |
| 192 PHYSICIANS' PRIVATE OFFICES | | 75 | 8 | | 4 | 192 |
| 192.01 FACUALTY CLINICAL OPERATIONS | | 3,006 | 1 | | | 192.01 |
| 200 CROSS FOOT ADJUSTMENTS | | | | | | 200 |
| 201 NEGATIVE COST CENTER | | | | | | 201 |
| 202 TOTAL (SUM OF LINES 118-201) | 32,199 | 130,257 | 283,403 | 36,255 | 339,794 | 202 |

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

| COST CENTER DESCRIPTION | MEDICAL RECORDS + LIBRARY 16 | SOCIAL SERVICE 17 | HOSPITAL MEDICAL ADMIN 17.01 | NONPHYSIC. ANESTHET. 19 | I&R SALARY & FRINGES 21 |
|---------------------------------------|---------------------------------|----------------------|---------------------------------|----------------------------|----------------------------|
| GENERAL SERVICE COST CENTERS | | | | | |
| 1 CAP REL COSTS-BLDG & FIXT | | | | | 1 |
| 1.01 NEW CAPITAL-BLDG INTEREST | | | | | 1.01 |
| 2 CAP REL COSTS-MVBLE EQUIP | | | | | 2 |
| 4 EMPLOYEE BENEFITS | | | | | 4 |
| 5.01 COMMUNICATION | | | | | 5.01 |
| 5.02 SYSTEM & COMPUTERS | | | | | 5.02 |
| 5.03 PURCHASING | | | | | 5.03 |
| 5.04 OPC STORES | | | | | 5.04 |
| 5.05 PATIENT AFFAIRS | | | | | 5.05 |
| 5.06 PATIENT ADMITTING | | | | | 5.06 |
| 5.07 PATIENT ACCOUNTS | | | | | 5.07 |
| 5.08 ACCOUNTING | | | | | 5.08 |
| 5.09 EMPLOYEE HEALTH SERVICES | | | | | 5.09 |
| 5.10 PASTORAL CARE | | | | | 5.10 |
| 5.11 HOSPITAL ADMINISTRATION | | | | | 5.11 |
| 5.12 AMBULATORY ADMINISTRATION | | | | | 5.12 |
| 5.14 PRIMARY CARE ADMINISTRATION | | | | | 5.14 |
| 6 MAINTENANCE & REPAIRS | | | | | 6 |
| 7 OPERATION OF PLANT | | | | | 7 |
| 7.01 SAFETY AND SECURITY | | | | | 7.01 |
| 8 LAUNDRY & LINEN SERVICE | | | | | 8 |
| 9 HOUSEKEEPING | | | | | 9 |
| 10 DIETARY | | | | | 10 |
| 11 CAFETERIA | | | | | 11 |
| 12 MAINTENANCE OF PERSONNEL | | | | | 12 |
| 12.01 PATIENT TRANSPORTATION | | | | | 12.01 |
| 13 NURSING ADMINISTRATION | | | | | 13 |
| 14 CENTRAL SERVICES & SUPPLY | | | | | 14 |
| 14.01 CENTRAL PROCESSING | | | | | 14.01 |
| 15 PHARMACY | | | | | 15 |
| 16 MEDICAL RECORDS & LIBRARY | 2,290,533 | | | | 16 |
| 17 SOCIAL SERVICE | | 55,105 | | | 17 |
| 17.01 HOSPITAL MEDICAL ADMIN | | | 43,586 | | 17.01 |
| 19 NONPHYSICIAN ANESTHETISTS | | | | 501 | 19 |
| 20 NURSING SCHOOL | | | | | 20 |
| 21 I&R SRVCES-SALARY & FRINGES APPRVD | | | 973 | | 21 |
| 22 I&R SRVCES-OTHER PRGM COSTS APPRVD | | | | | 22 |
| 23 PARAMED ED PRGM-(SPECIFY) | | | | | 23 |
| 23.01 PARAMEDICAL ED-MICU | | | | | 23.01 |
| 23.02 PARAMEDICAL ED-SOCIAL WORK | | | | | 23.02 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | |
| 30 ADULTS & PEDIATRICS | 172,710 | 16,236 | 949 | | 30 |
| 31 INTENSIVE CARE UNIT | 63,598 | 1,063 | 837 | | 31 |
| 33 BURN INTENSIVE CARE UNIT | 23,414 | 1,203 | | | 33 |
| 35 NEONATAL INTENSIVE CARE | 39,814 | 2,171 | 1,153 | | 35 |
| 35.01 PEDIATRIC INTENSIVE CARE | 10,786 | 1,165 | 396 | | 35.01 |
| 35.03 HEART TRANSPLANT ICU | 12,970 | 1,433 | 612 | | 35.03 |
| 35.04 BONE INTENSIVE CARE | 16,277 | 1,669 | 167 | | 35.04 |
| 41 SUBPROVIDER - IRF | 12,510 | 499 | 385 | | 41 |
| 43 NURSERY | 1,337 | | | | 43 |
| ANCILLARY SERVICE COST CENTERS | | | | | |
| 50 OPERATING ROOM | 176,411 | 1,428 | 1,224 | | 50 |
| 50.01 AMBULATORY SURGERY CENTER | 49,653 | 11 | 2,031 | | 50.01 |
| 51 RECOVERY ROOM | 44,095 | | 86 | | 51 |
| 52 DELIVERY ROOM & LABOR ROOM | 10,256 | | | | 52 |
| 53 ANESTHESIOLOGY | 78,497 | | 8,554 | | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | 76,573 | | 1,758 | | 54 |
| 54.01 RADIOLOGY-ULTRASOUND | 14,879 | | 244 | | 54.01 |
| 55 RADIOLOGY-THERAPEUTIC | | | | | 55 |
| 56 RADIOISOTOPE | 29,158 | | 721 | | 56 |
| 57 COMPUTED TOMOGRAPHY (CT) SCAN | 102,663 | | 1,672 | | 57 |
| 58 MAGNETIC RESONANCE IMAGING (MRI) | 49,534 | | 858 | | 58 |
| 59 CARDIAC CATHETERIZATION | 72,519 | | | | 59 |
| 60 LABORATORY | 243,576 | 841 | 6,617 | | 60 |
| 60.01 LABORATORY-SURGICAL PATHOLOGY | 20,317 | | 580 | | 60.01 |
| 60.02 LABORATORY-NEUROSURGICAL | | | | | 60.02 |
| 60.03 LABORATORY-HLA | 9 | | 67 | | 60.03 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS | | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & TRANS. | | | 949 | | 63 |
| 65 RESPIRATORY THERAPY | 29,300 | | 118 | | 65 |
| 66 PHYSICAL THERAPY | 54,271 | | 90 | | 66 |
| 67 OCCUPATIONAL THERAPY | 22,847 | | | | 67 |
| 68 SPEECH PATHOLOGY | 11,253 | 522 | | | 68 |
| 69 ELECTROCARDIOLOGY | 3,578 | 2,634 | | | 69 |

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

| COST CENTER DESCRIPTION | MEDICAL RECORDS + LIBRARY 16 | SOCIAL SERVICE 17 | HOSPITAL MEDICAL ADMIN 17.01 | NONPHYSIC. ANESTHET. 19 | I&R SALARY & FRINGES 21 | |
|---|---------------------------------|----------------------|---------------------------------|----------------------------|----------------------------|--------|
| 70 ELECTROENCEPHALOGRAPHY | 7,943 | | 155 | | | 70 |
| 71 MEDICAL SUPPLIES CHRGD TO PATIENTS | 4,812 | | | | | 71 |
| 73 DRUGS CHARGED TO PATIENTS | 136,391 | | | | | 73 |
| 74 RENAL DIALYSIS | 32,846 | 2,192 | 889 | | | 74 |
| 76 PULMONARY LABS | 2,391 | | 697 | | | 76 |
| 76.01 OCCUPATIONAL HEALTH | 545 | | | | | 76.01 |
| 76.03 HYPERALIMENTATION | | | | | | 76.03 |
| 76.04 PERIPHERAL VASCULAR | 9,326 | | 25 | | | 76.04 |
| 76.05 PEDIATRIC ENDO NUTRITION | | | | | | 76.05 |
| 76.07 GASTROINTESTINAL SERVICE | 24,026 | 63 | 396 | | | 76.07 |
| 76.09 BONE MARROW PROCUREMENT | 2,488 | | | | | 76.09 |
| 76.97 CARDIAC REHABILITATION | | | | | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 90 CLINIC | 515 | 19 | | | | 90 |
| 90.01 CARDIAC REHABILITATION | 431 | 3 | | | | 90.01 |
| 90.02 CANCER CENTER | 110,689 | 39 | 928 | | | 90.02 |
| 90.03 PSYCH SOCIAL REHAB | 596 | | | | | 90.03 |
| 90.04 WELLNESS ASSESSMENT | | | | | | 90.04 |
| 90.06 HEART FAILURE CLINIC | | | | | | 90.06 |
| 90.07 LOC OUTPATIENT CENTER | 119,828 | 18,643 | 6,051 | | | 90.07 |
| 90.08 OB OUTPATIENT CENTER | 26,876 | | 95 | | | 90.08 |
| 90.09 ELMHURST IMMEDIATE CARE | 3,048 | | | | | 90.09 |
| 90.10 LAGRANGE FAMILY PCC | 6,566 | | 60 | | | 90.10 |
| 90.12 NORTH RIVERSIDE PCC | 5,849 | | | | | 90.12 |
| 90.13 GLENDALE HEIGHTS PCC | | | | | | 90.13 |
| 90.14 WHEATON PCC | 5,053 | | | | | 90.14 |
| 90.15 OB II PCC | 5,932 | | | | | 90.15 |
| 90.16 HICKORY HILLS PCC | 9,668 | | | | | 90.16 |
| 90.18 DARIEN PCC | 3,769 | | | | | 90.18 |
| 90.20 ORLANAD PARK - FP | 5,284 | | | | | 90.20 |
| 90.21 FAMILY PRACTICE MAYWOOD PCC | 3,598 | | 95 | | | 90.21 |
| 90.22 HOMER GLEN PCC | 18,518 | | | | | 90.22 |
| 90.23 OAK PARK PCC | 1,967 | | | | | 90.23 |
| 90.24 PARK RIDGE PCC | 3,154 | | | | | 90.24 |
| 90.25 LOYOLA CLINIC AT GOTTLIEB | 416 | | | | | 90.25 |
| 90.26 WOODRIDGE PCC | | | | | | 90.26 |
| 90.27 NEUROLOGY - NILES | 33 | | | | | 90.27 |
| 90.28 MARJORIE WEINBERG CANCER CENTER | 20,901 | | | | | 90.28 |
| 90.29 BURR RIDGE PCC | 8,498 | 1,648 | 266 | | | 90.29 |
| 91 EMERGENCY | 98,876 | | | | | 91 |
| 92 OBSERVATION BEDS | | | | | | 92 |
| 92.01 OBSERVATION BEDS-DISTINCT | 11,552 | | | | | 92.01 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 95 AMBULANCE SERVICES | 3 | | | | | 95 |
| 97 DURABLE MEDICAL EQUIP-SOLD | 3,456 | | | | | 97 |
| 99 CMHC | | | | | | 99 |
| 99.10 CORF | | | | | | 99.10 |
| 99.20 OUTPATIENT PHYSICAL THERAPY | | | | | | 99.20 |
| 99.30 OUTPATIENT OCCUPATIONAL THERAPY | | | | | | 99.30 |
| 99.40 OUTPATIENT SPEECH PATHOLOGY | | | | | | 99.40 |
| 101 HOME HEALTH AGENCY | 6,514 | | 387 | | | 101 |
| SPECIAL PURPOSE COST CENTERS | | | | | | |
| 105 KIDNEY ACQUISITION | 4,882 | 1,045 | 912 | | | 105 |
| 106 HEART ACQUISITION | 2,486 | | 24 | | | 106 |
| 107 LIVER ACQUISITION | 1,761 | | 550 | | | 107 |
| 108 LUNG ACQUISITION | 3,766 | 578 | 867 | | | 108 |
| 112 OTHER ORGAN ACQUISITION (SPECIFY) | | | 4 | | | 112 |
| 116 HOSPICE | 2,571 | | 144 | | | 116 |
| 118 SUBTOTALS (SUM OF LINES 1-117) | 2,274,286 | 55,105 | 43,586 | | | 118 |
| NONREIMBURSABLE COST CENTERS | | | | | | |
| 190 GIFT, FLOWER, COFFEE SHOP & CANTEEN | 15,743 | | | | | 190 |
| 190.01 HINES RADIATION THERAPY | | | | | | 190.01 |
| 190.02 HOME INFUSION THERAPY | | | | | | 190.02 |
| 190.03 OP HOSPITAL PHARMACY | | | | | | 190.03 |
| 190.04 HOSPITALIST | | | | | | 190.04 |
| 192 PHYSICIANS' PRIVATE OFFICES | 504 | | | | | 192 |
| 192.01 FACULTY CLINICAL OPERATIONS | | | | | | 192.01 |
| 200 CROSS FOOT ADJUSTMENTS | | | | 501 | 165,628 | 200 |
| 201 NEGATIVE COST CENTER | | | | | | 201 |
| 202 TOTAL (SUM OF LINES 118-201) | 2,290,533 | 55,105 | 43,586 | 501 | 165,628 | 202 |

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

| COST CENTER DESCRIPTION | PARAMED ED-MICU | SUBTOTAL | I&R COST & POST STEP- DOWN ADJS | TOTAL | |
|---------------------------------------|--------------------|-----------|---------------------------------------|-----------|-------|
| | 23.01 | 24 | 25 | 26 | |
| GENERAL SERVICE COST CENTERS | | | | | |
| 1 CAP REL COSTS-BLDG & FIXT | | | | | 1 |
| 1.01 NEW CAPITAL-BLDG INTEREST | | | | | 1.01 |
| 2 CAP REL COSTS-MVBLE EQUIP | | | | | 2 |
| 4 EMPLOYEE BENEFITS | | | | | 4 |
| 5.01 COMMUNICATION | | | | | 5.01 |
| 5.02 SYSTEM & COMPUTERS | | | | | 5.02 |
| 5.03 PURCHASING | | | | | 5.03 |
| 5.04 OPC STORES | | | | | 5.04 |
| 5.05 PATIENT AFFAIRS | | | | | 5.05 |
| 5.06 PATIENT ADMITTING | | | | | 5.06 |
| 5.07 PATIENT ACCOUNTS | | | | | 5.07 |
| 5.08 ACCOUNTING | | | | | 5.08 |
| 5.09 EMPLOYEE HEALTH SERVICES | | | | | 5.09 |
| 5.10 PASTORAL CARE | | | | | 5.10 |
| 5.11 HOSPITAL ADMINISTRATION | | | | | 5.11 |
| 5.12 AMBULATORY ADMINISTRATION | | | | | 5.12 |
| 5.14 PRIMARY CARE ADMINISTRATION | | | | | 5.14 |
| 6 MAINTENANCE & REPAIRS | | | | | 6 |
| 7 OPERATION OF PLANT | | | | | 7 |
| 7.01 SAFETY AND SECURITY | | | | | 7.01 |
| 8 LAUNDRY & LINEN SERVICE | | | | | 8 |
| 9 HOUSEKEEPING | | | | | 9 |
| 10 DIETARY | | | | | 10 |
| 11 CAFETERIA | | | | | 11 |
| 12 MAINTENANCE OF PERSONNEL | | | | | 12 |
| 12.01 PATIENT TRANSPORTATION | | | | | 12.01 |
| 13 NURSING ADMINISTRATION | | | | | 13 |
| 14 CENTRAL SERVICES & SUPPLY | | | | | 14 |
| 14.01 CENTRAL PROCESSING | | | | | 14.01 |
| 15 PHARMACY | | | | | 15 |
| 16 MEDICAL RECORDS & LIBRARY | | | | | 16 |
| 17 SOCIAL SERVICE | | | | | 17 |
| 17.01 HOSPITAL MEDICAL ADMIN | | | | | 17.01 |
| 19 NONPHYSICIAN ANESTHETISTS | | | | | 19 |
| 20 NURSING SCHOOL | | | | | 20 |
| 21 I&R SRVCES-SALARY & FRINGES APPRVD | | | | | 21 |
| 22 I&R SRVCES-OTHER PRGM COSTS APPRVD | | | | | 22 |
| 23 PARAMED ED PRGM-(SPECIFY) | | | | | 23 |
| 23.01 PARAMEDICAL ED-MICU | 77,864 | | | | 23.01 |
| 23.02 PARAMEDICAL ED-SOCIAL WORK | | | | | 23.02 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | |
| 30 ADULTS & PEDIATRICS | | 3,332,507 | | 3,332,507 | 30 |
| 31 INTENSIVE CARE UNIT | | 884,689 | | 884,689 | 31 |
| 33 BURN INTENSIVE CARE UNIT | | 238,191 | | 238,191 | 33 |
| 35 NEONATAL INTENSIVE CARE | | 474,313 | | 474,313 | 35 |
| 35.01 PEDIATRIC INTENSIVE CARE | | 107,119 | | 107,119 | 35.01 |
| 35.03 HEART TRANSPLANT ICU | | 182,848 | | 182,848 | 35.03 |
| 35.04 BONE INTENSIVE CARE | | 170,792 | | 170,792 | 35.04 |
| 41 SUBPROVIDER - IRF | | 376,260 | | 376,260 | 41 |
| 43 NURSERY | | 4,323 | | 4,323 | 43 |
| ANCILLARY SERVICE COST CENTERS | | | | | |
| 50 OPERATING ROOM | | 5,013,596 | | 5,013,596 | 50 |
| 50.01 AMBULATORY SURGERY CENTER | | 1,085,254 | | 1,085,254 | 50.01 |
| 51 RECOVERY ROOM | | 490,905 | | 490,905 | 51 |
| 52 DELIVERY ROOM & LABOR ROOM | | 183,564 | | 183,564 | 52 |
| 53 ANESTHESIOLOGY | | 349,168 | | 349,168 | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | | 2,211,779 | | 2,211,779 | 54 |
| 54.01 RADIOLOGY-ULTRASOUND | | 168,471 | | 168,471 | 54.01 |
| 55 RADIOLOGY-THERAPEUTIC | | | | | 55 |
| 56 RADIOISOTOPE | | 376,987 | | 376,987 | 56 |
| 57 COMPUTED TOMOGRAPHY (CT) SCAN | | 777,620 | | 777,620 | 57 |
| 58 MAGNETIC RESONANCE IMAGING (MRI) | | 737,809 | | 737,809 | 58 |
| 59 CARDIAC CATHETERIZATION | | 1,673,290 | | 1,673,290 | 59 |
| 60 LABORATORY | | 1,039,145 | | 1,039,145 | 60 |
| 60.01 LABORATORY-SURGICAL PATHOLOGY | | 384,461 | | 384,461 | 60.01 |
| 60.02 LABORATORY-NEUROSURGICAL | | | | | 60.02 |
| 60.03 LABORATORY-HLA | | 28,145 | | 28,145 | 60.03 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS | | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & TRANS. | | 145,555 | | 145,555 | 63 |
| 65 RESPIRATORY THERAPY | | 416,659 | | 416,659 | 65 |
| 66 PHYSICAL THERAPY | | 197,634 | | 197,634 | 66 |
| 67 OCCUPATIONAL THERAPY | | 82,886 | | 82,886 | 67 |
| 68 SPEECH PATHOLOGY | | 36,177 | | 36,177 | 68 |
| 69 ELECTROCARDIOLOGY | | 1,986,730 | | 1,986,730 | 69 |

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

| COST CENTER DESCRIPTION | PARAMED | SUBTOTAL | I&R COST & | TOTAL | |
|---|---------|------------|------------|------------|--------|
| | ED-MICU | | POST STEP- | | |
| | 23.01 | 24 | 25 | 26 | |
| 70 ELECTROENCEPHALOGRAPHY | | 199,902 | | 199,902 | 70 |
| 71 MEDICAL SUPPLIES CHRGD TO PATIENTS | | 181,308 | | 181,308 | 71 |
| 73 DRUGS CHARGED TO PATIENTS | | 473,923 | | 473,923 | 73 |
| 74 RENAL DIALYSIS | | 352,977 | | 352,977 | 74 |
| 76 PULMONARY LABS | | 94,986 | | 94,986 | 76 |
| 76.01 OCCUPATIONAL HEALTH | | 46,863 | | 46,863 | 76.01 |
| 76.03 HYPERALIMENTATION | | | | | 76.03 |
| 76.04 PERIPHERAL VASCULAR | | 116,730 | | 116,730 | 76.04 |
| 76.05 PEDIATRIC ENDO NUTRITION | | | | | 76.05 |
| 76.07 GASTROINTESTINAL SERVICE | | 358,962 | | 358,962 | 76.07 |
| 76.09 BONE MARROW PROCUREMENT | | 9,052 | | 9,052 | 76.09 |
| 76.97 CARDIAC REHABILITATION | | | | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | |
| 90 CLINIC | | 46,642 | | 46,642 | 90 |
| 90.01 CARDIAC REHABILITATION | | 10,309 | | 10,309 | 90.01 |
| 90.02 CANCER CENTER | | 1,050,071 | | 1,050,071 | 90.02 |
| 90.03 PSYCH SOCIAL REHAB | | 91,794 | | 91,794 | 90.03 |
| 90.04 WELLNESS ASSESSMENT | | | | | 90.04 |
| 90.06 HEART FAILURE CLINIC | | | | | 90.06 |
| 90.07 LOC OUTPATIENT CENTER | | 3,688,539 | | 3,688,539 | 90.07 |
| 90.08 OBT OUTPATIENT CENTER | | 441,581 | | 441,581 | 90.08 |
| 90.09 ELMHURST IMMEDIATE CARE | | 64,225 | | 64,225 | 90.09 |
| 90.10 LAGRANGE FAMILY PCC | | 121,792 | | 121,792 | 90.10 |
| 90.12 NORTH RIVERSIDE PCC | | 79,848 | | 79,848 | 90.12 |
| 90.13 GLENDALE HEIGHTS PCC | | | | | 90.13 |
| 90.14 WHEATON PCC | | 50,879 | | 50,879 | 90.14 |
| 90.15 OBT II PCC | | 92,926 | | 92,926 | 90.15 |
| 90.16 HICKORY HILLS PCC | | 166,638 | | 166,638 | 90.16 |
| 90.18 DARIEN PCC | | 90,490 | | 90,490 | 90.18 |
| 90.20 ORLANAD PARK - FP | | 90,189 | | 90,189 | 90.20 |
| 90.21 FAMILY PRACTICE MAYWOOD PCC | | 72,253 | | 72,253 | 90.21 |
| 90.22 HOMER GLEN PCC | | 277,785 | | 277,785 | 90.22 |
| 90.23 OAK PARK PCC | | 40,888 | | 40,888 | 90.23 |
| 90.24 PARK RIDGE PCC | | 217,878 | | 217,878 | 90.24 |
| 90.25 LOYOLA CLINIC AT GOTTLIEB | | 17,026 | | 17,026 | 90.25 |
| 90.26 WOODRIDGE PCC | | | | | 90.26 |
| 90.27 NEUROLOGY - NILES | | 121 | | 121 | 90.27 |
| 90.28 MARJORIE WEINBERG CANCER CENTER | | 60,536 | | 60,536 | 90.28 |
| 90.29 BURR RIDGE PCC | | 867,372 | | 867,372 | 90.29 |
| 91 EMERGENCY | | 702,313 | | 702,313 | 91 |
| 92 OBSERVATION BEDS | | | | | 92 |
| 92.01 OBSERVATION BEDS-DISTINCT | | 53,570 | | 53,570 | 92.01 |
| OTHER REIMBURSABLE COST CENTERS | | | | | |
| 95 AMBULANCE SERVICES | | 9,268 | | 9,268 | 95 |
| 97 DURABLE MEDICAL EQUIP-SOLD | | 13,488 | | 13,488 | 97 |
| 99 CMHC | | 30 | | 30 | 99 |
| 99.10 CORF | | | | | 99.10 |
| 99.20 OUTPATIENT PHYSICAL THERAPY | | | | | 99.20 |
| 99.30 OUTPATIENT OCCUPATIONAL THERAPY | | | | | 99.30 |
| 99.40 OUTPATIENT SPEECH PATHOLOGY | | | | | 99.40 |
| 101 HOME HEALTH AGENCY | | 85,712 | | 85,712 | 101 |
| SPECIAL PURPOSE COST CENTERS | | | | | |
| 105 KIDNEY ACQUISITION | | 22,151 | | 22,151 | 105 |
| 106 HEART ACQUISITION | | 32,097 | | 32,097 | 106 |
| 107 LIVER ACQUISITION | | 9,154 | | 9,154 | 107 |
| 108 LUNG ACQUISITION | | 31,223 | | 31,223 | 108 |
| 112 OTHER ORGAN ACQUISITION (SPECIFY) | | 2,151 | | 2,151 | 112 |
| 116 HOSPICE | | 15,417 | | 15,417 | 116 |
| 118 SUBTOTALS (SUM OF LINES 1-117) | | 33,607,936 | | 33,607,936 | 118 |
| NONREIMBURSABLE COST CENTERS | | | | | |
| 190 GIFT, FLOWER, COFFEE SHOP & CANTEEN | | 20,836 | | 20,836 | 190 |
| 190.01 HINES RADIATION THERAPY | | 9,427 | | 9,427 | 190.01 |
| 190.02 HOME INFUSION THERAPY | | 37,438 | | 37,438 | 190.02 |
| 190.03 OP HOSPITAL PHARMACY | | 37,558 | | 37,558 | 190.03 |
| 190.04 HOSPITALIST | | 599 | | 599 | 190.04 |
| 192 PHYSICIANS' PRIVATE OFFICES | | 6,199 | | 6,199 | 192 |
| 192.01 FACULTY CLINICAL OPERATIONS | | 536,840 | | 536,840 | 192.01 |
| 200 CROSS FOOT ADJUSTMENTS | 77,864 | 243,993 | | 243,993 | 200 |
| 201 NEGATIVE COST CENTER | | | | | 201 |
| 202 TOTAL (SUM OF LINES 118-201) | 77,864 | 34,500,826 | | 34,500,826 | 202 |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | CAP | NEW CPTL | CAP | EMPLOYEE | COMMUNICTN |
|---------------------------------------|---------------------------------------|------------------------------|---|-------------------------------|---------------|
| | BLDGS & FIXTURES SQUARE FEET | BLG INTRST SQUARE FEET | MOVABLE EQUIPMENT DOLLAR VALUE | BENEFITS GROSS SALARIES | PHONE COST |
| | 1 | 1.01 | 2 | 4 | 5.01 |
| GENERAL SERVICE COST CENTERS | | | | | |
| 1 CAP REL COSTS-BLDG & FIXT | 1,601,855 | | | | 1 |
| 1.01 NEW CAPITAL-BLDG INTEREST | | 1,601,855 | | | 1.01 |
| 2 CAP REL COSTS-MVBLE EQUIP | | | 23,732,724 | | 2 |
| 4 EMPLOYEE BENEFITS | 9,914 | 9,914 | 11,774 | 450,998,534 | 4 |
| 5.01 COMMUNICATION | 3,282 | 3,282 | 174,135 | 1,060,405 | 5.01 |
| 5.02 SYSTEM & COMPUTERS | 25,504 | 25,504 | 1,721,217 | 5,707,183 | 5.02 |
| 5.03 PURCHASING | 26,358 | 26,358 | 10,455 | 1,532,964 | 5.03 |
| 5.04 OPC STORES | 7,645 | 7,645 | 5,906 | | 5.04 |
| 5.05 PATIENT AFFAIRS | 4,453 | 4,453 | 8,967 | 1,202,405 | 5.05 |
| 5.06 PATIENT ADMITTING | 4,009 | 4,009 | 23,784 | 1,275,605 | 5.06 |
| 5.07 PATIENT ACCOUNTS | 16,051 | 16,051 | 85,146 | 4,131,972 | 5.07 |
| 5.08 ACCOUNTING | 8,652 | 8,652 | 181,090 | 2,074,468 | 5.08 |
| 5.09 EMPLOYEE HEALTH SERVICES | 3,576 | 3,576 | 243 | 568,358 | 5.09 |
| 5.10 PASTORAL CARE | 16,410 | 16,410 | 6,811 | 871,971 | 5.10 |
| 5.11 HOSPITAL ADMINISTRATION | 93,916 | 93,916 | 830,184 | 53,585,073 | 5.11 |
| 5.12 AMBULATORY ADMINISTRATION | 3,685 | 3,685 | 6,920 | 4,143,773 | 5.12 |
| 5.14 PRIMARY CARE ADMINISTRATION | | | | 46,436 | 5.14 |
| 6 MAINTENANCE & REPAIRS | | | | | 6 |
| 7 OPERATION OF PLANT | 22,828 | 22,828 | 318,164 | 8,666,235 | 7 |
| 7.01 SAFETY AND SECURITY | 6,690 | 6,690 | 210,441 | 2,201,812 | 7.01 |
| 8 LAUNDRY & LINEN SERVICE | 8,477 | 8,477 | 1,746 | 220,979 | 8 |
| 9 HOUSEKEEPING | 11,689 | 11,689 | 16,708 | | 9 |
| 10 DIETARY | 26,898 | 26,898 | 42,034 | 1,992,049 | 10 |
| 11 CAFETERIA | 12,220 | 12,220 | 8,442 | 989,736 | 11 |
| 12 MAINTENANCE OF PERSONNEL | | | | | 12 |
| 12.01 PATIENT TRANSPORTATION | 954 | 954 | 19,613 | 929,053 | 12.01 |
| 13 NURSING ADMINISTRATION | 9,182 | 9,182 | 43,743 | 2,026,811 | 13 |
| 14 CENTRAL SERVICES & SUPPLY | 14,459 | 14,459 | 162,782 | 1,332,750 | 14 |
| 14.01 CENTRAL PROCESSING | 3,800 | 3,800 | | 93,816 | 14.01 |
| 15 PHARMACY | 17,927 | 17,927 | 162,346 | 6,822,764 | 15 |
| 16 MEDICAL RECORDS & LIBRARY | 24,876 | 24,876 | 2,226,484 | 3,082,499 | 16 |
| 17 SOCIAL SERVICE | 3,904 | 3,904 | 4,089 | 3,988,243 | 17 |
| 17.01 HOSPITAL MEDICAL ADMIN | | | | | 17.01 |
| 19 NONPHYSICIAN ANESTHETISTS | | | | 2,523,437 | 19 |
| 20 NURSING SCHOOL | | | | | 20 |
| 21 I&R SRVCES-SALARY & FRINGES APPRVD | 7,655 | 7,655 | 1,138 | 22,924,583 | 21 |
| 22 I&R SRVCES-OTHER PRGM COSTS APPRVD | | | | | 22 |
| 23 PARAMED ED PRGM-(SPECIFY) | | | | | 23 |
| 23.01 PARAMEDICAL ED-MICU | 4,874 | 4,874 | 34,828 | 491,536 | 23.01 |
| 23.02 PARAMEDICAL ED-SOCIAL WORK | | | | | 23.02 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | |
| 30 ADULTS & PEDIATRICS | 182,635 | 182,635 | 901,717 | 29,622,036 | 30 |
| 31 INTENSIVE CARE UNIT | 45,398 | 45,398 | 232,656 | 11,540,102 | 31 |
| 33 BURN INTENSIVE CARE UNIT | 10,850 | 10,850 | 56,189 | 3,308,076 | 33 |
| 35 NEONATAL INTENSIVE CARE | 24,604 | 24,604 | 142,181 | 6,828,213 | 35 |
| 35.01 PEDIATRIC INTENSIVE CARE | 4,582 | 4,582 | 27,461 | 1,898,431 | 35.01 |
| 35.03 HEART TRANSPLANT ICU | 11,105 | 11,105 | 32,339 | 2,087,021 | 35.03 |
| 35.04 BONE INTENSIVE CARE | 9,577 | 9,577 | 26,103 | 2,257,130 | 35.04 |
| 41 SUBPROVIDER - IRF | 28,966 | 28,966 | 45,864 | 3,710,178 | 41 |
| 43 NURSERY | | | | 360,183 | 43 |
| ANCILLARY SERVICE COST CENTERS | | | | | |
| 50 OPERATING ROOM | 155,284 | 155,284 | 3,417,660 | 10,504,754 | 50 |
| 50.01 AMBULATORY SURGERY CENTER | 32,839 | 32,839 | 677,186 | 2,461,493 | 50.01 |
| 51 RECOVERY ROOM | 34,749 | 34,749 | 95,502 | 2,123,580 | 51 |
| 52 DELIVERY ROOM & LABOR ROOM | 8,653 | 8,653 | 70,565 | 1,779,029 | 52 |
| 53 ANESTHESIOLOGY | 2,564 | 2,564 | 170,611 | 443,223 | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | 61,331 | 61,331 | 1,593,851 | 6,055,689 | 54 |
| 54.01 RADIOLOGY-ULTRASOUND | 3,843 | 3,843 | 110,544 | 802,485 | 54.01 |
| 55 RADIOLOGY-THERAPEUTIC | | | | | 55 |
| 56 RADIOISOTOPE | 14,011 | 14,011 | 200,880 | 1,600,748 | 56 |
| 57 COMPUTED TOMOGRAPHY (CT) SCAN | 6,908 | 6,908 | 545,956 | 2,059,788 | 57 |
| 58 MAGNETIC RESONANCE IMAGING (MRI) | 14,972 | 14,972 | 545,192 | 1,160,958 | 58 |
| 59 CARDIAC CATHETERIZATION | 36,788 | 36,788 | 1,275,501 | 3,123,654 | 59 |
| 60 LABORATORY | 30,137 | 30,137 | 249,319 | 7,186,776 | 60 |
| 60.01 LABORATORY-SURGICAL PATHOLOGY | 24,574 | 24,574 | 117,980 | 1,380,014 | 60.01 |
| 60.02 LABORATORY-NEUROSURGICAL | | | | | 60.02 |
| 60.03 LABORATORY-HLA | 2,934 | 2,934 | 2,743 | | 60.03 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS | | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & TRANS. | 6,866 | 6,866 | 2,630 | 1,159,930 | 63 |
| 65 RESPIRATORY THERAPY | 10,508 | 10,508 | 203,225 | 5,054,715 | 65 |
| 66 PHYSICAL THERAPY | 13,912 | 13,912 | 12,713 | 3,314,614 | 66 |
| 67 OCCUPATIONAL THERAPY | 6,014 | 6,014 | 994 | 1,350,721 | 67 |
| 68 SPEECH PATHOLOGY | 1,123 | 1,123 | 17,237 | 547,374 | 68 |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | CAP | NEW CPTL | CAP | EMPLOYEE | COMMUNICTN | |
|---|-----------|------------|------------|-------------|------------|--------|
| | BLDGS & | BLG INTRST | MOVABLE | BENEFITS | | |
| | FIXTURES | SQUARE | EQUIPMENT | GROSS | PHONE | |
| | SQUARE | FEET | DOLLAR | SALARIES | COST | |
| | FEET | FEET | VALUE | | | |
| | 1 | 1.01 | 2 | 4 | 5.01 | |
| 69 ELECTROCARDIOLOGY | 33,945 | 33,945 | 1,536,294 | 2,941,386 | 2,471 | 69 |
| 70 ELECTROENCEPHALOGRAPHY | 8,477 | 8,477 | 111,103 | 1,145,517 | 1,444 | 70 |
| 71 MEDICAL SUPPLIES CHRGD TO PATIENTS | | | | | | 71 |
| 73 DRUGS CHARGED TO PATIENTS | | | | 22,444,989 | | 73 |
| 74 RENAL DIALYSIS | 11,733 | 11,733 | 156,836 | 2,402,448 | 923 | 74 |
| 76 PULMONARY LABS | 3,341 | 3,341 | 62,643 | 232,420 | 879 | 76 |
| 76.01 OCCUPATIONAL HEALTH | 3,661 | 3,661 | 13,989 | 200,767 | | 76.01 |
| 76.03 HYPERALIMENTATION | | | | | | 76.03 |
| 76.04 PERIPHERAL VASCULAR | 1,312 | 1,312 | 89,658 | 658,797 | 330 | 76.04 |
| 76.05 PEDIATRIC ENDO NUTRITION | | | | | | 76.05 |
| 76.07 GASTROINTESTINAL SERVICE | 9,121 | 9,121 | 233,527 | 1,728,111 | | 76.07 |
| 76.09 BONE MARROW PROCUREMENT | | | | | | 76.09 |
| 76.97 CARDIAC REHABILITATION | | | | | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 90 CLINIC | 3,661 | 3,661 | 3,274 | 174,598 | | 90 |
| 90.01 CARDIAC REHABILITATION | | | 30 | 274,180 | 42 | 90.01 |
| 90.02 CANCER CENTER | 52,505 | 52,505 | 198,312 | 5,015,472 | 7,790 | 90.02 |
| 90.03 PSYCH SOCIAL REHAB | 9,945 | 9,945 | 2,102 | 267,660 | 1,393 | 90.03 |
| 90.04 WELLNESS ASSESSMENT | | | | | | 90.04 |
| 90.06 HEART FAILURE CLINIC | | | | | | 90.06 |
| 90.07 LOC OUTPATIENT CENTER | 135,639 | 135,639 | 2,246,425 | 17,257,404 | 28,093 | 90.07 |
| 90.08 OB OUTPATIENT CENTER | 97 | 97 | 388,933 | 3,602,658 | 3,190 | 90.08 |
| 90.09 ELMHURST IMMEDIATE CARE | | | 55,824 | 860,255 | | 90.09 |
| 90.10 LAGRANGE FAMILY PCC | | | 104,861 | 1,494,012 | 2,445 | 90.10 |
| 90.12 NORTH RIVERSIDE PCC | | | 55,533 | 2,328,003 | 3,129 | 90.12 |
| 90.13 GLENDALE HEIGHTS PCC | | | | | | 90.13 |
| 90.14 WHEATON PCC | | | 33,794 | 1,486,693 | 1,143 | 90.14 |
| 90.15 OB II PCC | | | 72,705 | 2,248,502 | 2,358 | 90.15 |
| 90.16 HICKORY HILLS PCC | | | 140,133 | 2,560,527 | 2,993 | 90.16 |
| 90.18 DARIEN PCC | | | 80,279 | 1,590,796 | 1,588 | 90.18 |
| 90.20 ORLANAD PARK - FP | | | 67,936 | 2,390,994 | 3,576 | 90.20 |
| 90.21 FAMILY PRACTICE MAYWOOD PCC | 3,211 | 3,211 | 34,779 | 614,419 | | 90.21 |
| 90.22 HOMER GLEN PCC | | | 222,933 | 2,349,838 | 41 | 90.22 |
| 90.23 OAK PARK PCC | | | 34,743 | 1,773,882 | | 90.23 |
| 90.24 PARK RIDGE PCC | | | 226,134 | 332,411 | 17 | 90.24 |
| 90.25 LOYOLA CLINIC AT GOTTLIEB | | | 16,634 | 94,980 | | 90.25 |
| 90.26 WOODRIDGE PCC | | | | | | 90.26 |
| 90.27 NEUROLOGY - NILES | | | | 6,414 | | 90.27 |
| 90.28 MARJORIE WEINBERG CANCER CENTER | | | | 769,132 | | 90.28 |
| 90.29 BURR RIDGE PCC | 100,000 | 100,000 | | 1,883,534 | | 90.29 |
| 91 EMERGENCY | 24,864 | 24,864 | 238,372 | 10,861,536 | 8,906 | 91 |
| 92 OBSERVATION BEDS | | | | | | 92 |
| 92.01 OBSERVATION BEDS-DISTINCT | 1,599 | 1,599 | 17,177 | 287,392 | | 92.01 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 95 AMBULANCE SERVICES | 729 | 729 | 2,293 | | 47 | 95 |
| 97 DURABLE MEDICAL EQUIP-SOLD | | | | 35,471 | | 97 |
| 99 CMHC | | | | | | 99 |
| 99.10 CORF | | | | | | 99.10 |
| 99.20 OUTPATIENT PHYSICAL THERAPY | | | | | | 99.20 |
| 99.30 OUTPATIENT OCCUPATIONAL THERAPY | | | | | | 99.30 |
| 99.40 OUTPATIENT SPEECH PATHOLOGY | | | | | | 99.40 |
| 101 HOME HEALTH AGENCY | 5,729 | 5,729 | 2,718 | 3,343,627 | 2,729 | 101 |
| SPECIAL PURPOSE COST CENTERS | | | | | | |
| 105 KIDNEY ACQUISITION | 703 | 703 | 439 | 362,869 | 988 | 105 |
| 106 HEART ACQUISITION | 2,657 | 2,657 | 1,528 | 303,826 | 389 | 106 |
| 107 LIVER ACQUISITION | 317 | 317 | 582 | 287,437 | | 107 |
| 108 LUNG ACQUISITION | 2,389 | 2,389 | | 234,289 | | 108 |
| 112 OTHER ORGAN ACQUISITION (SPECIFY) | 160 | 160 | 92 | 54,661 | 23 | 112 |
| 116 HOSPICE | 445 | 445 | 2,859 | 515,987 | 237 | 116 |
| 118 SUBTOTALS (SUM OF LINES 1-117) | 1,601,855 | 1,601,855 | 23,549,463 | 345,625,725 | 207,733 | 118 |
| NONREIMBURSABLE COST CENTERS | | | | | | |
| 190 GIFT, FLOWER, COFFEE SHOP & CANTEEN | | | 4,018 | 75,408 | 187 | 190 |
| 190.01 HINES RADIATION THERAPY | | | 7,040 | 791,962 | | 190.01 |
| 190.02 HOME INFUSION THERAPY | | | 1,115 | 859,639 | | 190.02 |
| 190.03 OP HOSPITAL PHARMACY | | | 2,820 | 153,175 | | 190.03 |
| 190.04 HOSPITALIST | | | | 2,414,287 | | 190.04 |
| 192 PHYSICIANS' PRIVATE OFFICES | | | 4,171 | 79,125 | | 192 |
| 192.01 FACULTY CLINICAL OPERATIONS | | | 164,097 | 100,999,213 | | 192.01 |

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
 PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 01/31/2012 09:12

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | | CAP BLDGS & FIXTURES SQUARE FEET 1 | NEW CPTL BLG INTRST SQUARE FEET 1.01 | CAP MOVABLE EQUIPMENT DOLLAR VALUE 2 | EMPLOYEE BENEFITS GROSS SALARIES 4 | COMMUNICTN PHONE COST 5.01 | |
|-------------------------|------------------------------|---|--|---|--|-------------------------------------|-----|
| 200 | CROSS FOOT ADJUSTMENTS | | | | | | 200 |
| 201 | NEGATIVE COST CENTER | | | | | | 201 |
| 202 | COST TO BE ALLOC PER B PT I | 12,421,673 | 259,276 | 21,819,877 | 89,309 | 2,740,772 | 202 |
| 203 | UNIT COST MULT-WS B PT I | 7.754555 | 0.161860 | 0.919400 | 0.000198 | 13.181858 | 203 |
| 204 | COST TO BE ALLOC PER B PT II | | | | 89,309 | 186,291 | 204 |
| 205 | UNIT COST MULT-WS B PT II | | | | 0.000198 | 0.895974 | 205 |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | SYSTEM + | PURCHASING | OPC | PATIENT | PATIENT |
|---------------------------------------|---------------|------------|-----------|-----------|-------------|
| | COMPUTERS | | STORES | AFFAIRS | ADMITTING |
| | GROSS | NUMBER | NUMBER | NUMBER | INPATIENT |
| | REVENUE | OF ISSUES | OF ISSUES | OF VISITS | REVENUE |
| | 5.02 | 5.03 | 5.04 | 5.05 | 5.06 |
| GENERAL SERVICE COST CENTERS | | | | | |
| 1 CAP REL COSTS-BLDG & FIXT | | | | | 1 |
| 1.01 NEW CAPITAL-BLDG INTEREST | | | | | 1.01 |
| 2 CAP REL COSTS-MVBLE EQUIP | | | | | 2 |
| 4 EMPLOYEE BENEFITS | | | | | 4 |
| 5.01 COMMUNICATION | | | | | 5.01 |
| 5.02 SYSTEM & COMPUTERS | 1,747,503,758 | | | | 5.02 |
| 5.03 PURCHASING | | 991,165 | | | 5.03 |
| 5.04 OPC STORES | | 275 | 3,856 | | 5.04 |
| 5.05 PATIENT AFFAIRS | | 32 | | 5,751 | 5.05 |
| 5.06 PATIENT ADMITTING | | 203 | | | 5.06 |
| 5.07 PATIENT ACCOUNTS | | 64 | | | 929,102,997 |
| 5.08 ACCOUNTING | | 112 | | | 5.08 |
| 5.09 EMPLOYEE HEALTH SERVICES | | 630 | | | 5.09 |
| 5.10 PASTORAL CARE | | 46 | | | 5.10 |
| 5.11 HOSPITAL ADMINISTRATION | | 2,764 | 7 | | 5.11 |
| 5.12 AMBULATORY ADMINISTRATION | | 108 | | | 5.12 |
| 5.14 PRIMARY CARE ADMINISTRATION | | 2 | | | 5.14 |
| 6 MAINTENANCE & REPAIRS | | | | | 6 |
| 7 OPERATION OF PLANT | | 8,572 | 6 | | 7 |
| 7.01 SAFETY AND SECURITY | | 184 | 7 | | 7.01 |
| 8 LAUNDRY & LINEN SERVICE | | 1,720 | | | 8 |
| 9 HOUSEKEEPING | | 92 | 12 | | 9 |
| 10 DIETARY | | 9,927 | | | 10 |
| 11 CAFETERIA | | 8,770 | | | 11 |
| 12 MAINTENANCE OF PERSONNEL | | | | | 12 |
| 12.01 PATIENT TRANSPORTATION | | 26 | 4 | | 12.01 |
| 13 NURSING ADMINISTRATION | | 416 | | | 13 |
| 14 CENTRAL SERVICES & SUPPLY | | 1,067 | | | 14 |
| 14.01 CENTRAL PROCESSING | | 1,411 | | | 14.01 |
| 15 PHARMACY | | 17,957 | | | 15 |
| 16 MEDICAL RECORDS & LIBRARY | | 277 | | | 16 |
| 17 SOCIAL SERVICE | | 68 | | | 17 |
| 17.01 HOSPITAL MEDICAL ADMIN | | | | | 17.01 |
| 19 NONPHYSICIAN ANESTHETISTS | | | | | 19 |
| 20 NURSING SCHOOL | | | | | 20 |
| 21 I&R SRVCES-SALARY & FRINGES APPRVD | | 2 | | | 21 |
| 22 I&R SRVCES-OTHER PRGM COSTS APPRVD | | | | | 22 |
| 23 PARAMED ED PRGM-(SPECIFY) | | | | | 23 |
| 23.01 PARAMEDICAL ED-MICU | | 30 | | | 23.01 |
| 23.02 PARAMEDICAL ED-SOCIAL WORK | | | | | 23.02 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | |
| 30 ADULTS & PEDIATRICS | 131,738,800 | 297,435 | 1 | | 131,738,801 |
| 31 INTENSIVE CARE UNIT | 48,511,320 | 130,162 | | | 48,511,320 |
| 33 BURN INTENSIVE CARE UNIT | 17,859,770 | 24,788 | | | 17,859,771 |
| 35 NEONATAL INTENSIVE CARE | 30,369,233 | 14,479 | | | 30,369,233 |
| 35.01 PEDIATRIC INTENSIVE CARE | 8,227,023 | 17,941 | | | 8,227,023 |
| 35.03 HEART TRANSPLANT ICU | 9,893,306 | 19,220 | | | 9,893,306 |
| 35.04 BONE INTENSIVE CARE | 12,415,395 | 18,166 | | | 12,415,395 |
| 41 SUBPROVIDER - IRF | 9,542,248 | 12,925 | | | 9,542,248 |
| 43 NURSERY | 1,019,848 | | | | 1,019,848 |
| ANCILLARY SERVICE COST CENTERS | | | | | |
| 50 OPERATING ROOM | 134,562,482 | 59,377 | | | 113,292,931 |
| 50.01 AMBULATORY SURGERY CENTER | 37,874,297 | 31,673 | 2,737 | | 257,487 |
| 51 RECOVERY ROOM | 33,634,298 | 19,767 | | | 22,888,601 |
| 52 DELIVERY ROOM & LABOR ROOM | 7,823,319 | 20,473 | | | 6,400,952 |
| 53 ANESTHESIOLOGY | 59,875,606 | 1,658 | | | 49,430,050 |
| 54 RADIOLOGY-DIAGNOSTIC | 58,408,450 | 12,865 | 21 | | 27,357,189 |
| 54.01 RADIOLOGY-ULTRASOUND | 11,349,177 | 1,221 | 1 | | 2,654,985 |
| 55 RADIOLOGY-THERAPEUTIC | | | | | |
| 56 RADIOISOTOPE | 22,241,224 | 1,969 | | | 2,331,084 |
| 57 COMPUTED TOMOGRAPHY (CT) SCAN | 78,309,113 | 5,623 | | | 26,490,643 |
| 58 MAGNETIC RESONANCE IMAGING (MRI) | 37,783,039 | 1,862 | 25 | | 10,427,242 |
| 59 CARDIAC CATHETERIZATION | 55,315,865 | 6,015 | | | 27,935,440 |
| 60 LABORATORY | 186,131,502 | 21,277 | | | 81,838,590 |
| 60.01 LABORATORY-SURGICAL PATHOLOGY | 15,497,681 | 3,822 | | | 5,495,438 |
| 60.02 LABORATORY-NEUROSURGICAL | | | | | |
| 60.03 LABORATORY-HLA | 7,190 | 615 | | | |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS | | | | | |
| 63 BLOOD STORING, PROCESSING & TRANS. | 22,349,415 | 2,223 | 16 | | 15,954,058 |
| 65 RESPIRATORY THERAPY | 41,396,643 | 9,895 | | | 40,651,545 |
| 66 PHYSICAL THERAPY | 17,426,968 | 2,467 | | 421 | 8,130,317 |
| 67 OCCUPATIONAL THERAPY | 8,583,217 | 1,768 | | 73 | 6,652,171 |
| 68 SPEECH PATHOLOGY | 2,729,182 | 748 | 2 | | 2,664,588 |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | SYSTEM + | PURCHASING | OPC | PATIENT | PATIENT | |
|---|---------------|------------|-----------|-----------|-------------|--------|
| | COMPUTERS | | STORES | AFFAIRS | ADMITTING | |
| | GROSS | NUMBER | NUMBER | NUMBER | INPATIENT | |
| | REVENUE | OF ISSUES | OF ISSUES | OF VISITS | REVENUE | |
| | 5.02 | 5.03 | 5.04 | 5.05 | 5.06 | |
| 69 ELECTROCARDIOLOGY | 86,695,205 | 7,796 | | | 51,863,133 | 69 |
| 70 ELECTROENCEPHALOGRAPHY | 6,058,682 | 851 | | | 2,681,079 | 70 |
| 71 MEDICAL SUPPLIES CHRGD TO PATIENTS | 3,670,787 | | | | 3,411,771 | 71 |
| 73 DRUGS CHARGED TO PATIENTS | 104,035,675 | | | | 95,203,374 | 73 |
| 74 RENAL DIALYSIS | 25,054,512 | 7,721 | | | 2,888,250 | 74 |
| 76 PULMONARY LABS | 1,823,972 | 3,666 | | | 701,021 | 76 |
| 76.01 OCCUPATIONAL HEALTH | 415,574 | 139 | 1 | 39 | | 76.01 |
| 76.03 HYPERALIMENTATION | | | | | | 76.03 |
| 76.04 PERIPHERAL VASCULAR | 7,113,945 | 166 | | | 3,039,680 | 76.04 |
| 76.05 PEDIATRIC ENDO NUTRITION | | | | | | 76.05 |
| 76.07 GASTROINTESTINAL SERVICE | 18,326,578 | 5,954 | | 63 | 3,267,716 | 76.07 |
| 76.09 BONE MARROW PROCUREMENT | 1,897,820 | | | | 1,335,058 | 76.09 |
| 76.97 CARDIAC REHABILITATION | | | | | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 90 CLINIC | 392,656 | 2,297 | 1 | 25 | 4,283 | 90 |
| 90.01 CARDIAC REHABILITATION | 328,393 | 33,612 | 33 | | 310,053 | 90.01 |
| 90.02 CANCER CENTER | 84,430,841 | 211 | | | 734,512 | 90.02 |
| 90.03 PSYCH SOCIAL REHAB | 454,701 | | | | | 90.03 |
| 90.04 WELLNESS ASSESSMENT | | | | | | 90.04 |
| 90.06 HEART FAILURE CLINIC | | | | | | 90.06 |
| 90.07 LOC OUTPATIENT CENTER | 91,402,324 | 29,076 | 923 | 2,421 | 1,847,721 | 90.07 |
| 90.08 OB OUTPATIENT CENTER | 20,500,244 | 6,765 | 41 | 174 | 43,381 | 90.08 |
| 90.09 ELMHURST IMMEDIATE CARE | 2,324,654 | 1,165 | | 159 | 2,139 | 90.09 |
| 90.10 LAGRANGE FAMILY PCC | 5,008,737 | 2,721 | | 76 | 5,476 | 90.10 |
| 90.12 NORTH RIVERSIDE PCC | 4,461,207 | 1,933 | | 324 | 5,872 | 90.12 |
| 90.13 GLENDALE HEIGHTS PCC | | | | | | 90.13 |
| 90.14 WHEATON PCC | 3,854,517 | 966 | | 84 | 2,303 | 90.14 |
| 90.15 OB II PCC | 4,524,959 | 1,955 | 3 | 314 | 5,120 | 90.15 |
| 90.16 HICKORY HILLS PCC | 7,374,603 | 2,974 | 1 | 286 | 5,998 | 90.16 |
| 90.18 DARIEN PCC | 2,875,281 | 2,465 | | 132 | 3,720 | 90.18 |
| 90.20 ORLANAD PARK - FP | 4,030,347 | 1,735 | 10 | 261 | 1,886 | 90.20 |
| 90.21 FAMILY PRACTICE MAYWOOD PCC | 2,744,275 | 1,068 | | 200 | 5,457 | 90.21 |
| 90.22 HOMER GLEN PCC | 14,125,238 | 7,659 | | 261 | 12,101 | 90.22 |
| 90.23 OAK PARK PCC | 1,500,195 | 1,235 | 4 | 120 | 1,448 | 90.23 |
| 90.24 PARK RIDGE PCC | 2,405,542 | 889 | | 22 | 12,688 | 90.24 |
| 90.25 LOYOLA CLINIC AT GOTTLIEB | 317,424 | 302 | | 10 | 149 | 90.25 |
| 90.26 WOODRIDGE PCC | | | | | | 90.26 |
| 90.27 NEUROLOGY - NILES | 25,023 | | | | | 90.27 |
| 90.28 MARJORIE WEINBERG CANCER CENTER | 15,943,053 | | | | 13,385 | 90.28 |
| 90.29 BURR RIDGE PCC | 6,482,164 | | | 191 | 793 | 90.29 |
| 91 EMERGENCY | 75,420,369 | 38,750 | | | 31,490,614 | 91 |
| 92 OBSERVATION BEDS | | | | | | 92 |
| 92.01 OBSERVATION BEDS-DISTINCT | 8,811,401 | 1,207 | | | 71,718 | 92.01 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 95 AMBULANCE SERVICES | 2,387 | | | | 1,591 | 95 |
| 97 DURABLE MEDICAL EQUIP-SOLD | 2,636,396 | 4 | | | | 97 |
| 99 CMHC | | | | | | 99 |
| 99.10 CORF | | | | | | 99.10 |
| 99.20 OUTPATIENT PHYSICAL THERAPY | | | | | | 99.20 |
| 99.30 OUTPATIENT OCCUPATIONAL THERAPY | | | | | | 99.30 |
| 99.40 OUTPATIENT SPEECH PATHOLOGY | | | | | | 99.40 |
| 101 HOME HEALTH AGENCY | 4,968,620 | 242 | | | | 101 |
| SPECIAL PURPOSE COST CENTERS | | | | | | |
| 105 KIDNEY ACQUISITION | 3,724,082 | 18 | | | 3,724,082 | 105 |
| 106 HEART ACQUISITION | 1,896,066 | 22 | | | 1,759,272 | 106 |
| 107 LIVER ACQUISITION | 1,342,986 | 33 | | | 1,342,985 | 107 |
| 108 LUNG ACQUISITION | 2,872,912 | 7 | | | 2,872,912 | 108 |
| 112 OTHER ORGAN ACQUISITION (SPECIFY) | | 1 | | | | 112 |
| 116 HOSPICE | 1,960,887 | 14 | | | | 116 |
| 118 SUBTOTALS (SUM OF LINES 1-117) | 1,735,110,845 | 960,808 | 3,856 | 5,751 | 929,102,997 | 118 |
| NONREIMBURSABLE COST CENTERS | | | | | | |
| 190 GIFT, FLOWER, COFFEE SHOP & CANTEEN | | 56 | | | | 190 |
| 190.01 HINES RADIATION THERAPY | | 14 | | | | 190.01 |
| 190.02 HOME INFUSION THERAPY | 12,008,503 | 5,599 | | | | 190.02 |
| 190.03 OP HOSPITAL PHARMACY | | 24,494 | | | | 190.03 |
| 190.04 HOSPITALIST | | 36 | | | | 190.04 |
| 192 PHYSICIANS' PRIVATE OFFICES | 384,410 | 122 | | | | 192 |
| 192.01 FACULTY CLINICAL OPERATIONS | | 36 | | | | 192.01 |

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
 PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 01/31/2012 09:12

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | | SYSTEM + COMPUTERS | PURCHASING | OPC STORES | PATIENT AFFAIRS | PATIENT ADMITTING | |
|-------------------------|------------------------------|-----------------------|---------------------|---------------------|---------------------|----------------------|-----|
| | | GROSS REVENUE | NUMBER OF ISSUES | NUMBER OF ISSUES | NUMBER OF VISITS | INPATIENT REVENUE | |
| | | 5.02 | 5.03 | 5.04 | 5.05 | 5.06 | |
| 200 | CROSS FOOT ADJUSTMENTS | | | | | | 200 |
| 201 | NEGATIVE COST CENTER | | | | | | 201 |
| 202 | COST TO BE ALLOC PER B PT I | 8,995,943 | 3,059,581 | 124,614 | 1,378,064 | 1,382,223 | 202 |
| 203 | UNIT COST MULT-WS B PT I | 0.005148 | 3.086853 | 32.316909 | 239.621631 | 0.001488 | 203 |
| 204 | COST TO BE ALLOC PER B PT II | 1,789,261 | 220,565 | 66,031 | 44,667 | 55,181 | 204 |
| 205 | UNIT COST MULT-WS B PT II | 0.001024 | 0.222531 | 17.124222 | 7.766823 | 0.000059 | 205 |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | PATIENT ACCOUNTS | RECON-CILIATION | ACCOUNTING | RECON-CILIATION | EMPLOYEE HEALTH SERVICES | 1 |
|---------------------------------------|-----------------------|-----------------|--------------------|-----------------|--------------------------|-------|
| | GROSS REVENUE 5.07 | 5A.08 | ACCUM COST 5.08 | | ACCUM COST 5.09 | |
| GENERAL SERVICE COST CENTERS | | | | | | |
| 1 CAP REL COSTS-BLDG & FIXT | | | | | | 1 |
| 1.01 NEW CAPITAL-BLDG INTEREST | | | | | | 1.01 |
| 2 CAP REL COSTS-MVBLE EQUIP | | | | | | 2 |
| 4 EMPLOYEE BENEFITS | | | | | | 4 |
| 5.01 COMMUNICATION | | | | | | 5.01 |
| 5.02 SYSTEM & COMPUTERS | | | | | | 5.02 |
| 5.03 PURCHASING | | | | | | 5.03 |
| 5.04 OPC STORES | | | | | | 5.04 |
| 5.05 PATIENT AFFAIRS | | | | | | 5.05 |
| 5.06 PATIENT ADMITTING | | | | | | 5.06 |
| 5.07 PATIENT ACCOUNTS | 1,747,503,758 | | | | | 5.07 |
| 5.08 ACCOUNTING | | -2,459,204 | 767,121,023 | | | 5.08 |
| 5.09 EMPLOYEE HEALTH SERVICES | | | 809,219 | -811,813 | 768,768,414 | 5.09 |
| 5.10 PASTORAL CARE | | | 1,023,509 | | 1,026,790 | 5.10 |
| 5.11 HOSPITAL ADMINISTRATION | | | 128,128,342 | | 128,538,944 | 5.11 |
| 5.12 AMBULATORY ADMINISTRATION | | | 23,518,553 | | 23,593,953 | 5.12 |
| 5.14 PRIMARY CARE ADMINISTRATION | | | 3,171,314 | | 3,181,481 | 5.14 |
| 6 MAINTENANCE & REPAIRS | | | | | | 6 |
| 7 OPERATION OF PLANT | | | 17,145,711 | | 17,200,680 | 7 |
| 7.01 SAFETY AND SECURITY | | | 2,458,234 | | 2,466,115 | 7.01 |
| 8 LAUNDRY & LINEN SERVICE | | | 2,079,511 | | 2,086,178 | 8 |
| 9 HOUSEKEEPING | | | 8,289,321 | | 8,315,897 | 9 |
| 10 DIETARY | | | 4,830,547 | | 4,846,034 | 10 |
| 11 CAFETERIA | | | 131,769 | | 132,191 | 11 |
| 12 MAINTENANCE OF PERSONNEL | | | | | | 12 |
| 12.01 PATIENT TRANSPORTATION | | | 1,008,181 | | 1,011,413 | 12.01 |
| 13 NURSING ADMINISTRATION | | | 2,560,793 | | 2,569,003 | 13 |
| 14 CENTRAL SERVICES & SUPPLY | | | 1,880,905 | | 1,886,935 | 14 |
| 14.01 CENTRAL PROCESSING | | | 171,104 | | 171,653 | 14.01 |
| 15 PHARMACY | | | 7,555,188 | | 7,579,410 | 15 |
| 16 MEDICAL RECORDS & LIBRARY | | | 8,685,910 | | 8,713,757 | 16 |
| 17 SOCIAL SERVICE | | | 4,304,584 | | 4,318,384 | 17 |
| 17.01 HOSPITAL MEDICAL ADMIN | | | 13,508,759 | | 13,552,068 | 17.01 |
| 19 NONPHYSICIAN ANESTHETISTS | | | 500 | | 502 | 19 |
| 20 NURSING SCHOOL | | | | | | 20 |
| 21 I&R SRVCES-SALARY & FRINGES APPRVD | | | 25,606,727 | | 25,688,822 | 21 |
| 22 I&R SRVCES-OTHER PRGM COSTS APPRVD | | | | | | 22 |
| 23 PARAMED ED PRGM-(SPECIFY) | | | | | | 23 |
| 23.01 PARAMEDICAL ED-MICU | | | 502,872 | | 504,484 | 23.01 |
| 23.02 PARAMEDICAL ED-SOCIAL WORK | | | | | | 23.02 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| 30 ADULTS & PEDIATRICS | 131,738,800 | | 37,150,150 | | 37,269,253 | 30 |
| 31 INTENSIVE CARE UNIT | 48,511,320 | | 14,504,859 | | 14,551,362 | 31 |
| 33 BURN INTENSIVE CARE UNIT | 17,859,770 | | 4,566,653 | | 4,581,294 | 33 |
| 35 NEONATAL INTENSIVE CARE | 30,369,233 | | 7,734,587 | | 7,759,384 | 35 |
| 35.01 PEDIATRIC INTENSIVE CARE | 8,227,023 | | 2,321,950 | | 2,329,394 | 35.01 |
| 35.03 HEART TRANSPLANT ICU | 9,893,306 | | 2,584,348 | | 2,592,633 | 35.03 |
| 35.04 BONE INTENSIVE CARE | 12,415,395 | | 2,757,984 | | 2,766,826 | 35.04 |
| 41 SUBPROVIDER - IRF | 9,542,248 | | 4,043,126 | | 4,056,088 | 41 |
| 43 NURSERY | 1,019,848 | | 522,908 | | 524,584 | 43 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50 OPERATING ROOM | 134,562,482 | | 48,800,344 | | 48,956,798 | 50 |
| 50.01 AMBULATORY SURGERY CENTER | 37,874,297 | | 7,132,576 | | 7,155,443 | 50.01 |
| 51 RECOVERY ROOM | 33,634,298 | | 3,091,160 | | 3,101,070 | 51 |
| 52 DELIVERY ROOM & LABOR ROOM | 7,823,319 | | 2,338,546 | | 2,346,043 | 52 |
| 53 ANESTHESIOLOGY | 59,875,606 | | 2,756,539 | | 2,765,376 | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | 58,408,450 | | 13,234,670 | | 13,277,100 | 54 |
| 54.01 RADIOLOGY-ULTRASOUND | 11,349,177 | | 1,098,164 | | 1,101,685 | 54.01 |
| 55 RADIOLOGY-THERAPEUTIC | | | | | | 55 |
| 56 RADIOISOTOPE | 22,241,224 | | 3,504,426 | | 3,515,661 | 56 |
| 57 COMPUTED TOMOGRAPHY (CT) SCAN | 78,309,113 | | 4,533,918 | | 4,548,454 | 57 |
| 58 MAGNETIC RESONANCE IMAGING (MRI) | 37,783,039 | | 3,309,792 | | 3,320,403 | 58 |
| 59 CARDIAC CATHETERIZATION | 55,315,865 | | 12,298,207 | | 12,337,635 | 59 |
| 60 LABORATORY | 186,131,502 | | 20,557,737 | | 20,623,645 | 60 |
| 60.01 LABORATORY-SURGICAL PATHOLOGY | 15,497,681 | | 3,031,608 | | 3,041,327 | 60.01 |
| 60.02 LABORATORY-NEUROSURGICAL | | | | | | 60.02 |
| 60.03 LABORATORY-HLA | 7,190 | | 46,284 | | 46,432 | 60.03 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS | | | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & TRANS. | 22,349,415 | | 7,331,389 | | 7,354,893 | 63 |
| 65 RESPIRATORY THERAPY | 41,396,643 | | 7,087,764 | | 7,110,487 | 65 |
| 66 PHYSICAL THERAPY | 17,426,968 | | 4,403,532 | | 4,417,650 | 66 |
| 67 OCCUPATIONAL THERAPY | 8,583,217 | | 1,740,118 | | 1,745,697 | 67 |
| 68 SPEECH PATHOLOGY | 2,729,182 | | 652,664 | | 654,756 | 68 |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | PATIENT ACCOUNTS | RECON- CILIATION | ACCOUNTING | RECON- CILIATION | EMPLOYEE HEALTH SERVICES |
|---|-----------------------|------------------|--------------------|------------------|--------------------------|
| | GROSS REVENUE 5.07 | 5A.08 | ACCUM COST 5.08 | | ACCUM COST 5.09 |
| 69 ELECTROCARDIOLOGY | 86,695,205 | | 16,041,701 | | 16,093,131 69 |
| 70 ELECTROENCEPHALOGRAPHY | 6,058,682 | | 1,566,995 | | 1,572,019 70 |
| 71 MEDICAL SUPPLIES CHRGD TO PATIENTS | 3,670,787 | | 1,724,838 | | 1,730,368 71 |
| 73 DRUGS CHARGED TO PATIENTS | 104,035,675 | | 23,591,711 | | 23,667,346 73 |
| 74 RENAL DIALYSIS | 25,054,512 | | 5,723,135 | | 5,741,483 74 |
| 76 PULMONARY LABS | 1,823,972 | | 469,130 | | 470,634 76 |
| 76.01 OCCUPATIONAL HEALTH | 415,574 | | 289,502 | | 290,430 76.01 |
| 76.03 HYPERALIMENTATION | | | | | 76.03 |
| 76.04 PERIPHERAL VASCULAR | 7,113,945 | | 912,033 | | 914,957 76.04 |
| 76.05 PEDIATRIC ENDO NUTRITION | | | | | 76.05 |
| 76.07 GASTROINTESTINAL SERVICE | 18,326,578 | | 3,776,093 | | 3,788,199 76.07 |
| 76.09 BONE MARROW PROCUREMENT | 1,897,820 | | 1,335,615 | | 1,339,897 76.09 |
| 76.97 CARDIAC REHABILITATION | | | | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | |
| 90 CLINIC | 392,656 | | 279,231 | | 280,126 90 |
| 90.01 CARDIAC REHABILITATION | 328,393 | | 376,602 | | 377,809 90.01 |
| 90.02 CANCER CENTER | 84,430,841 | | 20,114,310 | | 20,178,796 90.02 |
| 90.03 PSYCH SOCIAL REHAB | 454,701 | | 411,708 | | 413,028 90.03 |
| 90.04 WELLNESS ASSESSMENT | | | | | 90.04 |
| 90.06 HEART FAILURE CLINIC | | | | | 90.06 |
| 90.07 LOC OUTPATIENT CENTER | 91,402,324 | | 30,124,282 | | 30,220,860 90.07 |
| 90.08 OB OUTPATIENT CENTER | 20,500,244 | | 6,294,430 | | 6,314,610 90.08 |
| 90.09 ELMHURST IMMEDIATE CARE | 2,324,654 | | 1,114,585 | | 1,118,158 90.09 |
| 90.10 LAGRANGE FAMILY PCC | 5,008,737 | | 2,001,053 | | 2,007,468 90.10 |
| 90.12 NORTH RIVERSIDE PCC | 4,461,207 | | 1,961,361 | | 1,967,649 90.12 |
| 90.13 GLENDALE HEIGHTS PCC | | | | | 90.13 |
| 90.14 WHEATON PCC | 3,854,517 | | 2,113,332 | | 2,120,107 90.14 |
| 90.15 OB II PCC | 4,524,959 | | 1,707,999 | | 1,713,475 90.15 |
| 90.16 HICKORY HILLS PCC | 7,374,603 | | 2,787,639 | | 2,796,576 90.16 |
| 90.18 DARIEN PCC | 2,875,281 | | 1,170,304 | | 1,174,056 90.18 |
| 90.20 ORLANAD PARK - FP | 4,030,347 | | 2,085,852 | | 2,092,539 90.20 |
| 90.21 FAMILY PRACTICE MAYWOOD PCC | 2,744,275 | | 957,017 | | 960,085 90.21 |
| 90.22 HOMER GLEN PCC | 14,125,238 | | 5,031,499 | | 5,047,630 90.22 |
| 90.23 OAK PARK PCC | 1,500,195 | | 641,570 | | 643,627 90.23 |
| 90.24 PARK RIDGE PCC | 2,405,542 | | 907,003 | | 909,911 90.24 |
| 90.25 LOYOLA CLINIC AT GOTTLIEB | 317,424 | | 171,196 | | 171,745 90.25 |
| 90.26 WOODRIDGE PCC | | | | | 90.26 |
| 90.27 NEUROLOGY - NILES | 25,023 | | 17,882 | | 17,939 90.27 |
| 90.28 MARJORIE WEINBERG CANCER CENTER | 15,943,053 | | 6,573,981 | | 6,595,057 90.28 |
| 90.29 BURR RIDGE PCC | 6,482,164 | | 5,120,587 | | 5,137,004 90.29 |
| 91 EMERGENCY | 75,420,369 | | 7,551,038 | | 7,575,247 91 |
| 92 OBSERVATION BEDS | | | | | 92 |
| 92.01 OBSERVATION BEDS-DISTINCT | 8,811,401 | | 423,657 | | 425,015 92.01 |
| OTHER REIMBURSABLE COST CENTERS | | | | | |
| 95 AMBULANCE SERVICES | 2,387 | | 279,224 | | 280,119 95 |
| 97 DURABLE MEDICAL EQUIP-SOLD | 2,636,396 | | 2,170,132 | | 2,177,089 97 |
| 99 CMHC | | | | | 99 |
| 99.10 CORF | | | | | 99.10 |
| 99.20 OUTPATIENT PHYSICAL THERAPY | | | | | 99.20 |
| 99.30 OUTPATIENT OCCUPATIONAL THERAPY | | | | | 99.30 |
| 99.40 OUTPATIENT SPEECH PATHOLOGY | | | | | 99.40 |
| 101 HOME HEALTH AGENCY | 4,968,620 | | 4,287,523 | | 4,301,269 101 |
| SPECIAL PURPOSE COST CENTERS | | | | | |
| 105 KIDNEY ACQUISITION | 3,724,082 | | 1,010,682 | | 1,013,922 105 |
| 106 HEART ACQUISITION | 1,896,066 | | 798,291 | | 800,850 106 |
| 107 LIVER ACQUISITION | 1,342,986 | | 496,512 | | 498,104 107 |
| 108 LUNG ACQUISITION | 2,872,912 | | 605,019 | | 606,959 108 |
| 112 OTHER ORGAN ACQUISITION (SPECIFY) | | | 198,619 | | 199,256 112 |
| 116 HOSPICE | 1,960,887 | | 778,375 | | 780,870 116 |
| 118 SUBTOTALS (SUM OF LINES 1-117) | 1,735,110,845 | -2,459,204 | 646,500,804 | -811,813 | 647,761,486 118 |
| NONREIMBURSABLE COST CENTERS | | | | | |
| 190 GIFT, FLOWER, COFFEE SHOP & CANTEEN | | | 218,214 | | 218,914 190 |
| 190.01 HINES RADIATION THERAPY | | | 775,499 | | 777,985 190.01 |
| 190.02 HOME INFUSION THERAPY | 12,008,503 | | 2,855,844 | | 2,865,000 190.02 |
| 190.03 OP HOSPITAL PHARMACY | | | 4,141,501 | | 4,154,779 190.03 |
| 190.04 HOSPITALIST | | | 30,199 | | 30,296 190.04 |
| 192 PHYSICIANS' PRIVATE OFFICES | 384,410 | | 266,152 | | 267,005 192 |
| 192.01 FACULTY CLINICAL OPERATIONS | | | 112,332,810 | | 112,692,949 192.01 |

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
 PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 01/31/2012 09:12

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | | PATIENT ACCOUNTS | RECON- CILIATION | ACCOUNTING ACCUM COST | RECON- CILIATION | EMPLOYEE HEALTH SERVICES ACCUM COST | |
|-------------------------|------------------------------|---------------------|---------------------|-----------------------------|---------------------|---|-----|
| | | 5.07 | 5A.08 | 5.08 | | 5.09 | |
| 200 | CROSS FOOT ADJUSTMENTS | | | | | | 200 |
| 201 | NEGATIVE COST CENTER | | | | | | 201 |
| 202 | COST TO BE ALLOC PER B PT I | 7,811,250 | | 2,459,204 | | 811,813 | 202 |
| 203 | UNIT COST MULT-WS B PT I | 0.004470 | | 0.003206 | | 0.001056 | 203 |
| 204 | COST TO BE ALLOC PER B PT II | 212,959 | | 237,542 | | 29,240 | 204 |
| 205 | UNIT COST MULT-WS B PT II | 0.000122 | | 0.000310 | | 0.000038 | 205 |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | RECON- CILIATION | PASTORAL CARE ACCUM COST 5.10 | RECON- CILIATION | HOSPITAL ADMINSTRTRN ACCUM COST 5.11 | RECON- CILIATION |
|---------------------------------------|---------------------|---|---------------------|--|---------------------|
| GENERAL SERVICE COST CENTERS | | | | | |
| 1 CAP REL COSTS-BLDG & FIXT | | | | | 1 |
| 1.01 NEW CAPITAL-BLDG INTEREST | | | | | 1.01 |
| 2 CAP REL COSTS-MVBLE EQUIP | | | | | 2 |
| 4 EMPLOYEE BENEFITS | | | | | 4 |
| 5.01 COMMUNICATION | | | | | 5.01 |
| 5.02 SYSTEM & COMPUTERS | | | | | 5.02 |
| 5.03 PURCHASING | | | | | 5.03 |
| 5.04 OPC STORES | | | | | 5.04 |
| 5.05 PATIENT AFFAIRS | | | | | 5.05 |
| 5.06 PATIENT ADMITTING | | | | | 5.06 |
| 5.07 PATIENT ACCOUNTS | | | | | 5.07 |
| 5.08 ACCOUNTING | | | | | 5.08 |
| 5.09 EMPLOYEE HEALTH SERVICES | | | | | 5.09 |
| 5.10 PASTORAL CARE | -1,027,874 | 768,552,353 | | | 5.10 |
| 5.11 HOSPITAL ADMINISTRATION | | 128,674,674 | -128,847,026 | 640,733,201 | 5.11 |
| 5.12 AMBULATORY ADMINISTRATION | | 23,618,868 | | 23,650,446 | 5.12 |
| 5.14 PRIMARY CARE ADMINISTRATION | | 3,184,841 | | 3,189,099 | 5.14 |
| 6 MAINTENANCE & REPAIRS | | | | | 6 |
| 7 OPERATION OF PLANT | | 17,218,844 | | 17,241,866 | 7 |
| 7.01 SAFETY AND SECURITY | | 2,468,719 | | 2,472,020 | 7.01 |
| 8 LAUNDRY & LINEN SERVICE | | 2,088,381 | | 2,091,173 | 8 |
| 9 HOUSEKEEPING | | 8,324,679 | | 8,335,809 | 9 |
| 10 DIETARY | | 4,851,151 | | 4,857,637 | 10 |
| 11 CAFETERIA | | 132,331 | | 132,508 | 11 |
| 12 MAINTENANCE OF PERSONNEL | | | | | 12 |
| 12.01 PATIENT TRANSPORTATION | | 1,012,481 | | 1,013,835 | 12.01 |
| 13 NURSING ADMINISTRATION | | 2,571,716 | | 2,575,154 | 13 |
| 14 CENTRAL SERVICES & SUPPLY | | 1,888,928 | | 1,891,453 | 14 |
| 14.01 CENTRAL PROCESSING | | 171,834 | | 172,064 | 14.01 |
| 15 PHARMACY | | 7,587,414 | | 7,597,558 | 15 |
| 16 MEDICAL RECORDS & LIBRARY | | 8,722,959 | | 8,734,622 | 16 |
| 17 SOCIAL SERVICE | | 4,322,944 | | 4,328,724 | 17 |
| 17.01 HOSPITAL MEDICAL ADMIN | | 13,566,379 | | 13,584,517 | 17.01 |
| 19 NONPHYSICIAN ANESTHETISTS | | 503 | | 504 | 19 |
| 20 NURSING SCHOOL | | | | | 20 |
| 21 I&R SRVCES-SALARY & FRINGES APPRVD | | 25,715,949 | | 25,750,331 | 21 |
| 22 I&R SRVCES-OTHER PRGM COSTS APPRVD | | | | | 22 |
| 23 PARAMED ED PRGM-(SPECIFY) | | | | | 23 |
| 23.01 PARAMEDICAL ED-MICU | | 505,017 | | 505,692 | 23.01 |
| 23.02 PARAMEDICAL ED-SOCIAL WORK | | | | | 23.02 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | |
| 30 ADULTS & PEDIATRICS | | 37,308,609 | | 37,358,491 | 30 |
| 31 INTENSIVE CARE UNIT | | 14,566,728 | | 14,586,204 | 31 |
| 33 BURN INTENSIVE CARE UNIT | | 4,586,132 | | 4,592,264 | 33 |
| 35 NEONATAL INTENSIVE CARE | | 7,767,578 | | 7,777,963 | 35 |
| 35.01 PEDIATRIC INTENSIVE CARE | | 2,331,854 | | 2,334,972 | 35.01 |
| 35.03 HEART TRANSPLANT ICU | | 2,595,371 | | 2,598,841 | 35.03 |
| 35.04 BONE INTENSIVE CARE | | 2,769,748 | | 2,773,451 | 35.04 |
| 41 SUBPROVIDER - IRF | | 4,060,371 | | 4,065,800 | 41 |
| 43 NURSERY | | 525,138 | | 525,840 | 43 |
| ANCILLARY SERVICE COST CENTERS | | | | | |
| 50 OPERATING ROOM | | 49,008,496 | | 49,074,020 | 50 |
| 50.01 AMBULATORY SURGERY CENTER | | 7,162,999 | | 7,172,576 | 50.01 |
| 51 RECOVERY ROOM | | 3,104,345 | | 3,108,496 | 51 |
| 52 DELIVERY ROOM & LABOR ROOM | | 2,348,520 | | 2,351,660 | 52 |
| 53 ANESTHESIOLOGY | | 2,768,296 | | 2,771,997 | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | | 13,291,121 | | 13,308,891 | 54 |
| 54.01 RADIOLOGY-ULTRASOUND | | 1,102,848 | | 1,104,323 | 54.01 |
| 55 RADIOLOGY-THERAPEUTIC | | | | | 55 |
| 56 RADIOISOTOPE | | 3,519,374 | | 3,524,079 | 56 |
| 57 COMPUTED TOMOGRAPHY (CT) SCAN | | 4,553,257 | | 4,559,345 | 57 |
| 58 MAGNETIC RESONANCE IMAGING (MRI) | | 3,323,909 | | 3,328,353 | 58 |
| 59 CARDIAC CATHETERIZATION | | 12,350,664 | | 12,367,177 | 59 |
| 60 LABORATORY | | 20,645,424 | | 20,673,027 | 60 |
| 60.01 LABORATORY-SURGICAL PATHOLOGY | | 3,044,539 | | 3,048,610 | 60.01 |
| 60.02 LABORATORY-NEUROSURGICAL | | | | | 60.02 |
| 60.03 LABORATORY-HLA | | 46,481 | | 46,543 | 60.03 |
| 62.30 BLOOD CLOTING FOR HEMOPHILIACS | | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & TRANS. | | 7,362,660 | | 7,372,504 | 63 |
| 65 RESPIRATORY THERAPY | | 7,117,996 | | 7,127,513 | 65 |
| 66 PHYSICAL THERAPY | | 4,422,315 | | 4,428,228 | 66 |
| 67 OCCUPATIONAL THERAPY | | 1,747,540 | | 1,749,876 | 67 |
| 68 SPEECH PATHOLOGY | | 655,447 | | 656,323 | 68 |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | RECON- CILIATION | PASTORAL CARE ACCUM COST 5.10 | RECON- CILIATION | HOSPITAL ADMINSTRTN ACCUM COST 5.11 | RECON- CILIATION |
|---|---------------------|---|---------------------|---|---------------------|
| 69 ELECTROCARDIOLOGY | | 16,110,125 | | 16,131,664 | 69 |
| 70 ELECTROENCEPHALOGRAPHY | | 1,573,679 | | 1,575,783 | 70 |
| 71 MEDICAL SUPPLIES CHRGED TO PATIENTS | | 1,732,195 | | 1,734,511 | 71 |
| 73 DRUGS CHARGED TO PATIENTS | | 23,692,339 | | 23,724,016 | 73 |
| 74 RENAL DIALYSIS | | 5,747,546 | | 5,755,230 | 74 |
| 76 PULMONARY LABS | | 471,131 | | 471,761 | 76 |
| 76.01 OCCUPATIONAL HEALTH | | 290,737 | | 291,126 | 76.01 |
| 76.03 HYPERALIMENTATION | | | | | 76.03 |
| 76.04 PERIPHERAL VASCULAR | | 915,923 | | 917,148 | 76.04 |
| 76.05 PEDIATRIC ENDO NUTRITION | | | | | 76.05 |
| 76.07 GASTROINTESTINAL SERVICE | | 3,792,199 | | 3,797,269 | 76.07 |
| 76.09 BONE MARROW PROCUREMENT | | 1,341,312 | | 1,343,105 | 76.09 |
| 76.97 CARDIAC REHABILITATION | | | | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | |
| 90 CLINIC | | 280,422 | | 280,797 | 90 |
| 90.01 CARDIAC REHABILITATION | | 378,208 | | 378,714 | 90.01 |
| 90.02 CANCER CENTER | | 20,200,105 | | 20,227,113 | 90.02 |
| 90.03 PSYCH SOCIAL REHAB | | 413,464 | | 414,017 | 90.03 |
| 90.04 WELLNESS ASSESSMENT | | | | | 90.04 |
| 90.06 HEART FAILURE CLINIC | | | | | 90.06 |
| 90.07 LOC OUTPATIENT CENTER | | 30,252,773 | | 30,293,221 | 90.07 |
| 90.08 OB OUTPATIENT CENTER | | 6,321,278 | | 6,329,730 | 90.08 |
| 90.09 ELMHURST IMMEDIATE CARE | | 1,119,339 | | 1,120,836 | 90.09 |
| 90.10 LAGRANGE FAMILY PCC | | 2,009,588 | | 2,012,275 | 90.10 |
| 90.12 NORTH RIVERSIDE PCC | | 1,969,727 | | 1,972,361 | 90.12 |
| 90.13 GLENDALE HEIGHTS PCC | | | | | 90.13 |
| 90.14 WHEATON PCC | | 2,122,346 | | 2,125,184 | 90.14 |
| 90.15 OB II PCC | | 1,715,284 | | 1,717,577 | 90.15 |
| 90.16 HICKORY HILLS PCC | | 2,799,529 | | 2,803,272 | 90.16 |
| 90.18 DARIEN PCC | | 1,175,296 | | 1,176,867 | 90.18 |
| 90.20 ORLANAD PARK - FP | | 2,094,749 | | 2,097,550 | 90.20 |
| 90.21 FAMILY PRACTICE MAYWOOD PCC | | 961,099 | | 962,384 | 90.21 |
| 90.22 HOMER GLEN PCC | | 5,052,960 | | 5,059,716 | 90.22 |
| 90.23 OAK PARK PCC | | 644,307 | | 645,168 | 90.23 |
| 90.24 PARK RIDGE PCC | | 910,872 | | 912,090 | 90.24 |
| 90.25 LOYOLA CLINIC AT GOTTLIEB | | 171,926 | | 172,156 | 90.25 |
| 90.26 WOODRIDGE PCC | | | | | 90.26 |
| 90.27 NEUROLOGY - NILES | | 17,958 | | 17,982 | 90.27 |
| 90.28 MARJORIE WEINBERG CANCER CENTER | | 6,602,021 | | 6,610,848 | 90.28 |
| 90.29 BURR RIDGE PCC | | 5,142,429 | | 5,149,304 | 90.29 |
| 91 EMERGENCY | | 7,583,246 | | 7,593,385 | 91 |
| 92 OBSERVATION BEDS | | | | | 92 |
| 92.01 OBSERVATION BEDS-DISTINCT | | 425,464 | | 426,033 | 92.01 |
| OTHER REIMBURSABLE COST CENTERS | | | | | |
| 95 AMBULANCE SERVICES | | 280,415 | | 280,790 | 95 |
| 97 DURABLE MEDICAL EQUIP-SOLD | | 2,179,388 | | 2,182,302 | 97 |
| 99 CMHC | | | | | 99 |
| 99.10 CORF | | | | | 99.10 |
| 99.20 OUTPATIENT PHYSICAL THERAPY | | | | | 99.20 |
| 99.30 OUTPATIENT OCCUPATIONAL THERAPY | | | | | 99.30 |
| 99.40 OUTPATIENT SPEECH PATHOLOGY | | | | | 99.40 |
| 101 HOME HEALTH AGENCY | | 4,305,811 | | 4,311,568 | 101 |
| SPECIAL PURPOSE COST CENTERS | | | | | |
| 105 KIDNEY ACQUISITION | | 1,014,993 | | 1,016,350 | 105 |
| 106 HEART ACQUISITION | | 801,696 | | 802,768 | 106 |
| 107 LIVER ACQUISITION | | 498,630 | | 499,297 | 107 |
| 108 LUNG ACQUISITION | | 607,600 | | 608,412 | 108 |
| 112 OTHER ORGAN ACQUISITION (SPECIFY) | | 199,466 | | 199,733 | 112 |
| 116 HOSPICE | | 781,695 | | 782,740 | 116 |
| 118 SUBTOTALS (SUM OF LINES 1-117) | -1,027,874 | 647,417,642 | -128,847,026 | 519,436,532 | -28,406,385 |
| NONREIMBURSABLE COST CENTERS | | | | | |
| 190 GIFT, FLOWER, COFFEE SHOP & CANTEEN | | 219,145 | | 219,438 | 190 |
| 190.01 HINES RADIATION THERAPY | | 778,807 | | 779,848 | 190.01 |
| 190.02 HOME INFUSION THERAPY | | 2,868,025 | | 2,871,860 | 190.02 |
| 190.03 OP HOSPITAL PHARMACY | | 4,159,166 | | 4,164,727 | 190.03 |
| 190.04 HOSPITALIST | | 30,328 | | 30,369 | 190.04 |
| 192 PHYSICIANS' PRIVATE OFFICES | | 267,287 | | 267,644 | 192 |
| 192.01 FACULTY CLINICAL OPERATIONS | | 112,811,953 | | 112,962,783 | 192.01 |

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
 PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 01/31/2012 09:12

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | | RECON- CILIATION | PASTORAL CARE ACCUM COST | RECON- CILIATION | HOSPITAL ADMINSTRN ACCUM COST | RECON- CILIATION |
|-------------------------|------------------------------|---------------------|---------------------------------------|---------------------|--|---------------------|
| 200 | CROSS FOOT ADJUSTMENTS | | 5.10 | | 5.11 | 200 |
| 201 | NEGATIVE COST CENTER | | | | | 201 |
| 202 | COST TO BE ALLOC PER B PT I | | 1,027,874 | | 128,847,026 | 202 |
| 203 | UNIT COST MULT-WS B PT I | | 0.001337 | | 0.201093 | 203 |
| 204 | COST TO BE ALLOC PER B PT II | | 137,906 | | 1,597,011 | 204 |
| 205 | UNIT COST MULT-WS B PT II | | 0.000179 | | 0.002492 | 205 |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | AMBULATORY | RECON- CILIATION | PRIMARY | OPERATION | SAFETY & | |
|---------------------------------------|-------------|---------------------|-------------|-----------|----------|-------|
| | ADMIN | | CARE | OF PLANT | SECURITY | |
| | ACCUM | | ADMIN | SQUARE | HOURS OF | |
| | COST | | COST | FEEET | SERVICES | |
| | 5.12 | | 5.14 | 7 | 7.01 | |
| GENERAL SERVICE COST CENTERS | | | | | | |
| 1 CAP REL COSTS-BLDG & FIXT | | | | | | 1 |
| 1.01 NEW CAPITAL-BLDG INTEREST | | | | | | 1.01 |
| 2 CAP REL COSTS-MVBLE EQUIP | | | | | | 2 |
| 4 EMPLOYEE BENEFITS | | | | | | 4 |
| 5.01 COMMUNICATION | | | | | | 5.01 |
| 5.02 SYSTEM & COMPUTERS | | | | | | 5.02 |
| 5.03 PURCHASING | | | | | | 5.03 |
| 5.04 OPC STORES | | | | | | 5.04 |
| 5.05 PATIENT AFFAIRS | | | | | | 5.05 |
| 5.06 PATIENT ADMITTING | | | | | | 5.06 |
| 5.07 PATIENT ACCOUNTS | | | | | | 5.07 |
| 5.08 ACCOUNTING | | | | | | 5.08 |
| 5.09 EMPLOYEE HEALTH SERVICES | | | | | | 5.09 |
| 5.10 PASTORAL CARE | | | | | | 5.10 |
| 5.11 HOSPITAL ADMINISTRATION | | | | | | 5.11 |
| 5.12 AMBULATORY ADMINISTRATION | 741,173,842 | | | | | 5.12 |
| 5.14 PRIMARY CARE ADMINISTRATION | 3,830,404 | -3,977,208 | 765,603,019 | | | 5.14 |
| 6 MAINTENANCE & REPAIRS | | | | | | 6 |
| 7 OPERATION OF PLANT | 20,709,085 | | 21,502,781 | 1,355,572 | | 7 |
| 7.01 SAFETY AND SECURITY | 2,969,126 | | 3,082,921 | 6,690 | 76,814 | 7.01 |
| 8 LAUNDRY & LINEN SERVICE | 2,511,693 | | 2,607,956 | 8,477 | | 8 |
| 9 HOUSEKEEPING | 10,012,082 | | 10,395,805 | 11,689 | | 9 |
| 10 DIETARY | 5,834,474 | | 6,058,086 | 26,898 | 2,436 | 10 |
| 11 CAFETERIA | 159,154 | | 165,254 | 12,220 | 298 | 11 |
| 12 MAINTENANCE OF PERSONNEL | | | | | | 12 |
| 12.01 PATIENT TRANSPORTATION | 1,217,710 | | 1,264,380 | 954 | 87 | 12.01 |
| 13 NURSING ADMINISTRATION | 3,092,999 | | 3,211,541 | 9,182 | 417 | 13 |
| 14 CENTRAL SERVICES & SUPPLY | 2,271,811 | | 2,358,880 | 14,459 | 972 | 14 |
| 14.01 CENTRAL PROCESSING | 206,665 | | 214,586 | 3,800 | 623 | 14.01 |
| 15 PHARMACY | 9,125,374 | | 9,475,113 | 17,927 | 1,434 | 15 |
| 16 MEDICAL RECORDS & LIBRARY | 10,491,093 | | 10,893,175 | 24,876 | 431 | 16 |
| 17 SOCIAL SERVICE | 5,199,200 | | 5,398,465 | 3,904 | 155 | 17 |
| 17.01 HOSPITAL MEDICAL ADMIN | 16,316,268 | | 16,941,605 | | | 17.01 |
| 19 NONPHYSICIAN ANESTHETISTS | 605 | | 628 | | | 19 |
| 20 NURSING SCHOOL | | | | | | 20 |
| 21 I&R SRVCES-SALARY & FRINGES APPRVD | 30,928,542 | | 32,113,909 | 7,655 | 167 | 21 |
| 22 I&R SRVCES-OTHER PRGM COSTS APPRVD | | | | | | 22 |
| 23 PARAMED ED PRGM-(SPECIFY) | | | | | | 23 |
| 23.01 PARAMEDICAL ED-MICU | 607,383 | | 630,662 | 4,874 | 911 | 23.01 |
| 23.02 PARAMEDICAL ED-SOCIAL WORK | | | | | | 23.02 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| 30 ADULTS & PEDIATRICS | 44,871,022 | | 46,590,749 | 182,635 | 11,384 | 30 |
| 31 INTENSIVE CARE UNIT | 17,519,388 | | 18,190,836 | 45,398 | 2,702 | 31 |
| 33 BURN INTENSIVE CARE UNIT | 5,515,736 | | 5,727,132 | 10,850 | 654 | 33 |
| 35 NEONATAL INTENSIVE CARE | 9,342,057 | | 9,700,101 | 24,604 | 2,083 | 35 |
| 35.01 PEDIATRIC INTENSIVE CARE | 2,804,519 | | 2,912,005 | 4,582 | 415 | 35.01 |
| 35.03 HEART TRANSPLANT ICU | 3,121,450 | | 3,241,083 | 11,105 | 341 | 35.03 |
| 35.04 BONE INTENSIVE CARE | 3,331,173 | | 3,458,844 | 9,577 | 521 | 35.04 |
| 41 SUBPROVIDER - IRF | 4,883,404 | | 5,070,565 | 28,966 | 1,935 | 41 |
| 43 NURSERY | 631,583 | | 655,789 | | | 43 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50 OPERATING ROOM | 58,942,462 | | 61,201,491 | 155,284 | 6,668 | 50 |
| 50.01 AMBULATORY SURGERY CENTER | 8,614,931 | | 8,945,107 | 32,839 | 1,213 | 50.01 |
| 51 RECOVERY ROOM | 3,733,593 | | 3,876,687 | 34,749 | 1,297 | 51 |
| 52 DELIVERY ROOM & LABOR ROOM | 2,824,562 | | 2,932,816 | 8,653 | 265 | 52 |
| 53 ANESTHESIOLOGY | 3,329,426 | | 3,457,030 | 2,564 | 134 | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | 15,985,216 | | 16,597,865 | 61,331 | 4,625 | 54 |
| 54.01 RADIOLOGY-ULTRASOUND | 1,326,395 | | 1,377,230 | 3,843 | 285 | 54.01 |
| 55 RADIOLOGY-THERAPEUTIC | | | | | | 55 |
| 56 RADIOISOTOPE | 4,232,747 | | 4,394,971 | 14,011 | 1,374 | 56 |
| 57 COMPUTED TOMOGRAPHY (CT) SCAN | 5,476,197 | | 5,686,078 | 6,908 | 216 | 57 |
| 58 MAGNETIC RESONANCE IMAGING (MRI) | 3,997,661 | | 4,150,875 | 14,972 | 362 | 58 |
| 59 CARDIAC CATHETERIZATION | 14,854,130 | | 15,423,429 | 36,788 | 1,332 | 59 |
| 60 LABORATORY | 24,830,228 | | 25,781,871 | 30,137 | 1,624 | 60 |
| 60.01 LABORATORY-SURGICAL PATHOLOGY | 3,661,664 | | 3,802,001 | 24,574 | 4,585 | 60.01 |
| 60.02 LABORATORY-NEUROSURGICAL | | | | | | 60.02 |
| 60.03 LABORATORY-HLA | 55,902 | | 58,045 | 2,934 | 90 | 60.03 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS | | | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & TRANS. | 8,855,063 | | 9,194,442 | 6,866 | 452 | 63 |
| 65 RESPIRATORY THERAPY | 8,560,806 | | 8,888,907 | 10,508 | 911 | 65 |
| 66 PHYSICAL THERAPY | 5,318,714 | | 5,522,559 | 13,912 | 684 | 66 |
| 67 OCCUPATIONAL THERAPY | 2,101,764 | | 2,182,316 | 6,014 | 469 | 67 |
| 68 SPEECH PATHOLOGY | 788,305 | | 818,518 | 1,123 | 87 | 68 |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | AMBULATORY ADMIN | RECON- CILIATION | PRIMARY CARE ADMIN | OPERATION OF PLANT | SAFETY & SECURITY | | |
|---|---------------------|---------------------|--------------------------|-----------------------|----------------------|-----|--------|
| | ACCUM COST | | ACCUM COST | SQUARE FEET | HOURS OF SERVICES | | |
| | 5.12 | | 5.14 | 7 | | | 7.01 |
| 69 ELECTROCARDIOLOGY | 19,375,629 | | 20,118,219 | 33,945 | 2,320 | | 69 |
| 70 ELECTROENCEPHALOGRAPHY | 1,892,662 | | 1,965,200 | 8,477 | 768 | | 70 |
| 71 MEDICAL SUPPLIES CHRGD TO PATIENTS | 2,083,309 | | 2,163,154 | | | | 71 |
| 73 DRUGS CHARGED TO PATIENTS | 28,494,750 | | 29,586,840 | | | | 73 |
| 74 RENAL DIALYSIS | 6,912,566 | | 7,177,497 | 11,733 | | | 74 |
| 76 PULMONARY LABS | 566,629 | | 588,346 | 3,341 | 60 | | 76 |
| 76.01 OCCUPATIONAL HEALTH | 349,669 | | 363,070 | 3,661 | 303 | | 76.01 |
| 76.03 HYPERALIMENTATION | | | | | | | 76.03 |
| 76.04 PERIPHERAL VASCULAR | 1,101,580 | | 1,143,799 | 1,312 | 119 | | 76.04 |
| 76.05 PEDIATRIC ENDO NUTRITION | | | | | | | 76.05 |
| 76.07 GASTROINTESTINAL SERVICE | 4,560,873 | | 4,735,673 | 9,121 | 275 | | 76.07 |
| 76.09 BONE MARROW PROCUREMENT | 1,613,194 | | 1,675,021 | | | | 76.09 |
| 76.97 CARDIAC REHABILITATION | | | | | | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 90 CLINIC | 337,263 | | 350,189 | 3,661 | 308 | | 90 |
| 90.01 CARDIAC REHABILITATION | 454,871 | | 472,304 | | | | 90.01 |
| 90.02 CANCER CENTER | 24,294,644 | | 25,225,761 | 52,505 | 5,191 | | 90.02 |
| 90.03 PSYCH SOCIAL REHAB | 497,273 | | 516,331 | 9,945 | 647 | | 90.03 |
| 90.04 WELLNESS ASSESSMENT | | | | | | | 90.04 |
| 90.06 HEART FAILURE CLINIC | | | | | | | 90.06 |
| 90.07 LOC OUTPATIENT CENTER | 36,384,976 | | 37,779,467 | 135,639 | 6,771 | | 90.07 |
| 90.08 OB OUTPATIENT CENTER | 7,602,594 | | 7,893,971 | 97 | | | 90.08 |
| 90.09 ELMHURST IMMEDIATE CARE | 1,346,228 | | 1,397,824 | | | | 90.09 |
| 90.10 LAGRANGE FAMILY PCC | 2,416,929 | | 2,509,560 | | | | 90.10 |
| 90.12 NORTH RIVERSIDE PCC | 2,368,989 | | 2,459,783 | | | | 90.12 |
| 90.13 GLENDALE HEIGHTS PCC | | | | | | | 90.13 |
| 90.14 WHEATON PCC | 2,552,544 | | 2,650,373 | | | | 90.14 |
| 90.15 OB II PCC | 2,062,970 | | 2,142,035 | | | | 90.15 |
| 90.16 HICKORY HILLS PCC | 3,366,990 | | 3,496,033 | | | | 90.16 |
| 90.18 DARIEN PCC | 1,413,527 | | 1,467,702 | | | | 90.18 |
| 90.20 ORLANAD PARK - FP | 2,519,353 | | 2,615,910 | | | | 90.20 |
| 90.21 FAMILY PRACTICE MAYWOOD PCC | 1,155,913 | | 1,200,215 | 3,211 | | | 90.21 |
| 90.22 HOMER GLEN PCC | 6,077,189 | | 6,310,103 | | | | 90.22 |
| 90.23 OAK PARK PCC | 774,907 | | 804,606 | | | | 90.23 |
| 90.24 PARK RIDGE PCC | 1,095,505 | | 1,137,491 | | | | 90.24 |
| 90.25 LOYOLA CLINIC AT GOTTLIEB | 206,775 | | 214,700 | | | | 90.25 |
| 90.26 WOODRIDGE PCC | | | | | | | 90.26 |
| 90.27 NEUROLOGY - NILES | 21,598 | | 22,426 | | | | 90.27 |
| 90.28 MARJORIE WEINBERG CANCER CENTER | 7,940,243 | | 8,244,561 | | | | 90.28 |
| 90.29 BURR RIDGE PCC | 6,184,793 | | 6,421,831 | 100,000 | | | 90.29 |
| 91 EMERGENCY | 9,120,362 | | 9,469,909 | 24,864 | 4,302 | | 91 |
| 92 OBSERVATION BEDS | | | | | | | 92 |
| 92.01 OBSERVATION BEDS-DISTINCT | 511,705 | | 531,317 | 1,599 | 49 | | 92.01 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 95 AMBULANCE SERVICES | 337,255 | | 350,181 | 729 | 39 | | 95 |
| 97 DURABLE MEDICAL EQUIP-SOLD | 2,621,148 | | 2,721,606 | | | | 97 |
| 99 CMHC | | | | | | | 99 |
| 99.10 CORF | | | | | | | 99.10 |
| 99.20 OUTPATIENT PHYSICAL THERAPY | | | | | | | 99.20 |
| 99.30 OUTPATIENT OCCUPATIONAL THERAPY | | | | | | | 99.30 |
| 99.40 OUTPATIENT SPEECH PATHOLOGY | | | | | | | 99.40 |
| 101 HOME HEALTH AGENCY | 5,178,594 | | 5,377,069 | 5,729 | 424 | 101 | |
| SPECIAL PURPOSE COST CENTERS | | | | | | | |
| 105 KIDNEY ACQUISITION | 1,220,731 | | 1,267,517 | 703 | 45 | | 105 |
| 106 HEART ACQUISITION | 964,199 | | 1,001,153 | 2,657 | 174 | | 106 |
| 107 LIVER ACQUISITION | 599,702 | | 622,686 | 317 | 59 | | 107 |
| 108 LUNG ACQUISITION | 730,759 | | 758,766 | 2,389 | 128 | | 108 |
| 112 OTHER ORGAN ACQUISITION (SPECIFY) | 239,898 | | 249,092 | 160 | 11 | | 112 |
| 116 HOSPICE | 940,144 | | 976,176 | 445 | 48 | | 116 |
| 118 SUBTOTALS (SUM OF LINES 1-117) | 595,485,198 | -3,977,208 | 614,330,556 | 1,355,572 | 76,680 | 118 | |
| NONREIMBURSABLE COST CENTERS | | | | | | | |
| 190 GIFT, FLOWER, COFFEE SHOP & CANTEEN | 263,565 | | 273,666 | | 134 | | 190 |
| 190.01 HINES RADIATION THERAPY | 936,670 | | 972,569 | | | | 190.01 |
| 190.02 HOME INFUSION THERAPY | 3,449,371 | | 3,581,572 | | | | 190.02 |
| 190.03 OP HOSPITAL PHARMACY | 5,002,224 | | 5,193,939 | | | | 190.03 |
| 190.04 HOSPITALIST | 36,476 | | 37,874 | | | | 190.04 |
| 192 PHYSICIANS' PRIVATE OFFICES | 321,465 | | 333,785 | | | | 192 |
| 192.01 FACULTY CLINICAL OPERATIONS | 135,678,873 | | 140,879,058 | | | | 192.01 |

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
 PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 01/31/2012 09:12

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | | AMBULATORY ADMIN | RECON- CILATION | PRIMARY CARE ADMIN ACCUM COST | OPERATION OF PLANT SQUARE FEET | SAFETY & SECURITY HOURS OF SERVICES | |
|-------------------------|------------------------------|---------------------|--------------------|---|---|--|-----|
| | | 5.12 | | 5.14 | 7 | 7.01 | |
| 200 | CROSS FOOT ADJUSTMENTS | | | | | | 200 |
| 201 | NEGATIVE COST CENTER | | | | | | 201 |
| 202 | COST TO BE ALLOC PER B PT I | 28,406,385 | | 3,977,208 | 21,614,488 | 3,205,609 | 202 |
| 203 | UNIT COST MULT-WS B PT I | 0.038326 | | 0.005195 | 15.944921 | 41.732093 | 203 |
| 204 | COST TO BE ALLOC PER B PT II | 108,124 | | 10,189 | 535,439 | 258,580 | 204 |
| 205 | UNIT COST MULT-WS B PT II | 0.000146 | | 0.000013 | 0.394991 | 3.366313 | 205 |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | LAUNDRY + LINEN SERVICE LAUNDRY COST 8 | HOUSE-KEEPING HOURS OF SERVICE 9 | DIETARY MEALS SERVED 10 | CAFETERIA PAID HOURS 11 | PATIENT TRNSPRTN NUMBER OF TRIPS 12.01 |
|---------------------------------------|--|----------------------------------|-------------------------|-------------------------|--|
| GENERAL SERVICE COST CENTERS | | | | | |
| 1 CAP REL COSTS-BLDG & FIXT | | | | | 1 |
| 1.01 NEW CAPITAL-BLDG INTEREST | | | | | 1.01 |
| 2 CAP REL COSTS-MVBLE EQUIP | | | | | 2 |
| 4 EMPLOYEE BENEFITS | | | | | 4 |
| 5.01 COMMUNICATION | | | | | 5.01 |
| 5.02 SYSTEM & COMPUTERS | | | | | 5.02 |
| 5.03 PURCHASING | | | | | 5.03 |
| 5.04 OPC STORES | | | | | 5.04 |
| 5.05 PATIENT AFFAIRS | | | | | 5.05 |
| 5.06 PATIENT ADMITTING | | | | | 5.06 |
| 5.07 PATIENT ACCOUNTS | | | | | 5.07 |
| 5.08 ACCOUNTING | | | | | 5.08 |
| 5.09 EMPLOYEE HEALTH SERVICES | | | | | 5.09 |
| 5.10 PASTORAL CARE | | | | | 5.10 |
| 5.11 HOSPITAL ADMINISTRATION | | | | | 5.11 |
| 5.12 AMBULATORY ADMINISTRATION | | | | | 5.12 |
| 5.14 PRIMARY CARE ADMINISTRATION | | | | | 5.14 |
| 6 MAINTENANCE & REPAIRS | | | | | 6 |
| 7 OPERATION OF PLANT | | | | | 7 |
| 7.01 SAFETY AND SECURITY | | | | | 7.01 |
| 8 LAUNDRY & LINEN SERVICE | 892,704 | | | | 8 |
| 9 HOUSEKEEPING | 140 | 412,066 | | | 9 |
| 10 DIETARY | | 16,785 | 251,632 | | 10 |
| 11 CAFETERIA | | 1,459 | | 7,903,376 | 11 |
| 12 MAINTENANCE OF PERSONNEL | | | | | 12 |
| 12.01 PATIENT TRANSPORTATION | 26 | 599 | | 99,882 | 12.01 |
| 13 NURSING ADMINISTRATION | | 1,801 | | 97,448 | 13 |
| 14 CENTRAL SERVICES & SUPPLY | | 7,698 | | 70,470 | 14 |
| 14.01 CENTRAL PROCESSING | | 3,651 | | 8,362 | 14.01 |
| 15 PHARMACY | 454 | 5,147 | | 225,118 | 15 |
| 16 MEDICAL RECORDS & LIBRARY | | 2,309 | | 155,126 | 16 |
| 17 SOCIAL SERVICE | | 498 | | 55,494 | 17 |
| 17.01 HOSPITAL MEDICAL ADMIN | | | | | 17.01 |
| 19 NONPHYSICIAN ANESTHETISTS | | | | | 19 |
| 20 NURSING SCHOOL | | | | | 20 |
| 21 I&R SRVCES-SALARY & FRINGES APPRVD | 5,827 | 1,505 | | 754,062 | 21 |
| 22 I&R SRVCES-OTHER PRGM COSTS APPRVD | | | | | 22 |
| 23 PARAMED ED PRGM-(SPECIFY) | | | | | 23 |
| 23.01 PARAMEDICAL ED-MICU | | 843 | | 16,474 | 23.01 |
| 23.02 PARAMEDICAL ED-SOCIAL WORK | | | | | 23.02 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | |
| 30 ADULTS & PEDIATRICS | 352,307 | 90,318 | 174,422 | 1,181,107 | 61,382 30 |
| 31 INTENSIVE CARE UNIT | 73,709 | 12,483 | 21,738 | 378,498 | 11,924 31 |
| 33 BURN INTENSIVE CARE UNIT | 25,014 | 4,563 | 8,757 | 74,027 | 404 33 |
| 35 NEONATAL INTENSIVE CARE | 14,409 | 6,715 | | 221,395 | 229 35 |
| 35.01 PEDIATRIC INTENSIVE CARE | 5,494 | 2,876 | | 52,853 | 723 35.01 |
| 35.03 HEART TRANSPLANT ICU | 14,541 | 3,055 | 7,028 | 62,733 | 1,543 35.03 |
| 35.04 BONE INTENSIVE CARE | 6,590 | 6,011 | 7,442 | 71,885 | 743 35.04 |
| 41 SUBPROVIDER - IRF | 23,468 | 17,628 | 23,940 | 109,408 | 1,391 41 |
| 43 NURSERY | | | | | 43 |
| ANCILLARY SERVICE COST CENTERS | | | | | |
| 50 OPERATING ROOM | 70,550 | 45,371 | | 404,581 | 29 50 |
| 50.01 AMBULATORY SURGERY CENTER | 27,772 | 7,749 | | 94,370 | 18 50.01 |
| 51 RECOVERY ROOM | 16,051 | 9,888 | | 76,149 | 16 51 |
| 52 DELIVERY ROOM & LABOR ROOM | 15,653 | 2,381 | | 66,622 | 156 52 |
| 53 ANESTHESIOLOGY | 4,307 | 725 | | 58,157 | 53 53 |
| 54 RADIOLOGY-DIAGNOSTIC | 12,744 | 17,915 | | 237,266 | 34,013 54 |
| 54.01 RADIOLOGY-ULTRASOUND | 7,221 | 1,016 | | 18,970 | 2,172 54.01 |
| 55 RADIOLOGY-THERAPEUTIC | | | | | 55 |
| 56 RADIOISOTOPE | 4,969 | 3,582 | | 36,213 | 969 56 |
| 57 COMPUTED TOMOGRAPHY (CT) SCAN | 11,441 | 1,775 | | 48,464 | 19,630 57 |
| 58 MAGNETIC RESONANCE IMAGING (MRI) | 10,050 | 4,054 | | 35,006 | 6,502 58 |
| 59 CARDIAC CATHETERIZATION | 15,588 | 10,982 | | 69,826 | 1,444 59 |
| 60 LABORATORY | | 9,445 | | 271,107 | 1,941 60 |
| 60.01 LABORATORY-SURGICAL PATHOLOGY | | 8,307 | | 63,357 | 677 60.01 |
| 60.02 LABORATORY-NEUROSURGICAL | | | | | 60.02 |
| 60.03 LABORATORY-HLA | | 807 | | 9,235 | 60.03 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS | | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & TRANS. | 940 | 3,307 | | 41,725 | 202 63 |
| 65 RESPIRATORY THERAPY | 2,347 | 2,868 | | 185,578 | 2,713 65 |
| 66 PHYSICAL THERAPY | 4,891 | 4,719 | | 86,299 | 3,455 66 |
| 67 OCCUPATIONAL THERAPY | | 3,246 | | 25,875 | 3,588 67 |
| 68 SPEECH PATHOLOGY | | 667 | | 11,877 | 68 |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | | LAUNDRY + LINEN SERVICE LAUNDRY COST 8 | HOUSE- KEEPING HOURS OF SERVICE 9 | DIETARY MEALS SERVED 10 | CAFETERIA PAID HOURS 11 | PATIENT TRNSPRTN NUMBER OF TRIPS 12.01 | |
|-------------------------|-------------------------------------|---|---|--------------------------------------|--------------------------------------|--|--------|
| 69 | ELECTROCARDIOLOGY | 4,988 | 9,412 | | 99,070 | 5,766 | 69 |
| 70 | ELECTROENCEPHALOGRAPHY | 1,448 | 5,321 | | 45,802 | | 70 |
| 71 | MEDICAL SUPPLIES CHRGD TO PATIENTS | | | | | | 71 |
| 73 | DRUGS CHARGED TO PATIENTS | | | | | | 73 |
| 74 | RENAL DIALYSIS | 9,642 | 447 | | 107,349 | 8,121 | 74 |
| 76 | PULMONARY LABS | 507 | 2,097 | | 10,026 | | 76 |
| 76.01 | OCCUPATIONAL HEALTH | | | | 4,181 | | 76.01 |
| 76.03 | HYPERALIMENTATION | | | | | | 76.03 |
| 76.04 | PERIPHERAL VASCULAR | 2,560 | 824 | | 18,200 | 6,180 | 76.04 |
| 76.05 | PEDIATRIC ENDO NUTRITION | | | | | | 76.05 |
| 76.07 | GASTROINTESTINAL SERVICE | 7,996 | 2,510 | | 57,824 | 6,173 | 76.07 |
| 76.09 | BONE MARROW PROCUREMENT | | | | | | 76.09 |
| 76.97 | CARDIAC REHABILITATION | | | | | | 76.97 |
| 76.98 | HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 | LITHOTRIPSY | | | | | | 76.99 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 90 | CLINIC | 328 | 2,160 | 7,128 | 7,592 | 26 | 90 |
| 90.01 | CARDIAC REHABILITATION | | | | 7,010 | | 90.01 |
| 90.02 | CANCER CENTER | 16,984 | 8,489 | 1,177 | 182,582 | 2,358 | 90.02 |
| 90.03 | PSYCH SOCIAL REHAB | | 645 | | 14,373 | | 90.03 |
| 90.04 | WELLNESS ASSESSMENT | | | | | | 90.04 |
| 90.06 | HEART FAILURE CLINIC | | | | | | 90.06 |
| 90.07 | LOC OUTPATIENT CENTER | 22,312 | 44,354 | | 647,824 | 4 | 90.07 |
| 90.08 | OBT OUTPATIENT CENTER | 8,555 | 23 | | 132,933 | | 90.08 |
| 90.09 | ELMHURST IMMEDIATE CARE | 226 | | | 36,608 | | 90.09 |
| 90.10 | LAGRANGE FAMILY PCC | 2,249 | | | 54,309 | | 90.10 |
| 90.12 | NORTH RIVERSIDE PCC | 1,897 | | | 70,304 | | 90.12 |
| 90.13 | GLENDALE HEIGHTS PCC | | | | | | 90.13 |
| 90.14 | WHEATON PCC | 444 | | | 29,619 | | 90.14 |
| 90.15 | OBT II PCC | 2,527 | | | 69,410 | | 90.15 |
| 90.16 | HICKORY HILLS PCC | 3,905 | | | 80,142 | | 90.16 |
| 90.18 | DARIEN PCC | 582 | | | 49,234 | | 90.18 |
| 90.20 | ORLANAD PARK - FP | 1,637 | | | 55,182 | | 90.20 |
| 90.21 | FAMILY PRACTICE MAYWOOD PCC | 5,801 | | | 26,187 | | 90.21 |
| 90.22 | HOMER GLEN PCC | 4,983 | | | 82,014 | | 90.22 |
| 90.23 | OAK PARK PCC | | | | 28,038 | | 90.23 |
| 90.24 | PARK RIDGE PCC | 1,054 | | | 13,229 | | 90.24 |
| 90.25 | LOYOLA CLINIC AT GOTTLIEB | 218 | | | 3,182 | | 90.25 |
| 90.26 | WOODRIDGE PCC | | | | | | 90.26 |
| 90.27 | NEUROLOGY - NILES | | | | | | 90.27 |
| 90.28 | MARJORIE WEINBERG CANCER CENTER | | | | | | 90.28 |
| 90.29 | BURR RIDGE PCC | | | | | | 90.29 |
| 91 | EMERGENCY | 62,609 | 9,592 | | 218,150 | 12,513 | 91 |
| 92 | OBSERVATION BEDS | | | | | | 92 |
| 92.01 | OBSERVATION BEDS-DISTINCT | 2,749 | 440 | | 6,552 | 357 | 92.01 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 95 | AMBULANCE SERVICES | | 59 | | | | 95 |
| 97 | DURABLE MEDICAL EQUIP-SOLD | | | | | | 97 |
| 99 | CMHC | | | | 2,101 | | 99 |
| 99.10 | CORF | | | | | | 99.10 |
| 99.20 | OUTPATIENT PHYSICAL THERAPY | | | | | | 99.20 |
| 99.30 | OUTPATIENT OCCUPATIONAL THERAPY | | | | | | 99.30 |
| 99.40 | OUTPATIENT SPEECH PATHOLOGY | | | | | | 99.40 |
| 101 | HOME HEALTH AGENCY | | 378 | | 118,685 | | 101 |
| | SPECIAL PURPOSE COST CENTERS | | | | | | |
| 105 | KIDNEY ACQUISITION | | 45 | | 12,284 | | 105 |
| 106 | HEART ACQUISITION | | 237 | | 9,643 | 19 | 106 |
| 107 | LIVER ACQUISITION | | 55 | | 11,968 | | 107 |
| 108 | LUNG ACQUISITION | | 193 | | 11,363 | | 108 |
| 112 | OTHER ORGAN ACQUISITION (SPECIFY) | | 14 | | 972 | | 112 |
| 116 | HOSPICE | | 23 | | 17,950 | | 116 |
| 118 | SUBTOTALS (SUM OF LINES 1-117) | 892,704 | 412,066 | 251,632 | 7,816,911 | 197,381 | 118 |
| | NONREIMBURSABLE COST CENTERS | | | | | | |
| 190 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | | | | 3,390 | | 190 |
| 190.01 | HINES RADIATION THERAPY | | | | 20,363 | | 190.01 |
| 190.02 | HOME INFUSION THERAPY | | | | 24,794 | | 190.02 |
| 190.03 | OP HOSPITAL PHARMACY | | | | 4,014 | | 190.03 |
| 190.04 | HOSPITALIST | | | | | | 190.04 |
| 192 | PHYSICIANS' PRIVATE OFFICES | | | | 29,994 | | 192 |
| 192.01 | FACULTY CLINICAL OPERATIONS | | | | 3,910 | | 192.01 |

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
 PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 01/31/2012 09:12

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | | LAUNDRY + LINEN SERVICE LAUNDRY COST 8 | HOUSE- KEEPING HOURS OF SERVICE 9 | DIETARY MEALS SERVED 10 | CAFETERIA PAID HOURS 11 | PATIENT TRNSPRTN NUMBER OF TRIPS 12.01 | |
|-------------------------|------------------------------|---|---|--------------------------------------|--------------------------------------|--|-----|
| 200 | CROSS FOOT ADJUSTMENTS | | | | | | 200 |
| 201 | NEGATIVE COST CENTER | | | | | | 201 |
| 202 | COST TO BE ALLOC PER B PT I | 2,756,669 | 10,636,623 | 7,053,373 | 411,056 | 1,310,527 | 202 |
| 203 | UNIT COST MULT-WS B PT I | 3.087999 | 25.812911 | 28.030509 | 0.052010 | 6.639580 | 203 |
| 204 | COST TO BE ALLOC PER B PT II | 79,197 | 140,738 | 296,262 | 113,402 | 32,199 | 204 |
| 205 | UNIT COST MULT-WS B PT II | 0.088716 | 0.341542 | 1.177362 | 0.014349 | 0.163131 | 205 |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | NURSING ADMINIS- TRATION RN FTES 13 | CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14 | CENTRAL PROCESSING NUMBER OF INSTRUMENT 14.01 | PHARMACY COSTED REQUIS. 15 | MEDICAL RECORDS + LIBRARY GROSS REVENUE 16 | |
|---------------------------------------|--|--|---|-------------------------------------|---|-------|
| GENERAL SERVICE COST CENTERS | | | | | | |
| 1 CAP REL COSTS-BLDG & FIXT | | | | | | 1 |
| 1.01 NEW CAPITAL-BLDG INTEREST | | | | | | 1.01 |
| 2 CAP REL COSTS-MVBLE EQUIP | | | | | | 2 |
| 4 EMPLOYEE BENEFITS | | | | | | 4 |
| 5.01 COMMUNICATION | | | | | | 5.01 |
| 5.02 SYSTEM & COMPUTERS | | | | | | 5.02 |
| 5.03 PURCHASING | | | | | | 5.03 |
| 5.04 OPC STORES | | | | | | 5.04 |
| 5.05 PATIENT AFFAIRS | | | | | | 5.05 |
| 5.06 PATIENT ADMITTING | | | | | | 5.06 |
| 5.07 PATIENT ACCOUNTS | | | | | | 5.07 |
| 5.08 ACCOUNTING | | | | | | 5.08 |
| 5.09 EMPLOYEE HEALTH SERVICES | | | | | | 5.09 |
| 5.10 PASTORAL CARE | | | | | | 5.10 |
| 5.11 HOSPITAL ADMINISTRATION | | | | | | 5.11 |
| 5.12 AMBULATORY ADMINISTRATION | | | | | | 5.12 |
| 5.14 PRIMARY CARE ADMINISTRATION | | | | | | 5.14 |
| 6 MAINTENANCE & REPAIRS | | | | | | 6 |
| 7 OPERATION OF PLANT | | | | | | 7 |
| 7.01 SAFETY AND SECURITY | | | | | | 7.01 |
| 8 LAUNDRY & LINEN SERVICE | | | | | | 8 |
| 9 HOUSEKEEPING | | | | | | 9 |
| 10 DIETARY | | | | | | 10 |
| 11 CAFETERIA | | | | | | 11 |
| 12 MAINTENANCE OF PERSONNEL | | | | | | 12 |
| 12.01 PATIENT TRANSPORTATION | | | | | | 12.01 |
| 13 NURSING ADMINISTRATION | 124,548 | | | | | 13 |
| 14 CENTRAL SERVICES & SUPPLY | | 12,075,287 | | | | 14 |
| 14.01 CENTRAL PROCESSING | | 12,982 | 189,528 | | | 14.01 |
| 15 PHARMACY | 19 | 14,713 | | 61,900,851 | | 15 |
| 16 MEDICAL RECORDS & LIBRARY | | 7 | | | 1,747,503,758 | 16 |
| 17 SOCIAL SERVICE | | 326 | | | | 17 |
| 17.01 HOSPITAL MEDICAL ADMIN | | | | | | 17.01 |
| 19 NONPHYSICIAN ANESTHETISTS | | | | | | 19 |
| 20 NURSING SCHOOL | | | | | | 20 |
| 21 I&R SRVCES-SALARY & FRINGES APPRVD | | 353 | | | | 21 |
| 22 I&R SRVCES-OTHER PRGM COSTS APPRVD | | | | | | 22 |
| 23 PARAMED ED PRGM-(SPECIFY) | | | | | | 23 |
| 23.01 PARAMEDICAL ED-MICU | | 507 | | 715 | | 23.01 |
| 23.02 PARAMEDICAL ED-SOCIAL WORK | | | | | | 23.02 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| 30 ADULTS & PEDIATRICS | 33,775 | 1,414,134 | 82,867 | 7,246 | 131,738,800 | 30 |
| 31 INTENSIVE CARE UNIT | 14,196 | 646,550 | 19,365 | 3,244 | 48,511,320 | 31 |
| 33 BURN INTENSIVE CARE UNIT | 3,701 | 278,563 | 4,489 | 152 | 17,859,770 | 33 |
| 35 NEONATAL INTENSIVE CARE | 8,412 | 71,562 | 11,286 | 2,367 | 30,369,233 | 35 |
| 35.01 PEDIATRIC INTENSIVE CARE | 2,136 | 76,904 | 3,420 | 213 | 8,227,023 | 35.01 |
| 35.03 HEART TRANSPLANT ICU | 2,370 | 159,328 | 4,205 | 874 | 9,893,306 | 35.03 |
| 35.04 BONE INTENSIVE CARE | 2,490 | 87,861 | 3,615 | 753 | 12,415,395 | 35.04 |
| 41 SUBPROVIDER - IRF | 2,207 | 61,261 | 4,992 | 32 | 9,542,248 | 41 |
| 43 NURSERY | | | | | 1,019,848 | 43 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50 OPERATING ROOM | 8,280 | 159,179 | 929 | 186,844 | 134,562,482 | 50 |
| 50.01 AMBULATORY SURGERY CENTER | 2,065 | 16,900 | 362 | 728,936 | 37,874,297 | 50.01 |
| 51 RECOVERY ROOM | 2,428 | 49,432 | 2,665 | 20 | 33,634,298 | 51 |
| 52 DELIVERY ROOM & LABOR ROOM | 2,052 | 105,880 | 24,394 | 1,119 | 7,823,319 | 52 |
| 53 ANESTHESIOLOGY | 403 | 5,532 | 3,092 | 514 | 59,875,606 | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | 1,617 | 34,421 | 350 | 8,715 | 58,408,450 | 54 |
| 54.01 RADIOLOGY-ULTRASOUND | | 1,682 | 6 | 853 | 11,349,177 | 54.01 |
| 55 RADIOLOGY-THERAPEUTIC | | | | | | 55 |
| 56 RADIOISOTOPE | | 3,213 | 99 | | 22,241,224 | 56 |
| 57 COMPUTED TOMOGRAPHY (CT) SCAN | | 1,913 | 146 | 823 | 78,309,113 | 57 |
| 58 MAGNETIC RESONANCE IMAGING (MRI) | | 1,694 | 244 | 283 | 37,783,039 | 58 |
| 59 CARDIAC CATHETERIZATION | 1,940 | 56,573 | 2,807 | 17,076 | 55,315,865 | 59 |
| 60 LABORATORY | | 63,493 | | 10,127 | 186,131,502 | 60 |
| 60.01 LABORATORY-SURGICAL PATHOLOGY | | 14,033 | | 13,319 | 15,497,681 | 60.01 |
| 60.02 LABORATORY-NEUROSURGICAL | | | | | | 60.02 |
| 60.03 LABORATORY-HLA | | 1,269 | | 23 | 7,190 | 60.03 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS | | | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & TRANS. | 415 | 10,744 | 177 | 1,250 | 22,349,415 | 63 |
| 65 RESPIRATORY THERAPY | | 5,480 | | 796,198 | 41,396,643 | 65 |
| 66 PHYSICAL THERAPY | | 4,299 | 18 | 1,023 | 17,426,968 | 66 |
| 67 OCCUPATIONAL THERAPY | | 129 | 59 | 1,546 | 8,583,217 | 67 |
| 68 SPEECH PATHOLOGY | | 7,309 | | | 2,729,182 | 68 |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | | NURSING ADMINIS- TRATION RN FTES | CENTRAL SERVICES & SUPPLY COSTED REQUIS. | CENTRAL PROCESSING NUMBER OF INSTRUMENT | PHARMACY COSTED REQUIS. | MEDICAL RECORDS + LIBRARY GROSS REVENUE | |
|-------------------------|-------------------------------------|--|--|--|-------------------------------|---|--------|
| | | 13 | 14 | 14.01 | 15 | 16 | |
| 69 | ELECTROCARDIOLOGY | 1,589 | 57,755 | 1,338 | 5,633 | 86,695,205 | 69 |
| 70 | ELECTROENCEPHALOGRAPHY | 1 | 631 | | 23,625 | 6,058,682 | 70 |
| 71 | MEDICAL SUPPLIES CHRGD TO PATIENTS | | 7,095,461 | | | 3,670,787 | 71 |
| 73 | DRUGS CHARGED TO PATIENTS | | | | 24,068,143 | 104,035,675 | 73 |
| 74 | RENAL DIALYSIS | 1,827 | 398,678 | 236 | 1,782,252 | 25,054,512 | 74 |
| 76 | PULMONARY LABS | 96 | 764 | 66 | 170 | 1,823,972 | 76 |
| 76.01 | OCCUPATIONAL HEALTH | 3 | 4,035 | | 9,005 | 415,574 | 76.01 |
| 76.03 | HYPERALIMENTATION | | | | | | 76.03 |
| 76.04 | PERIPHERAL VASCULAR | 102 | 698 | 14 | | 7,113,945 | 76.04 |
| 76.05 | PEDIATRIC ENDO NUTRITION | | | | | | 76.05 |
| 76.07 | GASTROINTESTINAL SERVICE | 1,777 | 91,993 | 264 | 5,562 | 18,326,578 | 76.07 |
| 76.09 | BONE MARROW PROCUREMENT | | | | | 1,897,820 | 76.09 |
| 76.97 | CARDIAC REHABILITATION | | | | | | 76.97 |
| 76.98 | HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 | LITHOTRIPSY | | | | | | 76.99 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 90 | CLINIC | 172 | 1,723 | | 5,856 | 392,656 | 90 |
| 90.01 | CARDIAC REHABILITATION | | | | | 328,393 | 90.01 |
| 90.02 | CANCER CENTER | 2,437 | 395,383 | 7,121 | 20,133,790 | 84,430,841 | 90.02 |
| 90.03 | PSYCH SOCIAL REHAB | 100 | 116 | | 1,133 | 454,701 | 90.03 |
| 90.04 | WELLNESS ASSESSMENT | | | | | | 90.04 |
| 90.06 | HEART FAILURE CLINIC | | | | | | 90.06 |
| 90.07 | LOC OUTPATIENT CENTER | 8,356 | 65,842 | 77 | 3,655,317 | 91,402,324 | 90.07 |
| 90.08 | OB OUTPATIENT CENTER | 1,344 | 24,031 | | 116,644 | 20,500,244 | 90.08 |
| 90.09 | ELMHURST IMMEDIATE CARE | 351 | 5,565 | | 161,306 | 2,324,654 | 90.09 |
| 90.10 | LAGRANGE FAMILY PCC | 880 | 13,285 | | 121,404 | 5,008,737 | 90.10 |
| 90.12 | NORTH RIVERSIDE PCC | 674 | 10,276 | | 576,974 | 4,461,207 | 90.12 |
| 90.13 | GLENDALE HEIGHTS PCC | | | | | | 90.13 |
| 90.14 | WHEATON PCC | 287 | 3,105 | 690 | 66,648 | 3,854,517 | 90.14 |
| 90.15 | OB II PCC | 611 | 9,745 | | 342,861 | 4,524,959 | 90.15 |
| 90.16 | HICKORY HILLS PCC | 724 | 15,092 | 613 | 341,169 | 7,374,603 | 90.16 |
| 90.18 | DARIEN PCC | 406 | 5,564 | | 221,418 | 2,875,281 | 90.18 |
| 90.20 | ORLANAD PARK - FP | 482 | 12,344 | | 565,309 | 4,030,347 | 90.20 |
| 90.21 | FAMILY PRACTICE MAYWOOD PCC | 258 | 5,741 | | 82,677 | 2,744,275 | 90.21 |
| 90.22 | HOMER GLEN PCC | 1,140 | 25,944 | 703 | 2,567,554 | 14,125,238 | 90.22 |
| 90.23 | OAK PARK PCC | 220 | 5,018 | | 148,295 | 1,500,195 | 90.23 |
| 90.24 | PARK RIDGE PCC | 240 | 3,914 | | 10,081 | 2,405,542 | 90.24 |
| 90.25 | LOYOLA CLINIC AT GOTTLIEB | 104 | 1,161 | | 6,293 | 317,424 | 90.25 |
| 90.26 | WOODRIDGE PCC | | | | | | 90.26 |
| 90.27 | NEUROLOGY - NILES | | | | | 25,023 | 90.27 |
| 90.28 | MARJORIE WEINBERG CANCER CENTER | | | | | 15,943,053 | 90.28 |
| 90.29 | BURR RIDGE PCC | | | | 2,525 | 6,482,164 | 90.29 |
| 91 | EMERGENCY | 5,457 | 441,214 | 8,742 | | 75,420,369 | 91 |
| 92 | OBSERVATION BEDS | | | | | | 92 |
| 92.01 | OBSERVATION BEDS-DISTINCT | 351 | 1,584 | 77 | 1,595 | 8,811,401 | 92.01 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 95 | AMBULANCE SERVICES | | | | 119 | 2,387 | 95 |
| 97 | DURABLE MEDICAL EQUIP-SOLD | | | | | 2,636,396 | 97 |
| 99 | CMHC | | | | | | 99 |
| 99.10 | CORF | | | | | | 99.10 |
| 99.20 | OUTPATIENT PHYSICAL THERAPY | | | | | | 99.20 |
| 99.30 | OUTPATIENT OCCUPATIONAL THERAPY | | | | | | 99.30 |
| 99.40 | OUTPATIENT SPEECH PATHOLOGY | | | | | | 99.40 |
| 101 | HOME HEALTH AGENCY | 2,522 | 3,519 | | 5,078 | 4,968,620 | 101 |
| | SPECIAL PURPOSE COST CENTERS | | | | | | |
| 105 | KIDNEY ACQUISITION | 12 | 56 | | | 3,724,082 | 105 |
| 106 | HEART ACQUISITION | 23 | 38 | | | 1,896,066 | 106 |
| 107 | LIVER ACQUISITION | | | | | 1,342,986 | 107 |
| 108 | LUNG ACQUISITION | 29 | 85 | | | 2,872,912 | 108 |
| 112 | OTHER ORGAN ACQUISITION (SPECIFY) | 2 | 2 | | | | 112 |
| 116 | HOSPICE | 400 | 2,615 | | 71,146 | 1,960,887 | 116 |
| 118 | SUBTOTALS (SUM OF LINES 1-117) | 121,483 | 12,071,203 | 189,528 | 56,883,847 | 1,735,110,845 | 118 |
| | NONREIMBURSABLE COST CENTERS | | | | | | |
| 190 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | | | | | 12,008,503 | 190 |
| 190.01 | HINES RADIATION THERAPY | | | | | | 190.01 |
| 190.02 | HOME INFUSION THERAPY | 119 | 2,979 | | 2,089,711 | | 190.02 |
| 190.03 | OP HOSPITAL PHARMACY | | | | 2,926,617 | | 190.03 |
| 190.04 | HOSPITALIST | | 723 | | | | 190.04 |
| 192 | PHYSICIANS' PRIVATE OFFICES | 72 | 334 | | 676 | 384,410 | 192 |
| 192.01 | FACULTY CLINICAL OPERATIONS | 2,874 | 48 | | | | 192.01 |

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
 PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 01/31/2012 09:12

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | NURSING ADMINIS- TRATION RN FTES | CENTRAL SERVICES & SUPPLY COSTED REQUIS. | CENTRAL PROCESSING NUMBER OF INSTRUMENT | PHARMACY COSTED REQUIS. | MEDICAL RECORDS + LIBRARY GROSS REVENUE | |
|----------------------------------|--|--|--|-------------------------------|---|-----|
| | 13 | 14 | 14.01 | 15 | 16 | |
| 200 CROSS FOOT ADJUSTMENTS | | | | | | 200 |
| 201 NEGATIVE COST CENTER | | | | | | 201 |
| 202 COST TO BE ALLOC PER B PT I | 3,443,590 | 2,844,619 | 400,027 | 10,019,985 | 11,432,070 | 202 |
| 203 UNIT COST MULT-WS B PT I | 27.648698 | 0.235574 | 2.110649 | 0.161872 | 0.006542 | 203 |
| 204 COST TO BE ALLOC PER B PT II | 130,257 | 283,403 | 36,255 | 339,794 | 2,290,533 | 204 |
| 205 UNIT COST MULT-WS B PT II | 1.045838 | 0.023470 | 0.191291 | 0.005489 | 0.001311 | 205 |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | SOCIAL SERVICE TIME SPENT 17 | HOSPITAL MEDICAL ADMIN MED ADMIN COMPNSTN 17.01 | NONPHYSIC. ANESTHET. ASSIGNED TIME 19 | NURSING SCHOOL PATIENT DAYS 20 | I&R SALARY & FRINGES ASSIGNED TIME 21 | |
|---------------------------------------|------------------------------------|---|---|--------------------------------------|---|-------|
| GENERAL SERVICE COST CENTERS | | | | | | |
| 1 CAP REL COSTS-BLDG & FIXT | | | | | | 1 |
| 1.01 NEW CAPITAL-BLDG INTEREST | | | | | | 1.01 |
| 2 CAP REL COSTS-MVBLE EQUIP | | | | | | 2 |
| 4 EMPLOYEE BENEFITS | | | | | | 4 |
| 5.01 COMMUNICATION | | | | | | 5.01 |
| 5.02 SYSTEM & COMPUTERS | | | | | | 5.02 |
| 5.03 PURCHASING | | | | | | 5.03 |
| 5.04 OPC STORES | | | | | | 5.04 |
| 5.05 PATIENT AFFAIRS | | | | | | 5.05 |
| 5.06 PATIENT ADMITTING | | | | | | 5.06 |
| 5.07 PATIENT ACCOUNTS | | | | | | 5.07 |
| 5.08 ACCOUNTING | | | | | | 5.08 |
| 5.09 EMPLOYEE HEALTH SERVICES | | | | | | 5.09 |
| 5.10 PASTORAL CARE | | | | | | 5.10 |
| 5.11 HOSPITAL ADMINISTRATION | | | | | | 5.11 |
| 5.12 AMBULATORY ADMINISTRATION | | | | | | 5.12 |
| 5.14 PRIMARY CARE ADMINISTRATION | | | | | | 5.14 |
| 6 MAINTENANCE & REPAIRS | | | | | | 6 |
| 7 OPERATION OF PLANT | | | | | | 7 |
| 7.01 SAFETY AND SECURITY | | | | | | 7.01 |
| 8 LAUNDRY & LINEN SERVICE | | | | | | 8 |
| 9 HOUSEKEEPING | | | | | | 9 |
| 10 DIETARY | | | | | | 10 |
| 11 CAFETERIA | | | | | | 11 |
| 12 MAINTENANCE OF PERSONNEL | | | | | | 12 |
| 12.01 PATIENT TRANSPORTATION | | | | | | 12.01 |
| 13 NURSING ADMINISTRATION | | | | | | 13 |
| 14 CENTRAL SERVICES & SUPPLY | | | | | | 14 |
| 14.01 CENTRAL PROCESSING | | | | | | 14.01 |
| 15 PHARMACY | | | | | | 15 |
| 16 MEDICAL RECORDS & LIBRARY | | | | | | 16 |
| 17 SOCIAL SERVICE | 41,302 | | | | | 17 |
| 17.01 HOSPITAL MEDICAL ADMIN | | 7,749,062 | | | | 17.01 |
| 19 NONPHYSICIAN ANESTHETISTS | | | 10,000 | | | 19 |
| 20 NURSING SCHOOL | | | | 123,146 | | 20 |
| 21 I&R SRVCES-SALARY & FRINGES APPRVD | | 172,946 | | | 33,380 | 21 |
| 22 I&R SRVCES-OTHER PRGM COSTS APPRVD | | | | | | 22 |
| 23 PARAMED ED PRGM-(SPECIFY) | | | | | | 23 |
| 23.01 PARAMEDICAL ED-MICU | | | | | | 23.01 |
| 23.02 PARAMEDICAL ED-SOCIAL WORK | | | | | | 23.02 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| 30 ADULTS & PEDIATRICS | 12,169 | 168,723 | | 74,799 | 7,494 | 30 |
| 31 INTENSIVE CARE UNIT | 797 | 148,795 | | 14,671 | 2,088 | 31 |
| 33 BURN INTENSIVE CARE UNIT | 902 | | | 3,148 | 691 | 33 |
| 35 NEONATAL INTENSIVE CARE | 1,627 | 204,900 | | 10,363 | 327 | 35 |
| 35.01 PEDIATRIC INTENSIVE CARE | 873 | 70,400 | | 2,406 | 319 | 35.01 |
| 35.03 HEART TRANSPLANT ICU | 1,074 | 108,800 | | 2,944 | 319 | 35.03 |
| 35.04 BONE INTENSIVE CARE | 1,251 | 29,713 | | 3,855 | 936 | 35.04 |
| 41 SUBPROVIDER - IRF | 374 | 68,476 | | 9,561 | 319 | 41 |
| 43 NURSERY | | | | 1,399 | | 43 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50 OPERATING ROOM | 1,070 | 217,600 | 10,000 | | 4,019 | 50 |
| 50.01 AMBULATORY SURGERY CENTER | 8 | 360,990 | | | 792 | 50.01 |
| 51 RECOVERY ROOM | | 15,360 | | | | 51 |
| 52 DELIVERY ROOM & LABOR ROOM | | | | | 329 | 52 |
| 53 ANESTHESIOLOGY | | 1,521,162 | | | 3,214 | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | | 312,529 | | | 1,090 | 54 |
| 54.01 RADIOLOGY-ULTRASOUND | | 43,384 | | | 290 | 54.01 |
| 55 RADIOLOGY-THERAPEUTIC | | | | | | 55 |
| 56 RADIOISOTOPE | | 128,178 | | | 403 | 56 |
| 57 COMPUTED TOMOGRAPHY (CT) SCAN | | 297,312 | | | 290 | 57 |
| 58 MAGNETIC RESONANCE IMAGING (MRI) | | 152,578 | | | 469 | 58 |
| 59 CARDIAC CATHETERIZATION | | | | | | 59 |
| 60 LABORATORY | 630 | 1,176,425 | | | | 60 |
| 60.01 LABORATORY-SURGICAL PATHOLOGY | | 103,166 | | | 1,386 | 60.01 |
| 60.02 LABORATORY-NEUROSURGICAL | | | | | | 60.02 |
| 60.03 LABORATORY-HLA | | 11,869 | | | | 60.03 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS | | | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & TRANS. | | 168,741 | | | | 63 |
| 65 RESPIRATORY THERAPY | | 20,979 | | | | 65 |
| 66 PHYSICAL THERAPY | | 16,000 | | | | 66 |
| 67 OCCUPATIONAL THERAPY | | | | | | 67 |
| 68 SPEECH PATHOLOGY | 391 | | | | | 68 |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | SOCIAL SERVICE | HOSPITAL MEDICAL ADMIN | NONPHYSIC. ANESTHET. | NURSING SCHOOL | I&R SALARY & FRINGES |
|---|----------------|------------------------|----------------------|----------------|----------------------|
| | TIME SPENT | MED ADMIN COMPNSTN | ASSIGNED TIME | PATIENT DAYS | ASSIGNED TIME |
| | 17 | 17.01 | 19 | 20 | 21 |
| 69 ELECTROCARDIOLOGY | 1,974 | | | | 69 |
| 70 ELECTROENCEPHALOGRAPHY | | 27,482 | | | 70 |
| 71 MEDICAL SUPPLIES CHRGD TO PATIENTS | | | | | 71 |
| 73 DRUGS CHARGED TO PATIENTS | | | | | 73 |
| 74 RENAL DIALYSIS | 1,643 | 158,106 | | | 74 |
| 76 PULMONARY LABS | | 123,904 | | | 76 |
| 76.01 OCCUPATIONAL HEALTH | | | | | 234 |
| 76.03 HYPERALIMENTATION | | | | | 76.01 |
| 76.04 PERIPHERAL VASCULAR | | 4,393 | | | 76.03 |
| 76.05 PEDIATRIC ENDO NUTRITION | | | | | 76.04 |
| 76.07 GASTROINTESTINAL SERVICE | 47 | 70,400 | | | 76.05 |
| 76.09 BONE MARROW PROCUREMENT | | | | | 76.07 |
| 76.97 CARDIAC REHABILITATION | | | | | 76.09 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | 76.97 |
| 76.99 LITHOTRIPSY | | | | | 76.98 |
| OUTPATIENT SERVICE COST CENTERS | | | | | 76.99 |
| 90 CLINIC | 14 | | | | 90 |
| 90.01 CARDIAC REHABILITATION | 2 | | | | 90.01 |
| 90.02 CANCER CENTER | 29 | 165,018 | | | 35 |
| 90.03 PSYCH SOCIAL REHAB | | | | | 465 |
| 90.04 WELLNESS ASSESSMENT | | | | | 90.02 |
| 90.06 HEART FAILURE CLINIC | | | | | 90.03 |
| 90.07 LOC OUTPATIENT CENTER | 13,976 | 1,075,683 | | | 90.04 |
| 90.08 OB OUTPATIENT CENTER | | 16,896 | | | 90.06 |
| 90.09 ELMHURST IMMEDIATE CARE | | | | | 5,346 |
| 90.10 LAGRANGE FAMILY PCC | | 10,667 | | | 622 |
| 90.12 NORTH RIVERSIDE PCC | | | | | 90.07 |
| 90.13 GLENDALE HEIGHTS PCC | | | | | 90.08 |
| 90.14 WHEATON PCC | | | | | 90.09 |
| 90.15 OB II PCC | | | | | 90.10 |
| 90.16 HICKORY HILLS PCC | | | | | 90.12 |
| 90.18 DARIEN PCC | | | | | 90.13 |
| 90.20 ORLANAD PARK - FP | | | | | 90.14 |
| 90.21 FAMILY PRACTICE MAYWOOD PCC | | 16,800 | | | 114 |
| 90.22 HOMER GLEN PCC | | | | | 90.15 |
| 90.23 OAK PARK PCC | | | | | 90.16 |
| 90.24 PARK RIDGE PCC | | | | | 90.18 |
| 90.25 LOYOLA CLINIC AT GOTTLIEB | | | | | 90.20 |
| 90.26 WOODRIDGE PCC | | | | | 90.21 |
| 90.27 NEUROLOGY - NILES | | | | | 90.22 |
| 90.28 MARJORIE WEINBERG CANCER CENTER | | | | | 90.23 |
| 90.29 BURR RIDGE PCC | 1,235 | 47,245 | | | 90.24 |
| 91 EMERGENCY | | | | | 90.25 |
| 92 OBSERVATION BEDS | | | | | 90.26 |
| 92.01 OBSERVATION BEDS-DISTINCT | | | | | 90.27 |
| OTHER REIMBURSABLE COST CENTERS | | | | | 90.28 |
| 95 AMBULANCE SERVICES | | | | | 1,789 |
| 97 DURABLE MEDICAL EQUIP-SOLD | | | | | 91 |
| 99 CMHC | | | | | 92 |
| 99.10 CORF | | | | | 92.01 |
| 99.20 OUTPATIENT PHYSICAL THERAPY | | | | | 95 |
| 99.30 OUTPATIENT OCCUPATIONAL THERAPY | | | | | 97 |
| 99.40 OUTPATIENT SPEECH PATHOLOGY | | | | | 99 |
| 101 HOME HEALTH AGENCY | | 68,791 | | | 99.10 |
| SPECIAL PURPOSE COST CENTERS | | | | | 99.20 |
| 105 KIDNEY ACQUISITION | 783 | 162,092 | | | 99.30 |
| 106 HEART ACQUISITION | | 4,182 | | | 99.40 |
| 107 LIVER ACQUISITION | | 97,801 | | | 101 |
| 108 LUNG ACQUISITION | 433 | 154,219 | | | 105 |
| 112 OTHER ORGAN ACQUISITION (SPECIFY) | | 757 | | | 106 |
| 116 HOSPICE | | 25,600 | | | 107 |
| 118 SUBTOTALS (SUM OF LINES 1-117) | 41,302 | 7,749,062 | 10,000 | 123,146 | 33,380 |
| NONREIMBURSABLE COST CENTERS | | | | | 112 |
| 190 GIFT, FLOWER, COFFEE SHOP & CANTEEN | | | | | 116 |
| 190.01 HINES RADIATION THERAPY | | | | | 118 |
| 190.02 HOME INFUSION THERAPY | | | | | 190 |
| 190.03 OP HOSPITAL PHARMACY | | | | | 190.01 |
| 190.04 HOSPITALIST | | | | | 190.02 |
| 192 PHYSICIANS' PRIVATE OFFICES | | | | | 190.03 |
| 192.01 FACULTY CLINICAL OPERATIONS | | | | | 190.04 |

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
01/31/2012 09:12

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | SOCIAL SERVICE TIME SPENT | HOSPITAL MEDICAL ADMIN MED ADMIN COMPENSTN | NONPHYSIC. ANESTHET. ASSIGNED TIME | NURSING SCHOOL PATIENT DAYS | I&R SALARY & FRINGES ASSIGNED TIME | |
|----------------------------------|--|--|---|--|--|-----|
| | 17 | 17.01 | 19 | 20 | 21 | |
| 200 CROSS FOOT ADJUSTMENTS | | | | | | 200 |
| 201 NEGATIVE COST CENTER | | | | | | 201 |
| 202 COST TO BE ALLOC PER B PT I | 5,511,045 | 17,029,617 | 631 | | 32,885,984 | 202 |
| 203 UNIT COST MULT-WS B PT I | 133.432885 | 2.197636 | 0.063100 | | 985.200240 | 203 |
| 204 COST TO BE ALLOC PER B PT II | 55,105 | 43,586 | 501 | | 165,628 | 204 |
| 205 UNIT COST MULT-WS B PT II | 1.334197 | 0.005625 | 0.050100 | | 4.961893 | 205 |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | I&R PROGRAM COSTS ASSIGNED TIME | PARAMED ED-MICU TIME SPENT | |
|---------------------------------------|---|---|-------|
| | 22 | 23.01 | |
| GENERAL SERVICE COST CENTERS | | | |
| 1 CAP REL COSTS-BLDG & FIXT | | | 1 |
| 1.01 NEW CAPITAL-BLDG INTEREST | | | 1.01 |
| 2 CAP REL COSTS-MVBLE EQUIP | | | 2 |
| 4 EMPLOYEE BENEFITS | | | 4 |
| 5.01 COMMUNICATION | | | 5.01 |
| 5.02 SYSTEM & COMPUTERS | | | 5.02 |
| 5.03 PURCHASING | | | 5.03 |
| 5.04 OPC STORES | | | 5.04 |
| 5.05 PATIENT AFFAIRS | | | 5.05 |
| 5.06 PATIENT ADMITTING | | | 5.06 |
| 5.07 PATIENT ACCOUNTS | | | 5.07 |
| 5.08 ACCOUNTING | | | 5.08 |
| 5.09 EMPLOYEE HEALTH SERVICES | | | 5.09 |
| 5.10 PASTORAL CARE | | | 5.10 |
| 5.11 HOSPITAL ADMINISTRATION | | | 5.11 |
| 5.12 AMBULATORY ADMINISTRATION | | | 5.12 |
| 5.14 PRIMARY CARE ADMINISTRATION | | | 5.14 |
| 6 MAINTENANCE & REPAIRS | | | 6 |
| 7 OPERATION OF PLANT | | | 7 |
| 7.01 SAFETY AND SECURITY | | | 7.01 |
| 8 LAUNDRY & LINEN SERVICE | | | 8 |
| 9 HOUSEKEEPING | | | 9 |
| 10 DIETARY | | | 10 |
| 11 CAFETERIA | | | 11 |
| 12 MAINTENANCE OF PERSONNEL | | | 12 |
| 12.01 PATIENT TRANSPORTATION | | | 12.01 |
| 13 NURSING ADMINISTRATION | | | 13 |
| 14 CENTRAL SERVICES & SUPPLY | | | 14 |
| 14.01 CENTRAL PROCESSING | | | 14.01 |
| 15 PHARMACY | | | 15 |
| 16 MEDICAL RECORDS & LIBRARY | | | 16 |
| 17 SOCIAL SERVICE | | | 17 |
| 17.01 HOSPITAL MEDICAL ADMIN | | | 17.01 |
| 19 NONPHYSICIAN ANESTHETISTS | | | 19 |
| 20 NURSING SCHOOL | | | 20 |
| 21 I&R SRVCES-SALARY & FRINGES APPRVD | | | 21 |
| 22 I&R SRVCES-OTHER PRGM COSTS APPRVD | 33,380 | | 22 |
| 23 PARAMED ED PRGM-(SPECIFY) | | | 23 |
| 23.01 PARAMEDICAL ED-MICU | | 100 | 23.01 |
| 23.02 PARAMEDICAL ED-SOCIAL WORK | | | 23.02 |
| INPATIENT ROUTINE SERV COST CENTERS | | | |
| 30 ADULTS & PEDIATRICS | 7,494 | | 30 |
| 31 INTENSIVE CARE UNIT | 2,088 | | 31 |
| 33 BURN INTENSIVE CARE UNIT | 691 | | 33 |
| 35 NEONATAL INTENSIVE CARE | 327 | | 35 |
| 35.01 PEDIATRIC INTENSIVE CARE | 319 | | 35.01 |
| 35.03 HEART TRANSPLANT ICU | 319 | | 35.03 |
| 35.04 BONE INTENSIVE CARE | 936 | | 35.04 |
| 41 SUBPROVIDER - IRF | 319 | | 41 |
| 43 NURSERY | | | 43 |
| ANCILLARY SERVICE COST CENTERS | | | |
| 50 OPERATING ROOM | 4,019 | | 50 |
| 50.01 AMBULATORY SURGERY CENTER | 792 | | 50.01 |
| 51 RECOVERY ROOM | | | 51 |
| 52 DELIVERY ROOM & LABOR ROOM | 329 | | 52 |
| 53 ANESTHESIOLOGY | 3,214 | | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | 1,090 | | 54 |
| 54.01 RADIOLOGY-ULTRASOUND | 290 | | 54.01 |
| 55 RADIOLOGY-THERAPEUTIC | | | 55 |
| 56 RADIOISOTOPE | 403 | | 56 |
| 57 COMPUTED TOMOGRAPHY (CT) SCAN | 290 | | 57 |
| 58 MAGNETIC RESONANCE IMAGING (MRI) | 469 | | 58 |
| 59 CARDIAC CATHETERIZATION | | | 59 |
| 60 LABORATORY | | | 60 |
| 60.01 LABORATORY-SURGICAL PATHOLOGY | 1,386 | | 60.01 |
| 60.02 LABORATORY-NEUROSURGICAL | | | 60.02 |
| 60.03 LABORATORY-HLA | | | 60.03 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & TRANS. | | | 63 |
| 65 RESPIRATORY THERAPY | | | 65 |
| 66 PHYSICAL THERAPY | | | 66 |
| 67 OCCUPATIONAL THERAPY | | | 67 |
| 68 SPEECH PATHOLOGY | | | 68 |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | | I&R PROGRAM COSTS ASSIGNED TIME | PARAMED ED-MICU TIME SPENT | |
|-------------------------|-------------------------------------|---|---|--------|
| | | 22 | 23.01 | |
| 69 | ELECTROCARDIOLOGY | | | 69 |
| 70 | ELECTROENCEPHALOGRAPHY | | | 70 |
| 71 | MEDICAL SUPPLIES CHRGD TO PATIENTS | | | 71 |
| 73 | DRUGS CHARGED TO PATIENTS | | | 73 |
| 74 | RENAL DIALYSIS | | | 74 |
| 76 | PULMONARY LABS | 234 | | 76 |
| 76.01 | OCCUPATIONAL HEALTH | | | 76.01 |
| 76.03 | HYPERALIMENTATION | | | 76.03 |
| 76.04 | PERIPHERAL VASCULAR | | | 76.04 |
| 76.05 | PEDIATRIC ENDO NUTRITION | | | 76.05 |
| 76.07 | GASTROINTESTINAL SERVICE | | | 76.07 |
| 76.09 | BONE MARROW PROCUREMENT | | | 76.09 |
| 76.97 | CARDIAC REHABILITATION | | | 76.97 |
| 76.98 | HYPERBARIC OXYGEN THERAPY | | | 76.98 |
| 76.99 | LITHOTRIPSY | | | 76.99 |
| | OUTPATIENT SERVICE COST CENTERS | | | |
| 90 | CLINIC | | | 90 |
| 90.01 | CARDIAC REHABILITATION | | | 90.01 |
| 90.02 | CANCER CENTER | 35 | | 90.02 |
| 90.03 | PSYCH SOCIAL REHAB | 465 | | 90.03 |
| 90.04 | WELLNESS ASSESSMENT | | | 90.04 |
| 90.06 | HEART FAILURE CLINIC | | | 90.06 |
| 90.07 | LOC OUTPATIENT CENTER | 5,346 | | 90.07 |
| 90.08 | OBT OUTPATIENT CENTER | 622 | | 90.08 |
| 90.09 | ELMHURST IMMEDIATE CARE | | | 90.09 |
| 90.10 | LAGRANGE FAMILY PCC | | | 90.10 |
| 90.12 | NORTH RIVERSIDE PCC | | | 90.12 |
| 90.13 | GLENDALE HEIGHTS PCC | | | 90.13 |
| 90.14 | WHEATON PCC | 114 | | 90.14 |
| 90.15 | OBT II PCC | | | 90.15 |
| 90.16 | HICKORY HILLS PCC | | | 90.16 |
| 90.18 | DARIEN PCC | | | 90.18 |
| 90.20 | ORLANAD PARK - FP | | | 90.20 |
| 90.21 | FAMILY PRACTICE MAYWOOD PCC | | | 90.21 |
| 90.22 | HOMER GLEN PCC | | | 90.22 |
| 90.23 | OAK PARK PCC | | | 90.23 |
| 90.24 | PARK RIDGE PCC | | | 90.24 |
| 90.25 | LOYOLA CLINIC AT GOTTLIEB | | | 90.25 |
| 90.26 | WOODRIDGE PCC | | | 90.26 |
| 90.27 | NEUROLOGY - NILES | | | 90.27 |
| 90.28 | MARJORIE WEINBERG CANCER CENTER | | | 90.28 |
| 90.29 | BURR RIDGE PCC | | | 90.29 |
| 91 | EMERGENCY | 1,789 | 100 | 91 |
| 92 | OBSERVATION BEDS | | | 92 |
| 92.01 | OBSERVATION BEDS-DISTINCT | | | 92.01 |
| | OTHER REIMBURSABLE COST CENTERS | | | |
| 95 | AMBULANCE SERVICES | | | 95 |
| 97 | DURABLE MEDICAL EQUIP-SOLD | | | 97 |
| 99 | CMHC | | | 99 |
| 99.10 | CORF | | | 99.10 |
| 99.20 | OUTPATIENT PHYSICAL THERAPY | | | 99.20 |
| 99.30 | OUTPATIENT OCCUPATIONAL THERAPY | | | 99.30 |
| 99.40 | OUTPATIENT SPEECH PATHOLOGY | | | 99.40 |
| 101 | HOME HEALTH AGENCY | | | 101 |
| | SPECIAL PURPOSE COST CENTERS | | | |
| 105 | KIDNEY ACQUISITION | | | 105 |
| 106 | HEART ACQUISITION | | | 106 |
| 107 | LIVER ACQUISITION | | | 107 |
| 108 | LUNG ACQUISITION | | | 108 |
| 112 | OTHER ORGAN ACQUISITION (SPECIFY) | | | 112 |
| 116 | HOSPICE | | | 116 |
| 118 | SUBTOTALS (SUM OF LINES 1-117) | 33,380 | 100 | 118 |
| | NONREIMBURSABLE COST CENTERS | | | |
| 190 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | | | 190 |
| 190.01 | HINES RADIATION THERAPY | | | 190.01 |
| 190.02 | HOME INFUSION THERAPY | | | 190.02 |
| 190.03 | OP HOSPITAL PHARMACY | | | 190.03 |
| 190.04 | HOSPITALIST | | | 190.04 |
| 192 | PHYSICIANS' PRIVATE OFFICES | | | 192 |
| 192.01 | FACULTY CLINICAL OPERATIONS | | | 192.01 |

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
01/31/2012 09:12

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | I&R PROGRAM COSTS ASSIGNED TIME | PARAMED ED-MICU TIME SPENT | |
|----------------------------------|---|---|-----|
| 200 CROSS FOOT ADJUSTMENTS | 22 | 23.01 | 200 |
| 201 NEGATIVE COST CENTER | | | 201 |
| 202 COST TO BE ALLOC PER B PT I | | 772,524 | 202 |
| 203 UNIT COST MULT-WS B PT I | | 7,725.240000 | 203 |
| 204 COST TO BE ALLOC PER B PT II | | 77,864 | 204 |
| 205 UNIT COST MULT-WS B PT II | | 778.640000 | 205 |

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
01/31/2012 09:12

POST STEP DOWN ADJUSTMENTS

WORKSHEET B-2

| DESCRIPTION | | ----- WORKSHEET B ----- | | | |
|-------------|-------------------------------------|-------------------------|----------|------------|----|
| 1 | | PART | LINE NO. | AMOUNT | |
| | | 2 | 3 | 4 | |
| 1 | EXCLUDE EPO FROM RENAL FACILITY | 1 | 74 | -1,727,627 | 1 |
| 2 | | | | | 2 |
| 3 | EXCLUDE ARANESP FROM RENAL FACILITY | 1 | 74 | -2,535,422 | 3 |
| 4 | | | | | 4 |
| 5 | | | | | 5 |
| 6 | | | | | 6 |
| 7 | | | | | 7 |
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| 26 | | | | | 26 |
| 27 | | | | | 27 |
| 28 | | | | | 28 |
| 29 | | | | | 29 |
| 30 | | | | | 30 |

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

| COST CENTER DESCRIPTION | TOTAL COST (FROM WKST B, PART I, COL 26) 1 | THERAPY LIMIT ADJUSTMENT 2 | TOTAL COSTS 3 | RCE DISALLOWANCE 4 | TOTAL COSTS 5 | |
|-------------------------------------|---|-------------------------------------|---------------------|--------------------------|---------------------|-------|
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| 30 ADULTS & PEDIATRICS | 63,296,796 | | 63,296,796 | | 63,296,796 | 30 |
| 31 INTENSIVE CARE UNIT | 21,716,897 | | 21,716,897 | | 21,716,897 | 31 |
| 33 BURN INTENSIVE CARE UNIT | 6,818,846 | | 6,818,846 | | 6,818,846 | 33 |
| 35 NEONATAL INTENSIVE CARE | 11,600,304 | | 11,600,304 | | 11,600,304 | 35 |
| 35.01 PEDIATRIC INTENSIVE CARE | 3,525,713 | | 3,525,713 | | 3,525,713 | 35.01 |
| 35.03 HEART TRANSPLANT ICU | 4,342,695 | | 4,342,695 | | 4,342,695 | 35.03 |
| 35.04 BONE INTENSIVE CARE | 4,454,786 | | 4,454,786 | | 4,454,786 | 35.04 |
| 41 SUBPROVIDER - IRF | 7,201,802 | | 7,201,802 | | 7,201,802 | 41 |
| 43 NURSERY | 665,868 | | 665,868 | | 665,868 | 43 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50 OPERATING ROOM | 67,484,498 | | 67,484,498 | | 67,484,498 | 50 |
| 50.01 AMBULATORY SURGERY CENTER | 11,078,625 | | 11,078,625 | | 11,078,625 | 50.01 |
| 51 RECOVERY ROOM | 5,152,089 | | 5,152,089 | | 5,152,089 | 51 |
| 52 DELIVERY ROOM & LABOR ROOM | 3,395,906 | | 3,395,906 | | 3,395,906 | 52 |
| 53 ANESTHESIOLOGY | 7,310,223 | | 7,310,223 | | 7,310,223 | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | 19,718,883 | | 19,718,883 | | 19,718,883 | 54 |
| 54.01 RADIOLOGY-ULTRASOUND | 1,691,622 | | 1,691,622 | | 1,691,622 | 54.01 |
| 55 RADIOLOGY-THERAPEUTIC | | | | | | 55 |
| 56 RADIOISOTOPE | 5,242,827 | | 5,242,827 | | 5,242,827 | 56 |
| 57 COMPUTED TOMOGRAPHY (CT) SC | 7,215,357 | | 7,215,357 | | 7,215,357 | 57 |
| 58 MAGNETIC RESONANCE IMAGING | 5,190,393 | | 5,190,393 | | 5,190,393 | 58 |
| 59 CARDIAC CATHETERIZATION | 16,928,086 | | 16,928,086 | | 16,928,086 | 59 |
| 60 LABORATORY | 30,638,488 | | 30,638,488 | | 30,638,488 | 60 |
| 60.01 LABORATORY-SURGICAL PATHOLO | 4,960,711 | | 4,960,711 | | 4,960,711 | 60.01 |
| 60.02 LABORATORY-NEUROSURGICAL | | | | | | 60.02 |
| 60.03 LABORATORY-HLA | 156,630 | | 156,630 | | 156,630 | 60.03 |
| 62.30 BLOOD CLOTTING FOR HEMOPHIL | | | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & | 9,993,947 | | 9,993,947 | | 9,993,947 | 63 |
| 65 RESPIRATORY THERAPY | 9,696,690 | | 9,696,690 | | 9,696,690 | 65 |
| 66 PHYSICAL THERAPY | 6,116,348 | | 6,116,348 | | 6,116,348 | 66 |
| 67 OCCUPATIONAL THERAPY | 2,474,632 | | 2,474,632 | | 2,474,632 | 67 |
| 68 SPEECH PATHOLOGY | 933,890 | | 933,890 | | 933,890 | 68 |
| 69 ELECTROCARDIOLOGY | 22,054,425 | | 22,054,425 | | 22,054,425 | 69 |
| 70 ELECTROENCEPHALOGRAPHY | 2,390,859 | | 2,390,859 | | 2,390,859 | 70 |
| 71 MEDICAL SUPPLIES CHRGED TO | 3,869,907 | | 3,869,907 | | 3,869,907 | 71 |
| 73 DRUGS CHARGED TO PATIENTS | 34,317,075 | | 34,317,075 | | 34,317,075 | 73 |
| 74 RENAL DIALYSIS | 4,403,655 | | 4,403,655 | | 4,403,655 | 74 |
| 76 PULMONARY LABS | 990,624 | | 990,624 | | 990,624 | 76 |
| 76.01 OCCUPATIONAL HEALTH | 441,403 | | 441,403 | | 441,403 | 76.01 |
| 76.03 HYPERALIMENTATION | | | | | | 76.03 |
| 76.04 PERIPHERAL VASCULAR | 1,305,989 | | 1,305,989 | | 1,305,989 | 76.04 |
| 76.05 PEDIATRIC ENDO NUTRITION | | | | | | 76.05 |
| 76.07 GASTROINTESTINAL SERVICE | 5,403,797 | | 5,403,797 | | 5,403,797 | 76.07 |
| 76.09 BONE MARROW PROCUREMENT | 1,696,139 | | 1,696,139 | | 1,696,139 | 76.09 |
| 76.97 CARDIAC REHABILITATION | | | | | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 90 CLINIC | 690,920 | | 690,920 | | 690,920 | 90 |
| 90.01 CARDIAC REHABILITATION | 477,538 | | 477,538 | | 477,538 | 90.01 |
| 90.02 CANCER CENTER | 31,093,860 | | 31,093,860 | | 31,093,860 | 90.02 |
| 90.03 PSYCH SOCIAL REHAB | 727,933 | | 727,933 | | 727,933 | 90.03 |
| 90.04 WELLNESS ASSESSMENT | | | | | | 90.04 |
| 90.06 HEART FAILURE CLINIC | | | | | | 90.06 |
| 90.07 LOC OUTPATIENT CENTER | 47,333,749 | | 47,333,749 | | 47,333,749 | 90.07 |
| 90.08 OBT OUTPATIENT CENTER | 8,203,399 | | 8,203,399 | | 8,203,399 | 90.08 |
| 90.09 ELMHURST IMMEDIATE CARE | 1,460,023 | | 1,460,023 | | 1,460,023 | 90.09 |
| 90.10 LAGRANGE FAMILY PCC | 2,635,689 | | 2,635,689 | | 2,635,689 | 90.10 |
| 90.12 NORTH RIVERSIDE PCC | 2,625,714 | | 2,625,714 | | 2,625,714 | 90.12 |
| 90.13 GLENDALE HEIGHTS PCC | | | | | | 90.13 |
| 90.14 WHEATON PCC | 2,713,179 | | 2,713,179 | | 2,713,179 | 90.14 |
| 90.15 OBT II PCC | 2,268,867 | | 2,268,867 | | 2,268,867 | 90.15 |
| 90.16 HICKORY HILLS PCC | 3,658,760 | | 3,658,760 | | 3,658,760 | 90.16 |
| 90.18 DARIEN PCC | 1,546,872 | | 1,546,872 | | 1,546,872 | 90.18 |
| 90.20 ORLANAD PARK - FP | 2,771,535 | | 2,771,535 | | 2,771,535 | 90.20 |
| 90.21 FAMILY PRACTICE MAYWOOD PCC | 1,353,665 | | 1,353,665 | | 1,353,665 | 90.21 |
| 90.22 HOMER GLEN PCC | 6,909,675 | | 6,909,675 | | 6,909,675 | 90.22 |
| 90.23 OAK PARK PCC | 851,328 | | 851,328 | | 851,328 | 90.23 |
| 90.24 PARK RIDGE PCC | 1,172,270 | | 1,172,270 | | 1,172,270 | 90.24 |
| 90.25 LOYOLA CLINIC AT GOTTLIEB | 222,898 | | 222,898 | | 222,898 | 90.25 |
| 90.26 WOODRIDGE PCC | | | | | | 90.26 |
| 90.27 NEUROLOGY - NILES | 22,707 | | 22,707 | | 22,707 | 90.27 |
| 90.28 MARJORIE WEINBERG CANCER CE | 8,391,690 | | 8,391,690 | | 8,391,690 | 90.28 |
| 90.29 BURR RIDGE PCC | 8,361,116 | | 8,361,116 | | 8,361,116 | 90.29 |

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

| COST CENTER DESCRIPTION | TOTAL COST (FROM WKST B, PART I, COL 26) 1 | THERAPY LIMIT ADJUSTMENT 2 | TOTAL COSTS 3 | RCE DISALLOWANCE 4 | TOTAL COSTS 5 | |
|--|---|-------------------------------------|---------------------|--------------------------|---------------------|-------|
| 91 EMERGENCY | 12,169,645 | | 12,169,645 | | 12,169,645 | 91 |
| 92 OBSERVATION BEDS | 5,741,711 | | 5,741,711 | | 5,741,711 | 92 |
| 92.01 OBSERVATION BEDS-DISTINCT OTHER REIMBURSABLE COST CENTERS | 652,319 | | 652,319 | | 652,319 | 92.01 |
| 95 AMBULANCE SERVICES | 366,810 | | 366,810 | | 366,810 | 95 |
| 97 DURABLE MEDICAL EQUIP-SOLD | 2,752,992 | | 2,752,992 | | 2,752,992 | 97 |
| 99 CMHC | 109 | | 109 | | 109 | 99 |
| 99.10 CORF | | | | | | 99.10 |
| 99.20 OUTPATIENT PHYSICAL THERAPY | | | | | | 99.20 |
| 99.30 OUTPATIENT OCCUPATIONAL THE | | | | | | 99.30 |
| 99.40 OUTPATIENT SPEECH PATHOLOGY | | | | | | 99.40 |
| 101 HOME HEALTH AGENCY | 5,785,039 | | 5,785,039 | | 5,785,039 | 101 |
| 105 KIDNEY ACQUISITION | 1,774,395 | | 1,774,395 | | 1,774,395 | 105 |
| 106 HEART ACQUISITION | 1,084,967 | | 1,084,967 | | 1,084,967 | 106 |
| 107 LIVER ACQUISITION | 859,197 | | 859,197 | | 859,197 | 107 |
| 108 LUNG ACQUISITION | 1,228,025 | | 1,228,025 | | 1,228,025 | 108 |
| 112 OTHER ORGAN ACQUISITION (SP | 255,527 | | 255,527 | | 255,527 | 112 |
| 116 HOSPICE | 1,084,152 | | 1,084,152 | | 1,084,152 | 116 |
| 200 SUBTOTAL (SEE INSTRUCTIONS) | 585,125,700 | | 585,125,700 | | 585,125,700 | 200 |
| 201 LESS OBSERVATION BEDS | 5,741,711 | | 5,741,711 | | 5,741,711 | 201 |
| 202 TOTAL (SEE INSTRUCTIONS) | 579,383,989 | | 579,383,989 | | 579,383,989 | 202 |

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

| COST CENTER DESCRIPTION | CHARGES | | | COST OR OTHER RATIO 9 | TEFRA INPATIENT RATIO 10 | PPS INPATIENT RATIO 11 |
|-------------------------------------|----------------|-----------------|-----------------------------|--------------------------------|-----------------------------------|---------------------------------|
| | INPATIENT 6 | OUTPATIENT 7 | TOTAL (COLS. 6 + 7) 8 | | | |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| 30 ADULTS & PEDIATRICS | 131,738,801 | | 131,738,801 | | | 30 |
| 31 INTENSIVE CARE UNIT | 48,511,320 | | 48,511,320 | | | 31 |
| 33 BURN INTENSIVE CARE UNIT | 17,859,771 | | 17,859,771 | | | 33 |
| 35 NEONATAL INTENSIVE CARE | 30,369,233 | | 30,369,233 | | | 35 |
| 35.01 PEDIATRIC INTENSIVE CARE | 8,227,023 | | 8,227,023 | | | 35.01 |
| 35.03 HEART TRANSPLANT ICU | 9,893,306 | | 9,893,306 | | | 35.03 |
| 35.04 BONE INTENSIVE CARE | 12,415,395 | | 12,415,395 | | | 35.04 |
| 41 SUBPROVIDER - IRF | 9,542,248 | | 9,542,248 | | | 41 |
| 43 NURSERY | 1,019,848 | | 1,019,848 | | | 43 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50 OPERATING ROOM | 113,292,931 | 21,269,551 | 134,562,482 | 0.501511 | 0.501511 | 50 |
| 50.01 AMBULATORY SURGERY CENTER | 257,487 | 37,616,810 | 37,874,297 | 0.292510 | 0.292510 | 50.01 |
| 51 RECOVERY ROOM | 22,888,601 | 10,745,697 | 33,634,298 | 0.153180 | 0.153180 | 51 |
| 52 DELIVERY ROOM & LABOR ROOM | 6,400,952 | 1,422,367 | 7,823,319 | 0.434075 | 0.434075 | 52 |
| 53 ANESTHESIOLOGY | 49,430,050 | 10,445,556 | 59,875,606 | 0.122090 | 0.122090 | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | 27,357,189 | 31,051,261 | 58,408,450 | 0.337603 | 0.337603 | 54 |
| 54.01 RADIOLOGY-ULTRASOUND | 2,654,985 | 8,694,192 | 11,349,177 | 0.149052 | 0.149052 | 54.01 |
| 55 RADIOLOGY-THERAPEUTIC | | | | | | 55 |
| 56 RADIOISOTOPE | 2,331,084 | 19,910,140 | 22,241,224 | 0.235726 | 0.235726 | 56 |
| 57 COMPUTED TOMOGRAPHY (CT) SC | 26,490,643 | 51,818,470 | 78,309,113 | 0.092139 | 0.092139 | 57 |
| 58 MAGNETIC RESONANCE IMAGING | 10,427,242 | 27,355,796 | 37,783,038 | 0.137374 | 0.137374 | 58 |
| 59 CARDIAC CATHETERIZATION | 27,935,440 | 27,380,425 | 55,315,865 | 0.306026 | 0.306026 | 59 |
| 60 LABORATORY | 81,838,590 | 104,292,912 | 186,131,502 | 0.164607 | 0.164607 | 60 |
| 60.01 LABORATORY-SURGICAL PATHOLO | 5,495,438 | 10,002,243 | 15,497,681 | 0.320094 | 0.320094 | 60.01 |
| 60.02 LABORATORY-NEUROSURGICAL | | | | | | 60.02 |
| 60.03 LABORATORY-HLA | | 7,190 | 7,190 | 21.784423 | 21.784423 | 60.03 |
| 62.30 BLOOD CLOTTING FOR HEMOPHIL | | | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & | 15,954,058 | 6,395,358 | 22,349,416 | 0.447168 | 0.447168 | 63 |
| 65 RESPIRATORY THERAPY | 40,651,545 | 745,098 | 41,396,643 | 0.234239 | 0.234239 | 65 |
| 66 PHYSICAL THERAPY | 8,130,317 | 9,296,650 | 17,426,967 | 0.350970 | 0.350970 | 66 |
| 67 OCCUPATIONAL THERAPY | 6,652,171 | 1,931,047 | 8,583,218 | 0.288311 | 0.288311 | 67 |
| 68 SPEECH PATHOLOGY | 2,664,588 | 64,594 | 2,729,182 | 0.342187 | 0.342187 | 68 |
| 69 ELECTROCARDIOLOGY | 51,863,133 | 34,832,073 | 86,695,206 | 0.254390 | 0.254390 | 69 |
| 70 ELECTROENCEPHALOGRAPHY | 2,681,079 | 3,377,602 | 6,058,681 | 0.394617 | 0.394617 | 70 |
| 71 MEDICAL SUPPLIES CHRGED TO | 3,411,771 | 259,016 | 3,670,787 | 1.054244 | 1.054244 | 71 |
| 73 DRUGS CHARGED TO PATIENTS | 95,203,374 | 8,832,301 | 104,035,675 | 0.329859 | 0.329859 | 73 |
| 74 RENAL DIALYSIS | 2,888,250 | 22,166,262 | 25,054,512 | 0.175763 | 0.175763 | 74 |
| 76 PULMONARY LABS | 701,021 | 1,122,951 | 1,823,972 | 0.543114 | 0.543114 | 76 |
| 76.01 OCCUPATIONAL HEALTH | | 415,574 | 415,574 | 1.062153 | 1.062153 | 76.01 |
| 76.03 HYPERALIMENTATION | | | | | | 76.03 |
| 76.04 PERIPHERAL VASCULAR | 3,039,680 | 4,074,265 | 7,113,945 | 0.183582 | 0.183582 | 76.04 |
| 76.05 PEDIATRIC ENDO NUTRITION | | | | | | 76.05 |
| 76.07 GASTROINTESTINAL SERVICE | 3,267,716 | 15,058,862 | 18,326,578 | 0.294861 | 0.294861 | 76.07 |
| 76.09 BONE MARROW PROCUREMENT | 1,335,058 | 562,762 | 1,897,820 | 0.893730 | 0.893730 | 76.09 |
| 76.97 CARDIAC REHABILITATION | | | | | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 90 CLINIC | 4,283 | 388,373 | 392,656 | 1.759606 | 1.759606 | 90 |
| 90.01 CARDIAC REHABILITATION | 310,053 | 18,340 | 328,393 | 1.454166 | 1.454166 | 90.01 |
| 90.02 CANCER CENTER | 734,512 | 83,696,329 | 84,430,841 | 0.368276 | 0.368276 | 90.02 |
| 90.03 PSYCH SOCIAL REHAB | | 454,701 | 454,701 | 1.600905 | 1.600905 | 90.03 |
| 90.04 WELLNESS ASSESSMENT | | | | | | 90.04 |
| 90.06 HEART FAILURE CLINIC | | | | | | 90.06 |
| 90.07 LOC OUTPATIENT CENTER | 1,847,721 | 89,554,603 | 91,402,324 | 0.517862 | 0.517862 | 90.07 |
| 90.08 OBT OUTPATIENT CENTER | 43,381 | 20,456,863 | 20,500,244 | 0.400161 | 0.400161 | 90.08 |
| 90.09 ELMHURST IMMEDIATE CARE | 2,139 | 2,322,515 | 2,324,654 | 0.628060 | 0.628060 | 90.09 |
| 90.10 LAGRANGE FAMILY PCC | 5,476 | 5,003,261 | 5,008,737 | 0.526218 | 0.526218 | 90.10 |
| 90.12 NORTH RIVERSIDE PCC | 5,872 | 4,455,335 | 4,461,207 | 0.588566 | 0.588566 | 90.12 |
| 90.13 GLENDALE HEIGHTS PCC | | | | | | 90.13 |
| 90.14 WHEATON PCC | 2,303 | 3,852,214 | 3,854,517 | 0.703896 | 0.703896 | 90.14 |
| 90.15 OBT II PCC | 5,120 | 4,519,839 | 4,524,959 | 0.501412 | 0.501412 | 90.15 |
| 90.16 HICKORY HILLS PCC | 5,998 | 7,368,605 | 7,374,603 | 0.496130 | 0.496130 | 90.16 |
| 90.18 DARIEN PCC | 3,720 | 2,871,561 | 2,875,281 | 0.537990 | 0.537990 | 90.18 |
| 90.20 ORLANAD PARK - FP | 1,886 | 4,028,461 | 4,030,347 | 0.687667 | 0.687667 | 90.20 |
| 90.21 FAMILY PRACTICE MAYWOOD PCC | 5,457 | 2,738,818 | 2,744,275 | 0.493269 | 0.493269 | 90.21 |
| 90.22 HOMER GLEN PCC | 12,101 | 14,113,137 | 14,125,238 | 0.489172 | 0.489172 | 90.22 |
| 90.23 OAK PARK PCC | 1,448 | 1,498,747 | 1,500,195 | 0.567478 | 0.567478 | 90.23 |
| 90.24 PARK RIDGE PCC | 12,688 | 2,392,854 | 2,405,542 | 0.487321 | 0.487321 | 90.24 |
| 90.25 LOYOLA CLINIC AT GOTTLIEB | 149 | 317,275 | 317,424 | 0.702209 | 0.702209 | 90.25 |
| 90.26 WOODRIDGE PCC | | | | | | 90.26 |
| 90.27 NEUROLOGY - NILES | | 25,023 | 25,023 | 0.907445 | 0.907445 | 90.27 |
| 90.28 MARJORIE WEINBERG CANCER CE | 13,385 | 15,929,668 | 15,943,053 | 0.526354 | 0.526354 | 90.28 |
| 90.29 BURR RIDGE PCC | 793 | 6,481,371 | 6,482,164 | 1.289865 | 1.289865 | 90.29 |

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

| COST CENTER DESCRIPTION | ----- CHARGES ----- | | | COST OR OTHER RATIO 9 | TEFRA INPATIENT RATIO 10 | PPS INPATIENT RATIO 11 | |
|-----------------------------------|---------------------|-----------------|-----------------------------|--------------------------------|-----------------------------------|---------------------------------|-------|
| | INPATIENT 6 | OUTPATIENT 7 | TOTAL (COLS. 6 + 7) 8 | | | | |
| 91 EMERGENCY | 31,490,614 | 43,929,756 | 75,420,370 | 0.161358 | 0.161358 | 0.161358 | 91 |
| 92 OBSERVATION BEDS | | | | | | | 92 |
| 92.01 OBSERVATION BEDS-DISTINCT | 71,718 | 8,739,683 | 8,811,401 | 0.074031 | 0.074031 | 0.074031 | 92.01 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 95 AMBULANCE SERVICES | 1,591 | 796 | 2,387 | 153.669879 | 153.669879 | 153.669879 | 95 |
| 97 DURABLE MEDICAL EQUIP-SOLD | | 2,636,396 | 2,636,396 | 1.044226 | 1.044226 | 1.044226 | 97 |
| 99 CMHC | | | | | | | 99 |
| 99.10 CORF | | | | | | | 99.10 |
| 99.20 OUTPATIENT PHYSICAL THERAPY | | | | | | | 99.20 |
| 99.30 OUTPATIENT OCCUPATIONAL THE | | | | | | | 99.30 |
| 99.40 OUTPATIENT SPEECH PATHOLOGY | | | | | | | 99.40 |
| 101 HOME HEALTH AGENCY | | 4,968,620 | 4,968,620 | | | | 101 |
| 105 KIDNEY ACQUISITION | 3,724,082 | | 3,724,082 | | | | 105 |
| 106 HEART ACQUISITION | 1,759,272 | 136,794 | 1,896,066 | | | | 106 |
| 107 LIVER ACQUISITION | 1,342,985 | | 1,342,985 | | | | 107 |
| 108 LUNG ACQUISITION | 2,872,912 | | 2,872,912 | | | | 108 |
| 112 OTHER ORGAN ACQUISITION (SP | | | | | | | 112 |
| 116 HOSPICE | | 1,961,784 | 1,961,784 | | | | 116 |
| 200 SUBTOTAL (SEE INSTRUCTIONS) | 929,102,997 | 806,008,747 | 1,735,111,744 | | | | 200 |
| 201 LESS OBSERVATION BEDS | | | | | | | 201 |
| 202 TOTAL (SEE INSTRUCTIONS) | 929,102,997 | 806,008,747 | 1,735,111,744 | | | | 202 |

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

| COST CENTER DESCRIPTION | CAP-REL COST | REDUCED CAP-REL COST | TOTAL PATIENT DAYS | PER DIEM | INPAT PGM DAYS | INPAT PGM CAP COST | |
|---------------------------------|--------------------------------|--|---------------------|-----------------|----------------|--------------------|-------|
| | (FROM WKST B, PT. II, COL. 26) | SWING-BED ADJUSTMENT (COL.1 MINUS COL.2) | (COL.1 MINUS COL.2) | (COL.3 + COL.4) | PGM DAYS | (COL.5 x COL.6) | |
| | 1 | 2 | 3 | 5 | 6 | 7 | |
| INPAT ROUTINE SERV COST CTRS | | | | | | | |
| 30 ADULTS & PEDIATRICS | 3,332,507 | | 3,332,507 | 40.51 | 30,515 | 1,236,163 | 30 |
| 31 INTENSIVE CARE UNIT | 884,689 | | 884,689 | 60.30 | 7,161 | 431,808 | 31 |
| 32 CORONARY CARE UNIT | | | | | | | 32 |
| 33 BURN INTENSIVE CARE UNIT | 238,191 | | 238,191 | 75.66 | 691 | 52,281 | 33 |
| 34 SURGICAL INTENSIVE CARE UNIT | | | | | | | 34 |
| 35 NEONATAL INTENSIVE CARE | 474,313 | | 474,313 | 45.77 | | | 35 |
| 35.01 PEDIATRIC INTENSIVE CARE | 107,119 | | 107,119 | 44.52 | 2 | 89 | 35.01 |
| 35.03 HEART TRANSPLANT ICU | 182,848 | | 182,848 | 62.11 | 1,630 | 101,239 | 35.03 |
| 35.04 BONE INTENSIVE CARE | 170,792 | | 170,792 | 44.30 | 998 | 44,211 | 35.04 |
| 40 SUBPROVIDER - IPF | | | | | | | 40 |
| 41 SUBPROVIDER - IRF | 376,260 | | 376,260 | 39.35 | 6,083 | 239,366 | 41 |
| 42 SUBPROVIDER I | | | | | | | 42 |
| 43 NURSERY | 4,323 | | 4,323 | 3.09 | | | 43 |
| 44 SKILLED NURSING FACILITY | | | | | | | 44 |
| 45 NURSING FACILITY | | | | | | | 45 |
| 200 TOTAL (LINES 30-199) | 5,771,042 | | 5,771,042 | | 47,080 | 2,105,157 | 200 |

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) [] IPF [] IRF | [] SUB (OTHER) | [XX] PPS [] TEFRA | | | |
|---------------------------------|---|---|---|--------------------------------|------------------------------|-----------|-------|
| COST CENTER DESCRIPTION | CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1 | TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2 | RATIO OF COST TO CHARGES (COL.1 + COL.2) 3 | INPATIENT PROGRAM CHARGES 4 | CAPITAL (COL.3 x COL.4) 5 | | |
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 50 | OPERATING ROOM | 5,013,596 | 134,562,482 | 0.037258 | 40,375,815 | 1,504,322 | 50 |
| 50.01 | AMBULATORY SURGERY CENTER | 1,085,254 | 37,874,297 | 0.028654 | 123,890 | 3,550 | 50.01 |
| 51 | RECOVERY ROOM | 490,905 | 33,634,298 | 0.014595 | 7,450,969 | 108,747 | 51 |
| 52 | DELIVERY ROOM & LABOR ROOM | 183,564 | 7,823,319 | 0.023464 | 118,394 | 2,778 | 52 |
| 53 | ANESTHESIOLOGY | 349,168 | 59,875,606 | 0.005832 | 17,603,060 | 102,661 | 53 |
| 54 | RADIOLOGY-DIAGNOSTIC | 2,211,779 | 58,408,450 | 0.037867 | 10,929,940 | 413,884 | 54 |
| 54.01 | RADIOLOGY-ULTRASOUND | 168,471 | 11,349,177 | 0.014844 | 936,164 | 13,896 | 54.01 |
| 55 | RADIOLOGY-THERAPEUTIC | | | | | | 55 |
| 56 | RADIOISOTOPE | 376,987 | 22,241,224 | 0.016950 | 1,211,708 | 20,538 | 56 |
| 57 | COMPUTED TOMOGRAPHY (CT) SCAN | 777,620 | 78,309,113 | 0.009930 | 10,341,413 | 102,690 | 57 |
| 58 | MAGNETIC RESONANCE IMAGING (M | 737,809 | 37,783,038 | 0.019528 | 3,913,900 | 76,431 | 58 |
| 59 | CARDIAC CATHETERIZATION | 1,673,290 | 55,315,865 | 0.030250 | 12,662,767 | 383,049 | 59 |
| 60 | LABORATORY | 1,039,145 | 186,131,502 | 0.005583 | 34,022,236 | 189,946 | 60 |
| 60.01 | LABORATORY-SURGICAL PATHOLOGY | 384,461 | 15,497,681 | 0.024808 | 1,968,109 | 48,825 | 60.01 |
| 60.02 | LABORATORY-NEUROSURGICAL | | | | | | 60.02 |
| 60.03 | LABORATORY-HLA | 28,145 | 7,190 | 3.914465 | | | 60.03 |
| 62.30 | BLOOD CLOTTING FOR HEMOPHILIA | | | | | | 62.30 |
| 63 | BLOOD STORING, PROCESSING & T | 145,555 | 22,349,416 | 0.006513 | 5,662,587 | 36,880 | 63 |
| 65 | RESPIRATORY THERAPY | 416,659 | 41,396,643 | 0.010065 | 13,049,801 | 131,346 | 65 |
| 66 | PHYSICAL THERAPY | 197,634 | 17,426,967 | 0.011341 | 2,458,291 | 27,879 | 66 |
| 67 | OCCUPATIONAL THERAPY | 82,886 | 8,583,218 | 0.009657 | 1,416,896 | 13,683 | 67 |
| 68 | SPEECH PATHOLOGY | 36,177 | 2,729,182 | 0.013256 | 757,172 | 10,037 | 68 |
| 69 | ELECTROCARDIOLOGY | 1,986,730 | 86,695,206 | 0.022916 | 21,530,927 | 493,403 | 69 |
| 70 | ELECTROENCEPHALOGRAPHY | 199,902 | 6,058,681 | 0.032994 | 802,179 | 26,467 | 70 |
| 71 | MEDICAL SUPPLIES CHRGD TO PA | 181,308 | 3,670,787 | 0.049392 | 1,281,869 | 63,314 | 71 |
| 73 | DRUGS CHARGED TO PATIENTS | 473,923 | 104,035,675 | 0.004555 | 30,756,149 | 140,094 | 73 |
| 74 | RENAL DIALYSIS | 352,977 | 25,054,512 | 0.014088 | 1,512,202 | 21,304 | 74 |
| 76 | PULMONARY LABS | 94,986 | 1,823,972 | 0.052076 | 285,508 | 14,868 | 76 |
| 76.01 | OCCUPATIONAL HEALTH | 46,863 | 415,574 | 0.112767 | | | 76.01 |
| 76.03 | HYPERALIMENTATION | | | | | | 76.03 |
| 76.04 | PERIPHERAL VASCULAR | 116,730 | 7,113,945 | 0.016409 | 1,500,900 | 24,628 | 76.04 |
| 76.05 | PEDIATRIC ENDO NUTRITION | | | | | | 76.05 |
| 76.07 | GASTROINTESTINAL SERVICE | 358,962 | 18,326,578 | 0.019587 | 1,551,219 | 30,384 | 76.07 |
| 76.09 | BONE MARROW PROCUREMENT | 9,052 | 1,897,820 | 0.004770 | 259,889 | 1,240 | 76.09 |
| 76.97 | CARDIAC REHABILITATION | | | | | | 76.97 |
| 76.98 | HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 | LITHOTRIPSY | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 90 | CLINIC | 46,642 | 392,656 | 0.118786 | 2,965 | 352 | 90 |
| 90.01 | CARDIAC REHABILITATION | 10,309 | 328,393 | 0.031392 | 162,052 | 5,087 | 90.01 |
| 90.02 | CANCER CENTER | 1,050,071 | 84,430,841 | 0.012437 | 661,043 | 8,221 | 90.02 |
| 90.03 | PSYCH SOCIAL REHAB | 91,794 | 454,701 | 0.201878 | | | 90.03 |
| 90.04 | WELLNESS ASSESSMENT | | | | | | 90.04 |
| 90.06 | HEART FAILURE CLINIC | | | | | | 90.06 |
| 90.07 | LOC OUTPATIENT CENTER | 3,688,539 | 91,402,324 | 0.040355 | 1,027,352 | 41,459 | 90.07 |
| 90.08 | OBT OUTPATIENT CENTER | 441,581 | 20,500,244 | 0.021540 | 41,623 | 897 | 90.08 |
| 90.09 | ELMHURST IMMEDIATE CARE | 64,225 | 2,324,654 | 0.027628 | 2,139 | 59 | 90.09 |
| 90.10 | LAGRANGE FAMILY PCC | 121,792 | 5,008,737 | 0.024316 | 5,476 | 133 | 90.10 |
| 90.12 | NORTH RIVERSIDE PCC | 79,848 | 4,461,207 | 0.017898 | 5,672 | 102 | 90.12 |
| 90.13 | GLENDALE HEIGHTS PCC | | | | | | 90.13 |
| 90.14 | WHEATON PCC | 50,879 | 3,854,517 | 0.013200 | 2,303 | 30 | 90.14 |
| 90.15 | OBT II PCC | 92,926 | 4,524,959 | 0.020536 | 5,120 | 105 | 90.15 |
| 90.16 | HICKORY HILLS PCC | 166,638 | 7,374,603 | 0.022596 | 5,979 | 135 | 90.16 |
| 90.18 | DARIEN PCC | 90,490 | 2,875,281 | 0.031472 | 3,720 | 117 | 90.18 |
| 90.20 | ORLANAD PARK - FP | 90,189 | 4,030,347 | 0.022377 | 1,663 | 37 | 90.20 |
| 90.21 | FAMILY PRACTICE MAYWOOD PCC | 72,253 | 2,744,275 | 0.026329 | 5,457 | 144 | 90.21 |
| 90.22 | HOMER GLEN PCC | 277,785 | 14,125,238 | 0.019666 | 11,684 | 230 | 90.22 |
| 90.23 | OAK PARK PCC | 40,888 | 1,500,195 | 0.027255 | 1,448 | 39 | 90.23 |
| 90.24 | PARK RIDGE PCC | 217,878 | 2,405,542 | 0.090573 | 12,688 | 1,149 | 90.24 |
| 90.25 | LOYOLA CLINIC AT GOTTLIEB | 17,026 | 317,424 | 0.053638 | 149 | 8 | 90.25 |
| 90.26 | WOODRIDGE PCC | | | | | | 90.26 |
| 90.27 | NEUROLOGY - NILES | 121 | 25,023 | 0.004836 | | | 90.27 |
| 90.28 | MARJORIE WEINBERG CANCER CENT | 60,536 | 15,943,053 | 0.003797 | 12,459 | 47 | 90.28 |
| 90.29 | BURR RIDGE PCC | 867,372 | 6,482,164 | 0.133809 | 793 | 106 | 90.29 |
| 91 | EMERGENCY | 702,313 | 75,420,370 | 0.009312 | 12,047,201 | 112,184 | 91 |
| 92 | OBSERVATION BEDS | 302,295 | | | | | 92 |
| 92.01 | OBSERVATION BEDS-DISTINCT | 53,570 | 8,811,401 | 0.006080 | 27,037 | 164 | 92.01 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
 PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 01/31/2012 09:12

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0276) [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX [] IRF

| COST CENTER DESCRIPTION | CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1 | TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2 | RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3 | INPATIENT PROGRAM CHARGES 4 | CAPITAL (COL.3 x COL.4) 5 | |
|---------------------------------|--|---|---|--------------------------------------|------------------------------------|-----|
| 95 AMBULANCE SERVICES | | | | | | 95 |
| 97 DURABLE MEDICAL EQUIP-SOLD | 13,488 | 2,636,396 | 0.005116 | | | 97 |
| 200 TOTAL (SUM OF LINES 50-199) | 27,931,986 | 1,448,765,963 | 1,448,765,963 | 238,529,977 | 4,177,649 | 200 |

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
01/31/2012 09:12

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

| COST CENTER DESCRIPTION | NURSING SCHOOL 1 | ALLIED HEALTH COST 2 | ALL OTHER MEDICAL EDUCATION COST 3 | SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4 | TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5 |
|---------------------------------|------------------------|-------------------------------|--|--|---|
| INPAT ROUTINE SERV COST CTRS | | | | | |
| 30 ADULTS & PEDIATRICS | | | | | 30 |
| 31 INTENSIVE CARE UNIT | | | | | 31 |
| 32 CORONARY CARE UNIT | | | | | 32 |
| 33 BURN INTENSIVE CARE UNIT | | | | | 33 |
| 34 SURGICAL INTENSIVE CARE UNIT | | | | | 34 |
| 35 NEONATAL INTENSIVE CARE | | | | | 35 |
| 35.01 PEDIATRIC INTENSIVE CARE | | | | | 35.01 |
| 35.03 HEART TRANSPLANT ICU | | | | | 35.03 |
| 35.04 BONE INTENSIVE CARE | | | | | 35.04 |
| 40 SUBPROVIDER - IPF | | | | | 40 |
| 41 SUBPROVIDER - IRF | | | | | 41 |
| 42 SUBPROVIDER I | | | | | 42 |
| 43 NURSERY | | | | | 43 |
| 44 SKILLED NURSING FACILITY | | | | | 44 |
| 45 NURSING FACILITY | | | | | 45 |
| 200 TOTAL (SUM OF LINES 30-199) | | | | | 200 |

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
 PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 01/31/2012 09:12

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

| COST CENTER DESCRIPTION | TOTAL PATIENT DAYS 6 | PER DIEM COL.5 ÷ COL.6) 7 | INPATIENT PROGRAM DAYS 8 | INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9 | |
|---------------------------------|-------------------------------|------------------------------------|-----------------------------------|--|-------|
| INPAT ROUTINE SERV COST CTRS | | | | | |
| 30 ADULTS & PEDIATRICS | 82,261 | | 30,515 | | 30 |
| 31 INTENSIVE CARE UNIT | 14,671 | | 7,161 | | 31 |
| 32 CORONARY CARE UNIT | | | | | 32 |
| 33 BURN INTENSIVE CARE UNIT | 3,148 | | 691 | | 33 |
| 34 SURGICAL INTENSIVE CARE UNIT | | | | | 34 |
| 35 NEONATAL INTENSIVE CARE | 10,363 | | | | 35 |
| 35.01 PEDIATRIC INTENSIVE CARE | 2,406 | | 2 | | 35.01 |
| 35.03 HEART TRANSPLANT ICU | 2,944 | | 1,630 | | 35.03 |
| 35.04 BONE INTENSIVE CARE | 3,855 | | 998 | | 35.04 |
| 40 SUBPROVIDER - IPF | | | | | 40 |
| 41 SUBPROVIDER - IRF | 9,561 | | 6,083 | | 41 |
| 42 SUBPROVIDER I | | | | | 42 |
| 43 NURSERY | 1,399 | | | | 43 |
| 44 SKILLED NURSING FACILITY | | | | | 44 |
| 45 NURSING FACILITY | | | | | 45 |
| 200 TOTAL (SUM OF LINES 30-199) | 130,608 | | 47,080 | | 200 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0276) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

| COST CENTER DESCRIPTION | NON | NURSING | ALLIED | ALL OTHER | TOTAL | TOTAL O/P |
|-------------------------------------|---------------------------------------|---------|--------|-----------|---------|-----------|
| | PHYSICIAN ANESTHETIST COST 1 | | | | | |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50 OPERATING ROOM | | | | | | 50 |
| 50.01 AMBULATORY SURGERY CENTER | | | | | | 50.01 |
| 51 RECOVERY ROOM | | | | | | 51 |
| 52 DELIVERY ROOM & LABOR ROOM | | | | | | 52 |
| 53 ANESTHESIOLOGY | | | | | | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | | | | | | 54 |
| 54.01 RADIOLOGY-ULTRASOUND | | | | | | 54.01 |
| 55 RADIOLOGY-THERAPEUTIC | | | | | | 55 |
| 56 RADIOISOTOPE | | | | | | 56 |
| 57 COMPUTED TOMOGRAPHY (CT) SCAN | | | | | | 57 |
| 58 MAGNETIC RESONANCE IMAGING (M | | | | | | 58 |
| 59 CARDIAC CATHETERIZATION | | | | | | 59 |
| 60 LABORATORY | | | | | | 60 |
| 60.01 LABORATORY-SURGICAL PATHOLOGY | | | | | | 60.01 |
| 60.02 LABORATORY-NEUROSURGICAL | | | | | | 60.02 |
| 60.03 LABORATORY-HLA | | | | | | 60.03 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIA | | | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & T | | | | | | 63 |
| 65 RESPIRATORY THERAPY | | | | | | 65 |
| 66 PHYSICAL THERAPY | | | | | | 66 |
| 67 OCCUPATIONAL THERAPY | | | | | | 67 |
| 68 SPEECH PATHOLOGY | | | | | | 68 |
| 69 ELECTROCARDIOLOGY | | | | | | 69 |
| 70 ELECTROENCEPHALOGRAPHY | | | | | | 70 |
| 71 MEDICAL SUPPLIES CHRGED TO PA | | | | | | 71 |
| 73 DRUGS CHARGED TO PATIENTS | | | | | | 73 |
| 74 RENAL DIALYSIS | | | | | | 74 |
| 76 PULMONARY LABS | | | | | | 76 |
| 76.01 OCCUPATIONAL HEALTH | | | | | | 76.01 |
| 76.03 HYPERALIMENTATION | | | | | | 76.03 |
| 76.04 PERIPHERAL VASCULAR | | | | | | 76.04 |
| 76.05 PEDIATRIC ENDO NUTRITION | | | | | | 76.05 |
| 76.07 GASTROINTESTINAL SERVICE | | | | | | 76.07 |
| 76.09 BONE MARROW PROCUREMENT | | | | | | 76.09 |
| 76.97 CARDIAC REHABILITATION | | | | | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 90 CLINIC | | | | | | 90 |
| 90.01 CARDIAC REHABILITATION | | | | | | 90.01 |
| 90.02 CANCER CENTER | | | | | | 90.02 |
| 90.03 PSYCH SOCIAL REHAB | | | | | | 90.03 |
| 90.04 WELLNESS ASSESSMENT | | | | | | 90.04 |
| 90.06 HEART FAILURE CLINIC | | | | | | 90.06 |
| 90.07 LOC OUTPATIENT CENTER | | | | | | 90.07 |
| 90.08 OBT OUTPATIENT CENTER | | | | | | 90.08 |
| 90.09 ELMHURST IMMEDIATE CARE | | | | | | 90.09 |
| 90.10 LAGRANGE FAMILY PCC | | | | | | 90.10 |
| 90.12 NORTH RIVERSIDE PCC | | | | | | 90.12 |
| 90.13 GLENDALE HEIGHTS PCC | | | | | | 90.13 |
| 90.14 WHEATON PCC | | | | | | 90.14 |
| 90.15 OBT II PCC | | | | | | 90.15 |
| 90.16 HICKORY HILLS PCC | | | | | | 90.16 |
| 90.18 DARIEN PCC | | | | | | 90.18 |
| 90.20 ORLANAD PARK - FP | | | | | | 90.20 |
| 90.21 FAMILY PRACTICE MAYWOOD PCC | | | | | | 90.21 |
| 90.22 HOMER GLEN PCC | | | | | | 90.22 |
| 90.23 OAK PARK PCC | | | | | | 90.23 |
| 90.24 PARK RIDGE PCC | | | | | | 90.24 |
| 90.25 LOYOLA CLINIC AT GOTTLIEB | | | | | | 90.25 |
| 90.26 WOODRIDGE PCC | | | | | | 90.26 |
| 90.27 NEUROLOGY - NILES | | | | | | 90.27 |
| 90.28 MARJORIE WEINBERG CANCER CENT | | | | | | 90.28 |
| 90.29 BURR RIDGE PCC | | | | | | 90.29 |
| 91 EMERGENCY | | | | 772,524 | 772,524 | 772,524 |
| 92 OBSERVATION BEDS | | | | | | 92 |
| 92.01 OBSERVATION BEDS-DISTINCT | | | | | | 92.01 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 95 AMBULANCE SERVICES | | | | | | 95 |
| 97 DURABLE MEDICAL EQUIP-SOLD | | | | | | 97 |
| 200 TOTAL (SUM OF LINES 50-199) | | | | 772,524 | 772,524 | 772,524 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

| CHECK | [] TITLE V | [XX] HOSPITAL (14-0276) | [] SUB (OTHER) | [] ICF/MR | [] PPS | | |
|---------------------------------|--|--|--|-------------------|--|-----------------|--|
| APPLICABLE | [XX] TITLE XVIII-PT A | [] IPF | [] SNF | | [] TEFRA | | |
| BOXES | [] TITLE XIX | [] IRF | [] NF | | | | |
| COST CENTER DESCRIPTION | TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) | RATIO OF COST TO CHARGES (COL. 5 + COL. 7) | O/P RATIO OF COST TO CHARGES (COL. 6 + COL. 7) | INPAT PGM CHARGES | INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) | O/P PGM CHARGES | O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) |
| | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 50 | OPERATING ROOM | 134,562,482 | | 40,375,815 | | 4,813,460 | 50 |
| 50.01 | AMBULATORY SURGERY CENTER | 37,874,297 | | 123,890 | | 6,345,255 | 50.01 |
| 51 | RECOVERY ROOM | 33,634,298 | | 7,450,969 | | 2,262,553 | 51 |
| 52 | DELIVERY ROOM & LABOR ROOM | 7,823,319 | | 118,394 | | 15,389 | 52 |
| 53 | ANESTHESIOLOGY | 59,875,606 | | 17,603,060 | | 2,156,600 | 53 |
| 54 | RADIOLOGY-DIAGNOSTIC | 58,408,450 | | 10,929,940 | | 8,154,019 | 54 |
| 54.01 | RADIOLOGY-ULTRASOUND | 11,349,177 | | 936,164 | | 1,543,277 | 54.01 |
| 55 | RADIOLOGY-THERAPEUTIC | | | | | | 55 |
| 56 | RADIOISOTOPE | 22,241,224 | | 1,211,708 | | 6,541,940 | 56 |
| 57 | COMPUTED TOMOGRAPHY (CT) SCA | 78,309,113 | | 10,341,413 | | 14,130,488 | 57 |
| 58 | MAGNETIC RESONANCE IMAGING (| 37,783,038 | | 3,913,900 | | 5,542,779 | 58 |
| 59 | CARDIAC CATHETERIZATION | 55,315,865 | | 12,662,767 | | 11,188,266 | 59 |
| 60 | LABORATORY | 186,131,502 | | 34,022,236 | | 28,112,649 | 60 |
| 60.01 | LABORATORY-SURGICAL PATHOLOG | 15,497,681 | | 1,968,109 | | 2,578,333 | 60.01 |
| 60.02 | LABORATORY-NEUROSURGICAL | | | | | | 60.02 |
| 60.03 | LABORATORY-HLA | 7,190 | | | | 810 | 60.03 |
| 62.30 | BLOOD CLOTTING FOR HEMOPHILI | | | | | | 62.30 |
| 63 | BLOOD STORING, PROCESSING & | 22,349,416 | | 5,662,587 | | 1,802,016 | 63 |
| 65 | RESPIRATORY THERAPY | 41,396,643 | | 13,049,801 | | 217,874 | 65 |
| 66 | PHYSICAL THERAPY | 17,426,967 | | 2,458,291 | | 1,930,775 | 66 |
| 67 | OCCUPATIONAL THERAPY | 8,583,218 | | 1,416,896 | | 266,790 | 67 |
| 68 | SPEECH PATHOLOGY | 2,729,182 | | 757,172 | | 10,479 | 68 |
| 69 | ELECTROCARDIOLOGY | 86,695,206 | | 21,530,927 | | 14,075,563 | 69 |
| 70 | ELECTROENCEPHALOGRAPHY | 6,058,681 | | 802,179 | | 670,297 | 70 |
| 71 | MEDICAL SUPPLIES CHRGED TO P | 3,670,787 | | 1,281,869 | | | 71 |
| 73 | DRUGS CHARGED TO PATIENTS | 104,035,675 | | 30,756,149 | | | 73 |
| 74 | RENAL DIALYSIS | 25,054,512 | | 1,512,202 | | 12,425,773 | 74 |
| 76 | PULMONARY LABS | 1,823,972 | | 285,508 | | 344,660 | 76 |
| 76.01 | OCCUPATIONAL HEALTH | 415,574 | | | | | 76.01 |
| 76.03 | HYPERALIMENTATION | | | | | | 76.03 |
| 76.04 | PERIPHERAL VASCULAR | 7,113,945 | | 1,500,900 | | 1,677,883 | 76.04 |
| 76.05 | PEDIATRIC ENDO NUTRITION | | | | | | 76.05 |
| 76.07 | GASTROINTESTINAL SERVICE | 18,326,578 | | 1,551,219 | | 4,088,752 | 76.07 |
| 76.09 | BONE MARROW PROCUREMENT | 1,897,820 | | 259,889 | | 140,065 | 76.09 |
| 76.97 | CARDIAC REHABILITATION | | | | | | 76.97 |
| 76.98 | HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 | LITHOTRIPSY | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 90 | CLINIC | 392,656 | | 2,965 | | 45,271 | 90 |
| 90.01 | CARDIAC REHABILITATION | 328,393 | | 162,052 | | 7,435 | 90.01 |
| 90.02 | CANCER CENTER | 84,430,841 | | 661,043 | | 24,822,648 | 90.02 |
| 90.03 | PSYCH SOCIAL REHAB | 454,701 | | | | 72,044 | 90.03 |
| 90.04 | WELLNESS ASSESSMENT | | | | | | 90.04 |
| 90.06 | HEART FAILURE CLINIC | | | | | | 90.06 |
| 90.07 | LOC OUTPATIENT CENTER | 91,402,324 | | 1,027,352 | | 26,245,501 | 90.07 |
| 90.08 | OBT OUTPATIENT CENTER | 20,500,244 | | 41,623 | | 4,438,262 | 90.08 |
| 90.09 | ELMHURST IMMEDIATE CARE | 2,324,654 | | 2,139 | | 543,131 | 90.09 |
| 90.10 | LAGRANGE FAMILY PCC | 5,008,737 | | 5,476 | | 1,437,971 | 90.10 |
| 90.12 | NORTH RIVERSIDE PCC | 4,461,207 | | 5,672 | | 414,415 | 90.12 |
| 90.13 | GLENDALE HEIGHTS PCC | | | | | | 90.13 |
| 90.14 | WHEATON PCC | 3,854,517 | | 2,303 | | 776,475 | 90.14 |
| 90.15 | OBT II PCC | 4,524,959 | | 5,120 | | 623,681 | 90.15 |
| 90.16 | HICKORY HILLS PCC | 7,374,603 | | 5,979 | | 1,455,072 | 90.16 |
| 90.18 | DARIEN PCC | 2,875,281 | | 3,720 | | 479,978 | 90.18 |
| 90.20 | ORLANAD PARK - FP | 4,030,347 | | 1,663 | | 799,028 | 90.20 |
| 90.21 | FAMILY PRACTICE MAYWOOD PCC | 2,744,275 | | 5,457 | | 322,026 | 90.21 |
| 90.22 | HOMER GLEN PCC | 14,125,238 | | 11,684 | | 4,178,818 | 90.22 |
| 90.23 | OAK PARK PCC | 1,500,195 | | 1,448 | | 342,044 | 90.23 |
| 90.24 | PARK RIDGE PCC | 2,405,542 | | 12,688 | | 987,569 | 90.24 |
| 90.25 | LOYOLA CLINIC AT GOTTLIEB | 317,424 | | 149 | | 56,024 | 90.25 |
| 90.26 | WOODRIDGE PCC | | | | | | 90.26 |
| 90.27 | NEUROLOGY - NILES | 25,023 | | | | 92 | 90.27 |
| 90.28 | MARJORIE WEINBERG CANCER CEN | 15,943,053 | | 12,459 | | 6,165,776 | 90.28 |
| 90.29 | BURR RIDGE PCC | 6,482,164 | | 793 | | 1,464,216 | 90.29 |
| 91 | EMERGENCY | 75,420,370 | 0.010243 | 0.010243 | 12,047,201 | 123,399 | 69,081 |
| 92 | OBSERVATION BEDS | | | | | | 92 |
| 92.01 | OBSERVATION BEDS-DISTINCT | 8,811,401 | | 27,037 | | 167,196 | 92.01 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 95 | AMBULANCE SERVICES | | | | | | 95 |

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
 PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 01/31/2012 09:12

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0276) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

| COST CENTER DESCRIPTION | TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7 | RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8 | O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9 | INPAT PGM CHARGES 10 | INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11 | O/P PGM CHARGES 12 | O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13 |
|---------------------------------|---|---|---|-------------------------|--|-----------------------|--|
| 97 DURABLE MEDICAL EQUIP-SOLD | 2,636,396 | | | | | | 97 |
| 200 TOTAL (SUM OF LINES 50-199) | 1,448,765,963 | | | 238,529,977 | 123,399 | 213,625,650 | 69,081 200 |

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
 PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 01/31/2012 09:12

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0276) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

| COST CENTER DESCRIPTION | PROGRAM CHARGES | | | | PROGRAM COSTS | | | |
|---------------------------------------|--|---------------------|------------------------|------------------------|------------------------|------------------------|---|-------|
| | COST TO | PPS | COST REIMB. SERVICES | COST REIMB. SVCS NOT | COST SERVICES | COST SVCS NOT | | |
| | CHARGE RATIO FROM WKST C, PT I, COL. 9 | REIMBURSED SERVICES | SUBJECT TO DED & COINS | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| 92.01 OBSERVATION BEDS-DISTINCT | 0.074031 | 167,196 | | | 12,378 | | | 92.01 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | | |
| 95 AMBULANCE SERVICES | 153.669879 | | | | | | | 95 |
| 97 DURABLE MEDICAL EQUIP-SOLD | 1.044226 | | | | | | | 97 |
| 200 SUBTOTAL (SEE INSTRUCTIONS) | | 213,625,650 | | | 67,437,525 | | | 200 |
| 201 LESS PBP CLINIC LAB SERVICES | | | | | | | | 201 |
| 202 NET CHARGES (LINE 200 - LINE 201) | | 213,625,650 | | | 67,437,525 | | | 202 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

| CHECK APPLICABLE BOXES | [] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX | [] HOSPITAL [XX] IPF (14-S276) [] IRF | [] SUB (OTHER) | [XX] PPS [] TEFRA | |
|---------------------------------|---|---|---|--------------------------------|------------------------------|
| COST CENTER DESCRIPTION | CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1 | TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2 | RATIO OF COST TO CHARGES (COL.1 + COL.2) 3 | INPATIENT PROGRAM CHARGES 4 | CAPITAL (COL.3 x COL.4) 5 |
| ANCILLARY SERVICE COST CENTERS | | | | | |
| 50 | OPERATING ROOM | 5,013,596 | 134,562,482 | 0.037258 | 50 |
| 50.01 | AMBULATORY SURGERY CENTER | 1,085,254 | 37,874,297 | 0.028654 | 50.01 |
| 51 | RECOVERY ROOM | 490,905 | 33,634,298 | 0.014595 | 51 |
| 52 | DELIVERY ROOM & LABOR ROOM | 183,564 | 7,823,319 | 0.023464 | 52 |
| 53 | ANESTHESIOLOGY | 349,168 | 59,875,606 | 0.005832 | 53 |
| 54 | RADIOLOGY-DIAGNOSTIC | 2,211,779 | 58,408,450 | 0.037867 | 54 |
| 54.01 | RADIOLOGY-ULTRASOUND | 168,471 | 11,349,177 | 0.014844 | 54.01 |
| 55 | RADIOLOGY-THERAPEUTIC | | | | 55 |
| 56 | RADIOISOTOPE | 376,987 | 22,241,224 | 0.016950 | 56 |
| 57 | COMPUTED TOMOGRAPHY (CT) SCAN | 777,620 | 78,309,113 | 0.009930 | 57 |
| 58 | MAGNETIC RESONANCE IMAGING (M | 737,809 | 37,783,038 | 0.019528 | 58 |
| 59 | CARDIAC CATHETERIZATION | 1,673,290 | 55,315,865 | 0.030250 | 59 |
| 60 | LABORATORY | 1,039,145 | 186,131,502 | 0.005583 | 60 |
| 60.01 | LABORATORY-SURGICAL PATHOLOGY | 384,461 | 15,497,681 | 0.024808 | 60.01 |
| 60.02 | LABORATORY-NEUROSURGICAL | | | | 60.02 |
| 60.03 | LABORATORY-HLA | 28,145 | 7,190 | 3.914465 | 60.03 |
| 62.30 | BLOOD CLOTTING FOR HEMOPHILIA | | | | 62.30 |
| 63 | BLOOD STORING, PROCESSING & T | 145,555 | 22,349,416 | 0.006513 | 63 |
| 65 | RESPIRATORY THERAPY | 416,659 | 41,396,643 | 0.010065 | 65 |
| 66 | PHYSICAL THERAPY | 197,634 | 17,426,967 | 0.011341 | 66 |
| 67 | OCCUPATIONAL THERAPY | 82,886 | 8,583,218 | 0.009657 | 67 |
| 68 | SPEECH PATHOLOGY | 36,177 | 2,729,182 | 0.013256 | 68 |
| 69 | ELECTROCARDIOLOGY | 1,986,730 | 86,695,206 | 0.022916 | 69 |
| 70 | ELECTROENCEPHALOGRAPHY | 199,902 | 6,058,681 | 0.032994 | 70 |
| 71 | MEDICAL SUPPLIES CHRGED TO PA | 181,308 | 3,670,787 | 0.049392 | 71 |
| 73 | DRUGS CHARGED TO PATIENTS | 473,923 | 104,035,675 | 0.004555 | 73 |
| 74 | RENAL DIALYSIS | 352,977 | 25,054,512 | 0.014088 | 74 |
| 76 | PULMONARY LABS | 94,986 | 1,823,972 | 0.052076 | 76 |
| 76.01 | OCCUPATIONAL HEALTH | 46,863 | 415,574 | 0.112767 | 76.01 |
| 76.03 | HYPERALIMENTATION | | | | 76.03 |
| 76.04 | PERIPHERAL VASCULAR | 116,730 | 7,113,945 | 0.016409 | 76.04 |
| 76.05 | PEDIATRIC ENDO NUTRITION | | | | 76.05 |
| 76.07 | GASTROINTESTINAL SERVICE | 358,962 | 18,326,578 | 0.019587 | 76.07 |
| 76.09 | BONE MARROW PROCUREMENT | 9,052 | 1,897,820 | 0.004770 | 76.09 |
| 76.97 | CARDIAC REHABILITATION | | | | 76.97 |
| 76.98 | HYPERBARIC OXYGEN THERAPY | | | | 76.98 |
| 76.99 | LITHOTRIPSY | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | |
| 90 | CLINIC | 46,642 | 392,656 | 0.118786 | 90 |
| 90.01 | CARDIAC REHABILITATION | 10,309 | 328,393 | 0.031392 | 90.01 |
| 90.02 | CANCER CENTER | 1,050,071 | 84,430,841 | 0.012437 | 90.02 |
| 90.03 | PSYCH SOCIAL REHAB | 91,794 | 454,701 | 0.201878 | 90.03 |
| 90.04 | WELLNESS ASSESSMENT | | | | 90.04 |
| 90.06 | HEART FAILURE CLINIC | | | | 90.06 |
| 90.07 | LOC OUTPATIENT CENTER | 3,688,539 | 91,402,324 | 0.040355 | 90.07 |
| 90.08 | OBT OUTPATIENT CENTER | 441,581 | 20,500,244 | 0.021540 | 90.08 |
| 90.09 | ELMHURST IMMEDIATE CARE | 64,225 | 2,324,654 | 0.027628 | 90.09 |
| 90.10 | LAGRANGE FAMILY PCC | 121,792 | 5,008,737 | 0.024316 | 90.10 |
| 90.12 | NORTH RIVERSIDE PCC | 79,848 | 4,461,207 | 0.017898 | 90.12 |
| 90.13 | GLENDALE HEIGHTS PCC | | | | 90.13 |
| 90.14 | WHEATON PCC | 50,879 | 3,854,517 | 0.013200 | 90.14 |
| 90.15 | OBT II PCC | 92,926 | 4,524,959 | 0.020536 | 90.15 |
| 90.16 | HICKORY HILLS PCC | 166,638 | 7,374,603 | 0.022596 | 90.16 |
| 90.18 | DARIEN PCC | 90,490 | 2,875,281 | 0.031472 | 90.18 |
| 90.20 | ORLANAD PARK - FP | 90,189 | 4,030,347 | 0.022377 | 90.20 |
| 90.21 | FAMILY PRACTICE MAYWOOD PCC | 72,253 | 2,744,275 | 0.026329 | 90.21 |
| 90.22 | HOMER GLEN PCC | 277,785 | 14,125,238 | 0.019666 | 90.22 |
| 90.23 | OAK PARK PCC | 40,888 | 1,500,195 | 0.027255 | 90.23 |
| 90.24 | PARK RIDGE PCC | 217,878 | 2,405,542 | 0.090573 | 90.24 |
| 90.25 | LOYOLA CLINIC AT GOTTLIEB | 17,026 | 317,424 | 0.053638 | 90.25 |
| 90.26 | WOODRIDGE PCC | | | | 90.26 |
| 90.27 | NEUROLOGY - NILES | 121 | 25,023 | 0.004836 | 90.27 |
| 90.28 | MARJORIE WEINBERG CANCER CENT | 60,536 | 15,943,053 | 0.003797 | 90.28 |
| 90.29 | BURR RIDGE PCC | 867,372 | 6,482,164 | 0.133809 | 90.29 |
| 91 | EMERGENCY | 702,313 | 75,420,370 | 0.009312 | 91 |
| 92 | OBSERVATION BEDS | 302,295 | | | 92 |
| 92.01 | OBSERVATION BEDS-DISTINCT | 53,570 | 8,811,401 | 0.006080 | 92.01 |
| OTHER REIMBURSABLE COST CENTERS | | | | | |

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
 PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 01/31/2012 09:12

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S276) [] TEFRA
 BOXES [] TITLE XIX [] IRF

| COST CENTER DESCRIPTION | CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1 | TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2 | RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3 | INPATIENT PROGRAM CHARGES 4 | CAPITAL (COL.3 x COL.4) 5 | |
|---------------------------------|---|--|--|--------------------------------|---------------------------------|-----|
| 95 AMBULANCE SERVICES | | | | | | 95 |
| 97 DURABLE MEDICAL EQUIP-SOLD | 13,488 | 2,636,396 | 0.005116 | | | 97 |
| 200 TOTAL (SUM OF LINES 50-199) | 27,931,986 | 1,448,765,963 | 1,448,765,963 | | | 200 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S276) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

| COST CENTER DESCRIPTION | NON | NURSING | ALLIED | ALL OTHER | TOTAL | TOTAL O/P | |
|-------------------------------------|---------------------------------------|---------|--------|-----------------------------------|------------------------------------|------------------------------------|-------|
| | PHYSICIAN ANESTHETIST COST 1 | | | MEDICAL EDUCATION COST 4 | COST (SUM OF COLS. 1-4) 5 | COST (SUM OF COLS. 2-4) 6 | |
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 50 OPERATING ROOM | | | | | | | 50 |
| 50.01 AMBULATORY SURGERY CENTER | | | | | | | 50.01 |
| 51 RECOVERY ROOM | | | | | | | 51 |
| 52 DELIVERY ROOM & LABOR ROOM | | | | | | | 52 |
| 53 ANESTHESIOLOGY | | | | | | | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | | | | | | | 54 |
| 54.01 RADIOLOGY-ULTRASOUND | | | | | | | 54.01 |
| 55 RADIOLOGY-THERAPEUTIC | | | | | | | 55 |
| 56 RADIOISOTOPE | | | | | | | 56 |
| 57 COMPUTED TOMOGRAPHY (CT) SCAN | | | | | | | 57 |
| 58 MAGNETIC RESONANCE IMAGING (M | | | | | | | 58 |
| 59 CARDIAC CATHETERIZATION | | | | | | | 59 |
| 60 LABORATORY | | | | | | | 60 |
| 60.01 LABORATORY-SURGICAL PATHOLOGY | | | | | | | 60.01 |
| 60.02 LABORATORY-NEUROSURGICAL | | | | | | | 60.02 |
| 60.03 LABORATORY-HLA | | | | | | | 60.03 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIA | | | | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & T | | | | | | | 63 |
| 65 RESPIRATORY THERAPY | | | | | | | 65 |
| 66 PHYSICAL THERAPY | | | | | | | 66 |
| 67 OCCUPATIONAL THERAPY | | | | | | | 67 |
| 68 SPEECH PATHOLOGY | | | | | | | 68 |
| 69 ELECTROCARDIOLOGY | | | | | | | 69 |
| 70 ELECTROENCEPHALOGRAPHY | | | | | | | 70 |
| 71 MEDICAL SUPPLIES CHRGED TO PA | | | | | | | 71 |
| 73 DRUGS CHARGED TO PATIENTS | | | | | | | 73 |
| 74 RENAL DIALYSIS | | | | | | | 74 |
| 76 PULMONARY LABS | | | | | | | 76 |
| 76.01 OCCUPATIONAL HEALTH | | | | | | | 76.01 |
| 76.03 HYPERALIMENTATION | | | | | | | 76.03 |
| 76.04 PERIPHERAL VASCULAR | | | | | | | 76.04 |
| 76.05 PEDIATRIC ENDO NUTRITION | | | | | | | 76.05 |
| 76.07 GASTROINTESTINAL SERVICE | | | | | | | 76.07 |
| 76.09 BONE MARROW PROCUREMENT | | | | | | | 76.09 |
| 76.97 CARDIAC REHABILITATION | | | | | | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 90 CLINIC | | | | | | | 90 |
| 90.01 CARDIAC REHABILITATION | | | | | | | 90.01 |
| 90.02 CANCER CENTER | | | | | | | 90.02 |
| 90.03 PSYCH SOCIAL REHAB | | | | | | | 90.03 |
| 90.04 WELLNESS ASSESSMENT | | | | | | | 90.04 |
| 90.06 HEART FAILURE CLINIC | | | | | | | 90.06 |
| 90.07 LOC OUTPATIENT CENTER | | | | | | | 90.07 |
| 90.08 OBT OUTPATIENT CENTER | | | | | | | 90.08 |
| 90.09 ELMHURST IMMEDIATE CARE | | | | | | | 90.09 |
| 90.10 LAGRANGE FAMILY PCC | | | | | | | 90.10 |
| 90.12 NORTH RIVERSIDE PCC | | | | | | | 90.12 |
| 90.13 GLENDALE HEIGHTS PCC | | | | | | | 90.13 |
| 90.14 WHEATON PCC | | | | | | | 90.14 |
| 90.15 OBT II PCC | | | | | | | 90.15 |
| 90.16 HICKORY HILLS PCC | | | | | | | 90.16 |
| 90.18 DARIEN PCC | | | | | | | 90.18 |
| 90.20 ORLANAD PARK - FP | | | | | | | 90.20 |
| 90.21 FAMILY PRACTICE MAYWOOD PCC | | | | | | | 90.21 |
| 90.22 HOMER GLEN PCC | | | | | | | 90.22 |
| 90.23 OAK PARK PCC | | | | | | | 90.23 |
| 90.24 PARK RIDGE PCC | | | | | | | 90.24 |
| 90.25 LOYOLA CLINIC AT GOTTLIEB | | | | | | | 90.25 |
| 90.26 WOODRIDGE PCC | | | | | | | 90.26 |
| 90.27 NEUROLOGY - NILES | | | | | | | 90.27 |
| 90.28 MARJORIE WEINBERG CANCER CENT | | | | | | | 90.28 |
| 90.29 BURR RIDGE PCC | | | | | | | 90.29 |
| 91 EMERGENCY | | | | 772,524 | 772,524 | 772,524 | 91 |
| 92 OBSERVATION BEDS | | | | | | | 92 |
| 92.01 OBSERVATION BEDS-DISTINCT | | | | | | | 92.01 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 95 AMBULANCE SERVICES | | | | | | | 95 |
| 97 DURABLE MEDICAL EQUIP-SOLD | | | | | | | 97 |
| 200 TOTAL (SUM OF LINES 50-199) | | | | 772,524 | 772,524 | 772,524 | 200 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

| CHECK | [] TITLE V | [] HOSPITAL | [] SUB (OTHER) | [] ICF/MR | [] PPS | | |
|---------------------------------|--|--|--|-------------------|--|-----------------|--|
| APPLICABLE | [XX] TITLE XVIII-PT A | [XX] IPF (14-S276) | [] SNF | | [] TEFRA | | |
| BOXES | [] TITLE XIX | [] IRF | [] NF | | | | |
| COST CENTER DESCRIPTION | TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) | RATIO OF COST TO CHARGES (COL. 5 + COL. 7) | O/P RATIO OF COST TO CHARGES (COL. 6 + COL. 7) | INPAT PGM CHARGES | INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) | O/P PGM CHARGES | O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) |
| | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 50 | OPERATING ROOM | 134,562,482 | | | | | 50 |
| 50.01 | AMBULATORY SURGERY CENTER | 37,874,297 | | | | | 50.01 |
| 51 | RECOVERY ROOM | 33,634,298 | | | | | 51 |
| 52 | DELIVERY ROOM & LABOR ROOM | 7,823,319 | | | | | 52 |
| 53 | ANESTHESIOLOGY | 59,875,606 | | | | | 53 |
| 54 | RADIOLOGY-DIAGNOSTIC | 58,408,450 | | | | | 54 |
| 54.01 | RADIOLOGY-ULTRASOUND | 11,349,177 | | | | | 54.01 |
| 55 | RADIOLOGY-THERAPEUTIC | | | | | | 55 |
| 56 | RADIOISOTOPE | 22,241,224 | | | | | 56 |
| 57 | COMPUTED TOMOGRAPHY (CT) SCA | 78,309,113 | | | | | 57 |
| 58 | MAGNETIC RESONANCE IMAGING (| 37,783,038 | | | | | 58 |
| 59 | CARDIAC CATHETERIZATION | 55,315,865 | | | | | 59 |
| 60 | LABORATORY | 186,131,502 | | | | | 60 |
| 60.01 | LABORATORY-SURGICAL PATHOLOG | 15,497,681 | | | | | 60.01 |
| 60.02 | LABORATORY-NEUROSURGICAL | | | | | | 60.02 |
| 60.03 | LABORATORY-HLA | 7,190 | | | | | 60.03 |
| 62.30 | BLOOD CLOTTING FOR HEMOPHILI | | | | | | 62.30 |
| 63 | BLOOD STORING, PROCESSING & | 22,349,416 | | | | | 63 |
| 65 | RESPIRATORY THERAPY | 41,396,643 | | | | | 65 |
| 66 | PHYSICAL THERAPY | 17,426,967 | | | | | 66 |
| 67 | OCCUPATIONAL THERAPY | 8,583,218 | | | | | 67 |
| 68 | SPEECH PATHOLOGY | 2,729,182 | | | | | 68 |
| 69 | ELECTROCARDIOLOGY | 86,695,206 | | | | | 69 |
| 70 | ELECTROENCEPHALOGRAPHY | 6,058,681 | | | | | 70 |
| 71 | MEDICAL SUPPLIES CHRGED TO P | 3,670,787 | | | | | 71 |
| 73 | DRUGS CHARGED TO PATIENTS | 104,035,675 | | | | | 73 |
| 74 | RENAL DIALYSIS | 25,054,512 | | | | | 74 |
| 76 | PULMONARY LABS | 1,823,972 | | | | | 76 |
| 76.01 | OCCUPATIONAL HEALTH | 415,574 | | | | | 76.01 |
| 76.03 | HYPERALIMENTATION | | | | | | 76.03 |
| 76.04 | PERIPHERAL VASCULAR | 7,113,945 | | | | | 76.04 |
| 76.05 | PEDIATRIC ENDO NUTRITION | | | | | | 76.05 |
| 76.07 | GASTROINTESTINAL SERVICE | 18,326,578 | | | | | 76.07 |
| 76.09 | BONE MARROW PROCUREMENT | 1,897,820 | | | | | 76.09 |
| 76.97 | CARDIAC REHABILITATION | | | | | | 76.97 |
| 76.98 | HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 | LITHOTRIPSY | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 90 | CLINIC | 392,656 | | | | | 90 |
| 90.01 | CARDIAC REHABILITATION | 328,393 | | | | | 90.01 |
| 90.02 | CANCER CENTER | 84,430,841 | | | | | 90.02 |
| 90.03 | PSYCH SOCIAL REHAB | 454,701 | | | | | 90.03 |
| 90.04 | WELLNESS ASSESSMENT | | | | | | 90.04 |
| 90.06 | HEART FAILURE CLINIC | | | | | | 90.06 |
| 90.07 | LOC OUTPATIENT CENTER | 91,402,324 | | | | | 90.07 |
| 90.08 | OBT OUTPATIENT CENTER | 20,500,244 | | | | | 90.08 |
| 90.09 | ELMHURST IMMEDIATE CARE | 2,324,654 | | | | | 90.09 |
| 90.10 | LAGRANGE FAMILY PCC | 5,008,737 | | | | | 90.10 |
| 90.12 | NORTH RIVERSIDE PCC | 4,461,207 | | | | | 90.12 |
| 90.13 | GLENDALE HEIGHTS PCC | | | | | | 90.13 |
| 90.14 | WHEATON PCC | 3,854,517 | | | | | 90.14 |
| 90.15 | OBT II PCC | 4,524,959 | | | | | 90.15 |
| 90.16 | HICKORY HILLS PCC | 7,374,603 | | | | | 90.16 |
| 90.18 | DARIEN PCC | 2,875,281 | | | | | 90.18 |
| 90.20 | ORLANAD PARK - FP | 4,030,347 | | | | | 90.20 |
| 90.21 | FAMILY PRACTICE MAYWOOD PCC | 2,744,275 | | | | | 90.21 |
| 90.22 | HOMER GLEN PCC | 14,125,238 | | | | | 90.22 |
| 90.23 | OAK PARK PCC | 1,500,195 | | | | | 90.23 |
| 90.24 | PARK RIDGE PCC | 2,405,542 | | | | | 90.24 |
| 90.25 | LOYOLA CLINIC AT GOTTLIEB | 317,424 | | | | | 90.25 |
| 90.26 | WOODRIDGE PCC | | | | | | 90.26 |
| 90.27 | NEUROLOGY - NILES | 25,023 | | | | | 90.27 |
| 90.28 | MARJORIE WEINBERG CANCER CEN | 15,943,053 | | | | | 90.28 |
| 90.29 | BURR RIDGE PCC | 6,482,164 | | | | | 90.29 |
| 91 | EMERGENCY | 75,420,370 | 0.010243 | 0.010243 | | | 91 |
| 92 | OBSERVATION BEDS | | | | | | 92 |
| 92.01 | OBSERVATION BEDS-DISTINCT | 8,811,401 | | | | | 92.01 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 95 | AMBULANCE SERVICES | | | | | | 95 |

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
 PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 01/31/2012 09:12

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S276) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

| COST CENTER DESCRIPTION | TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7 | RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8 | O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9 | INPAT PGM CHARGES 10 | INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11 | O/P PGM CHARGES 12 | O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13 |
|---------------------------------|---|---|---|-------------------------|--|-----------------------|--|
| 97 DURABLE MEDICAL EQUIP-SOLD | 2,636,396 | | | | | | 97 |
| 200 TOTAL (SUM OF LINES 50-199) | 1,448,765,963 | | | | | | 200 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

| CHECK APPLICABLE BOXES | [] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX | [] HOSPITAL [] IPF [XX] IRF (14-T276) | [] SUB (OTHER) | [XX] PPS [] TEFRA | | | |
|---------------------------------|---|---|---|--------------------------------|------------------------------|--------|-------|
| COST CENTER DESCRIPTION | CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1 | TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2 | RATIO OF COST TO CHARGES (COL.1 + COL.2) 3 | INPATIENT PROGRAM CHARGES 4 | CAPITAL (COL.3 x COL.4) 5 | | |
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 50 | OPERATING ROOM | 5,013,596 | 134,562,482 | 0.037258 | 12,680 | 472 | 50 |
| 50.01 | AMBULATORY SURGERY CENTER | 1,085,254 | 37,874,297 | 0.028654 | | | 50.01 |
| 51 | RECOVERY ROOM | 490,905 | 33,634,298 | 0.014595 | 5,414 | 79 | 51 |
| 52 | DELIVERY ROOM & LABOR ROOM | 183,564 | 7,823,319 | 0.023464 | | | 52 |
| 53 | ANESTHESIOLOGY | 349,168 | 59,875,606 | 0.005832 | 11,151 | 65 | 53 |
| 54 | RADIOLOGY-DIAGNOSTIC | 2,211,779 | 58,408,450 | 0.037867 | 125,258 | 4,743 | 54 |
| 54.01 | RADIOLOGY-ULTRASOUND | 168,471 | 11,349,177 | 0.014844 | 13,975 | 207 | 54.01 |
| 55 | RADIOLOGY-THERAPEUTIC | | | | | | 55 |
| 56 | RADIOISOTOPE | 376,987 | 22,241,224 | 0.016950 | 7,937 | 135 | 56 |
| 57 | COMPUTED TOMOGRAPHY (CT) SCAN | 777,620 | 78,309,113 | 0.009930 | 135,111 | 1,342 | 57 |
| 58 | MAGNETIC RESONANCE IMAGING (M | 737,809 | 37,783,038 | 0.019528 | 34,249 | 669 | 58 |
| 59 | CARDIAC CATHETERIZATION | 1,673,290 | 55,315,865 | 0.030250 | 4,013 | 121 | 59 |
| 60 | LABORATORY | 1,039,145 | 186,131,502 | 0.005583 | 834,081 | 4,657 | 60 |
| 60.01 | LABORATORY-SURGICAL PATHOLOGY | 384,461 | 15,497,681 | 0.024808 | 5,331 | 132 | 60.01 |
| 60.02 | LABORATORY-NEUROSURGICAL | | | | | | 60.02 |
| 60.03 | LABORATORY-HLA | 28,145 | 7,190 | 3.914465 | | | 60.03 |
| 62.30 | BLOOD CLOTTING FOR HEMOPHILIA | | | | | | 62.30 |
| 63 | BLOOD STORING, PROCESSING & T | 145,555 | 22,349,416 | 0.006513 | 49,230 | 321 | 63 |
| 65 | RESPIRATORY THERAPY | 416,659 | 41,396,643 | 0.010065 | 530,048 | 5,335 | 65 |
| 66 | PHYSICAL THERAPY | 197,634 | 17,426,967 | 0.011341 | 1,471,773 | 16,691 | 66 |
| 67 | OCCUPATIONAL THERAPY | 82,886 | 8,583,218 | 0.009657 | 1,775,483 | 17,146 | 67 |
| 68 | SPEECH PATHOLOGY | 36,177 | 2,729,182 | 0.013256 | 550,165 | 7,293 | 68 |
| 69 | ELECTROCARDIOLOGY | 1,986,730 | 86,695,206 | 0.022916 | 40,179 | 921 | 69 |
| 70 | ELECTROENCEPHALOGRAPHY | 199,902 | 6,058,681 | 0.032994 | 11,873 | 392 | 70 |
| 71 | MEDICAL SUPPLIES CHRGD TO PA | 181,308 | 3,670,787 | 0.049392 | 52,981 | 2,617 | 71 |
| 73 | DRUGS CHARGED TO PATIENTS | 473,923 | 104,035,675 | 0.004555 | 1,313,314 | 5,982 | 73 |
| 74 | RENAL DIALYSIS | 352,977 | 25,054,512 | 0.014088 | 75,328 | 1,061 | 74 |
| 76 | PULMONARY LABS | 94,986 | 1,823,972 | 0.052076 | 633 | 33 | 76 |
| 76.01 | OCCUPATIONAL HEALTH | 46,863 | 415,574 | 0.112767 | | | 76.01 |
| 76.03 | HYPERALIMENTATION | | | | | | 76.03 |
| 76.04 | PERIPHERAL VASCULAR | 116,730 | 7,113,945 | 0.016409 | 50,253 | 825 | 76.04 |
| 76.05 | PEDIATRIC ENDO NUTRITION | | | | | | 76.05 |
| 76.07 | GASTROINTESTINAL SERVICE | 358,962 | 18,326,578 | 0.019587 | 14,149 | 277 | 76.07 |
| 76.09 | BONE MARROW PROCUREMENT | 9,052 | 1,897,820 | 0.004770 | | | 76.09 |
| 76.97 | CARDIAC REHABILITATION | | | | | | 76.97 |
| 76.98 | HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 | LITHOTRIPSY | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 90 | CLINIC | 46,642 | 392,656 | 0.118786 | | | 90 |
| 90.01 | CARDIAC REHABILITATION | 10,309 | 328,393 | 0.031392 | 70 | 2 | 90.01 |
| 90.02 | CANCER CENTER | 1,050,071 | 84,430,841 | 0.012437 | | | 90.02 |
| 90.03 | PSYCH SOCIAL REHAB | 91,794 | 454,701 | 0.201878 | | | 90.03 |
| 90.04 | WELLNESS ASSESSMENT | | | | | | 90.04 |
| 90.06 | HEART FAILURE CLINIC | | | | | | 90.06 |
| 90.07 | LOC OUTPATIENT CENTER | 3,688,539 | 91,402,324 | 0.040355 | 228,926 | 9,238 | 90.07 |
| 90.08 | OBT OUTPATIENT CENTER | 441,581 | 20,500,244 | 0.021540 | | | 90.08 |
| 90.09 | ELMHURST IMMEDIATE CARE | 64,225 | 2,324,654 | 0.027628 | | | 90.09 |
| 90.10 | LAGRANGE FAMILY PCC | 121,792 | 5,008,737 | 0.024316 | | | 90.10 |
| 90.12 | NORTH RIVERSIDE PCC | 79,848 | 4,461,207 | 0.017898 | | | 90.12 |
| 90.13 | GLENDALE HEIGHTS PCC | | | | | | 90.13 |
| 90.14 | WHEATON PCC | 50,879 | 3,854,517 | 0.013200 | | | 90.14 |
| 90.15 | OBT II PCC | 92,926 | 4,524,959 | 0.020536 | | | 90.15 |
| 90.16 | HICKORY HILLS PCC | 166,638 | 7,374,603 | 0.022596 | | | 90.16 |
| 90.18 | DARIEN PCC | 90,490 | 2,875,281 | 0.031472 | | | 90.18 |
| 90.20 | ORLANAD PARK - FP | 90,189 | 4,030,347 | 0.022377 | | | 90.20 |
| 90.21 | FAMILY PRACTICE MAYWOOD PCC | 72,253 | 2,744,275 | 0.026329 | | | 90.21 |
| 90.22 | HOMER GLEN PCC | 277,785 | 14,125,238 | 0.019666 | | | 90.22 |
| 90.23 | OAK PARK PCC | 40,888 | 1,500,195 | 0.027255 | | | 90.23 |
| 90.24 | PARK RIDGE PCC | 217,878 | 2,405,542 | 0.090573 | | | 90.24 |
| 90.25 | LOYOLA CLINIC AT GOTTLIEB | 17,026 | 317,424 | 0.053638 | | | 90.25 |
| 90.26 | WOODRIDGE PCC | | | | | | 90.26 |
| 90.27 | NEUROLOGY - NILES | 121 | 25,023 | 0.004836 | | | 90.27 |
| 90.28 | MARJORIE WEINBERG CANCER CENT | 60,536 | 15,943,053 | 0.003797 | | | 90.28 |
| 90.29 | BURR RIDGE PCC | 867,372 | 6,482,164 | 0.133809 | | | 90.29 |
| 91 | EMERGENCY | 702,313 | 75,420,370 | 0.009312 | 27,068 | 252 | 91 |
| 92 | OBSERVATION BEDS | 302,295 | | | | | 92 |
| 92.01 | OBSERVATION BEDS-DISTINCT | 53,570 | 8,811,401 | 0.006080 | | | 92.01 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
 PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 01/31/2012 09:12

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX [XX] IRF (14-T276)

| COST CENTER DESCRIPTION | CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1 | TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2 | RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3 | INPATIENT PROGRAM CHARGES 4 | CAPITAL (COL.3 x COL.4) 5 | |
|---------------------------------|--|---|---|--------------------------------------|------------------------------------|-----|
| 95 AMBULANCE SERVICES | | | | | | 95 |
| 97 DURABLE MEDICAL EQUIP-SOLD | 13,488 | 2,636,396 | 0.005116 | | | 97 |
| 200 TOTAL (SUM OF LINES 50-199) | 27,931,986 | 1,448,765,963 | 1,448,765,963 | 7,380,673 | 81,008 | 200 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] IRF (14-T276) [] NF

| COST CENTER DESCRIPTION | NON | NURSING | ALLIED | ALL OTHER | TOTAL | TOTAL O/P |
|-------------------------------------|---------------------------------------|---------|--------|-----------|---------|-----------|
| | PHYSICIAN ANESTHETIST COST 1 | | | | | |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50 OPERATING ROOM | | | | | | 50 |
| 50.01 AMBULATORY SURGERY CENTER | | | | | | 50.01 |
| 51 RECOVERY ROOM | | | | | | 51 |
| 52 DELIVERY ROOM & LABOR ROOM | | | | | | 52 |
| 53 ANESTHESIOLOGY | | | | | | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | | | | | | 54 |
| 54.01 RADIOLOGY-ULTRASOUND | | | | | | 54.01 |
| 55 RADIOLOGY-THERAPEUTIC | | | | | | 55 |
| 56 RADIOISOTOPE | | | | | | 56 |
| 57 COMPUTED TOMOGRAPHY (CT) SCAN | | | | | | 57 |
| 58 MAGNETIC RESONANCE IMAGING (M | | | | | | 58 |
| 59 CARDIAC CATHETERIZATION | | | | | | 59 |
| 60 LABORATORY | | | | | | 60 |
| 60.01 LABORATORY-SURGICAL PATHOLOGY | | | | | | 60.01 |
| 60.02 LABORATORY-NEUROSURGICAL | | | | | | 60.02 |
| 60.03 LABORATORY-HLA | | | | | | 60.03 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIA | | | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & T | | | | | | 63 |
| 65 RESPIRATORY THERAPY | | | | | | 65 |
| 66 PHYSICAL THERAPY | | | | | | 66 |
| 67 OCCUPATIONAL THERAPY | | | | | | 67 |
| 68 SPEECH PATHOLOGY | | | | | | 68 |
| 69 ELECTROCARDIOLOGY | | | | | | 69 |
| 70 ELECTROENCEPHALOGRAPHY | | | | | | 70 |
| 71 MEDICAL SUPPLIES CHRGED TO PA | | | | | | 71 |
| 73 DRUGS CHARGED TO PATIENTS | | | | | | 73 |
| 74 RENAL DIALYSIS | | | | | | 74 |
| 76 PULMONARY LABS | | | | | | 76 |
| 76.01 OCCUPATIONAL HEALTH | | | | | | 76.01 |
| 76.03 HYPERALIMENTATION | | | | | | 76.03 |
| 76.04 PERIPHERAL VASCULAR | | | | | | 76.04 |
| 76.05 PEDIATRIC ENDO NUTRITION | | | | | | 76.05 |
| 76.07 GASTROINTESTINAL SERVICE | | | | | | 76.07 |
| 76.09 BONE MARROW PROCUREMENT | | | | | | 76.09 |
| 76.97 CARDIAC REHABILITATION | | | | | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 90 CLINIC | | | | | | 90 |
| 90.01 CARDIAC REHABILITATION | | | | | | 90.01 |
| 90.02 CANCER CENTER | | | | | | 90.02 |
| 90.03 PSYCH SOCIAL REHAB | | | | | | 90.03 |
| 90.04 WELLNESS ASSESSMENT | | | | | | 90.04 |
| 90.06 HEART FAILURE CLINIC | | | | | | 90.06 |
| 90.07 LOC OUTPATIENT CENTER | | | | | | 90.07 |
| 90.08 OBT OUTPATIENT CENTER | | | | | | 90.08 |
| 90.09 ELMHURST IMMEDIATE CARE | | | | | | 90.09 |
| 90.10 LAGRANGE FAMILY PCC | | | | | | 90.10 |
| 90.12 NORTH RIVERSIDE PCC | | | | | | 90.12 |
| 90.13 GLENDALE HEIGHTS PCC | | | | | | 90.13 |
| 90.14 WHEATON PCC | | | | | | 90.14 |
| 90.15 OBT II PCC | | | | | | 90.15 |
| 90.16 HICKORY HILLS PCC | | | | | | 90.16 |
| 90.18 DARIEN PCC | | | | | | 90.18 |
| 90.20 ORLANAD PARK - FP | | | | | | 90.20 |
| 90.21 FAMILY PRACTICE MAYWOOD PCC | | | | | | 90.21 |
| 90.22 HOMER GLEN PCC | | | | | | 90.22 |
| 90.23 OAK PARK PCC | | | | | | 90.23 |
| 90.24 PARK RIDGE PCC | | | | | | 90.24 |
| 90.25 LOYOLA CLINIC AT GOTTLIEB | | | | | | 90.25 |
| 90.26 WOODRIDGE PCC | | | | | | 90.26 |
| 90.27 NEUROLOGY - NILES | | | | | | 90.27 |
| 90.28 MARJORIE WEINBERG CANCER CENT | | | | | | 90.28 |
| 90.29 BURR RIDGE PCC | | | | | | 90.29 |
| 91 EMERGENCY | | | | 772,524 | 772,524 | 772,524 |
| 92 OBSERVATION BEDS | | | | | | 92 |
| 92.01 OBSERVATION BEDS-DISTINCT | | | | | | 92.01 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 95 AMBULANCE SERVICES | | | | | | 95 |
| 97 DURABLE MEDICAL EQUIP-SOLD | | | | | | 97 |
| 200 TOTAL (SUM OF LINES 50-199) | | | | 772,524 | 772,524 | 772,524 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

| CHECK | [] TITLE V | [] HOSPITAL | [] SUB (OTHER) | [] ICF/MR | [] PPS | | |
|---------------------------------|--|--|--|-------------------|--|-----------------|--|
| APPLICABLE | [XX] TITLE XVIII-PT A | [] IPF | [] SNF | | [] TEFRA | | |
| BOXES | [] TITLE XIX | [XX] IRF (14-T276) | [] NF | | | | |
| COST CENTER DESCRIPTION | TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) | RATIO OF COST TO CHARGES (COL. 5 + COL. 7) | O/P RATIO OF COST TO CHARGES (COL. 6 + COL. 7) | INPAT PGM CHARGES | INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) | O/P PGM CHARGES | O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) |
| | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 50 | OPERATING ROOM | 134,562,482 | | 12,680 | | | 50 |
| 50.01 | AMBULATORY SURGERY CENTER | 37,874,297 | | | | | 50.01 |
| 51 | RECOVERY ROOM | 33,634,298 | | 5,414 | | | 51 |
| 52 | DELIVERY ROOM & LABOR ROOM | 7,823,319 | | | | | 52 |
| 53 | ANESTHESIOLOGY | 59,875,606 | | 11,151 | | | 53 |
| 54 | RADIOLOGY-DIAGNOSTIC | 58,408,450 | | 125,258 | | 2,819 | 54 |
| 54.01 | RADIOLOGY-ULTRASOUND | 11,349,177 | | 13,975 | | | 54.01 |
| 55 | RADIOLOGY-THERAPEUTIC | | | | | | 55 |
| 56 | RADIOISOTOPE | 22,241,224 | | 7,937 | | | 56 |
| 57 | COMPUTED TOMOGRAPHY (CT) SCA | 78,309,113 | | 135,111 | | | 57 |
| 58 | MAGNETIC RESONANCE IMAGING (| 37,783,038 | | 34,249 | | | 58 |
| 59 | CARDIAC CATHETERIZATION | 55,315,865 | | 4,013 | | | 59 |
| 60 | LABORATORY | 186,131,502 | | 834,081 | | 269 | 60 |
| 60.01 | LABORATORY-SURGICAL PATHOLOG | 15,497,681 | | 5,331 | | | 60.01 |
| 60.02 | LABORATORY-NEUROSURGICAL | | | | | | 60.02 |
| 60.03 | LABORATORY-HLA | 7,190 | | | | | 60.03 |
| 62.30 | BLOOD CLOTTING FOR HEMOPHILI | | | | | | 62.30 |
| 63 | BLOOD STORING, PROCESSING & | 22,349,416 | | 49,230 | | | 63 |
| 65 | RESPIRATORY THERAPY | 41,396,643 | | 530,048 | | | 65 |
| 66 | PHYSICAL THERAPY | 17,426,967 | | 1,471,773 | | | 66 |
| 67 | OCCUPATIONAL THERAPY | 8,583,218 | | 1,775,483 | | | 67 |
| 68 | SPEECH PATHOLOGY | 2,729,182 | | 550,165 | | | 68 |
| 69 | ELECTROCARDIOLOGY | 86,695,206 | | 40,179 | | 11,899 | 69 |
| 70 | ELECTROENCEPHALOGRAPHY | 6,058,681 | | 11,873 | | | 70 |
| 71 | MEDICAL SUPPLIES CHRGED TO P | 3,670,787 | | 52,981 | | 1,781 | 71 |
| 73 | DRUGS CHARGED TO PATIENTS | 104,035,675 | | 1,313,314 | | | 73 |
| 74 | RENAL DIALYSIS | 25,054,512 | | 75,328 | | | 74 |
| 76 | PULMONARY LABS | 1,823,972 | | 633 | | | 76 |
| 76.01 | OCCUPATIONAL HEALTH | 415,574 | | | | | 76.01 |
| 76.03 | HYPERALIMENTATION | | | | | | 76.03 |
| 76.04 | PERIPHERAL VASCULAR | 7,113,945 | | 50,253 | | | 76.04 |
| 76.05 | PEDIATRIC ENDO NUTRITION | | | | | | 76.05 |
| 76.07 | GASTROINTESTINAL SERVICE | 18,326,578 | | 14,149 | | | 76.07 |
| 76.09 | BONE MARROW PROCUREMENT | 1,897,820 | | | | | 76.09 |
| 76.97 | CARDIAC REHABILITATION | | | | | | 76.97 |
| 76.98 | HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 | LITHOTRIPSY | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 90 | CLINIC | 392,656 | | | | | 90 |
| 90.01 | CARDIAC REHABILITATION | 328,393 | | 70 | | | 90.01 |
| 90.02 | CANCER CENTER | 84,430,841 | | | | | 90.02 |
| 90.03 | PSYCH SOCIAL REHAB | 454,701 | | | | | 90.03 |
| 90.04 | WELLNESS ASSESSMENT | | | | | | 90.04 |
| 90.06 | HEART FAILURE CLINIC | | | | | | 90.06 |
| 90.07 | LOC OUTPATIENT CENTER | 91,402,324 | | 228,926 | | | 90.07 |
| 90.08 | OBT OUTPATIENT CENTER | 20,500,244 | | | | | 90.08 |
| 90.09 | ELMHURST IMMEDIATE CARE | 2,324,654 | | | | | 90.09 |
| 90.10 | LAGRANGE FAMILY PCC | 5,008,737 | | | | | 90.10 |
| 90.12 | NORTH RIVERSIDE PCC | 4,461,207 | | | | | 90.12 |
| 90.13 | GLENDALE HEIGHTS PCC | | | | | | 90.13 |
| 90.14 | WHEATON PCC | 3,854,517 | | | | | 90.14 |
| 90.15 | OBT II PCC | 4,524,959 | | | | | 90.15 |
| 90.16 | HICKORY HILLS PCC | 7,374,603 | | | | | 90.16 |
| 90.18 | DARIEN PCC | 2,875,281 | | | | | 90.18 |
| 90.20 | ORLANAD PARK - FP | 4,030,347 | | | | | 90.20 |
| 90.21 | FAMILY PRACTICE MAYWOOD PCC | 2,744,275 | | | | | 90.21 |
| 90.22 | HOMER GLEN PCC | 14,125,238 | | | | | 90.22 |
| 90.23 | OAK PARK PCC | 1,500,195 | | | | | 90.23 |
| 90.24 | PARK RIDGE PCC | 2,405,542 | | | | | 90.24 |
| 90.25 | LOYOLA CLINIC AT GOTTLIEB | 317,424 | | | | | 90.25 |
| 90.26 | WOODRIDGE PCC | | | | | | 90.26 |
| 90.27 | NEUROLOGY - NILES | 25,023 | | | | | 90.27 |
| 90.28 | MARJORIE WEINBERG CANCER CEN | 15,943,053 | | | | | 90.28 |
| 90.29 | BURR RIDGE PCC | 6,482,164 | | | | | 90.29 |
| 91 | EMERGENCY | 75,420,370 | 0.010243 | 0.010243 | 27,068 | 277 | 91 |
| 92 | OBSERVATION BEDS | | | | | | 92 |
| 92.01 | OBSERVATION BEDS-DISTINCT | 8,811,401 | | | | | 92.01 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 95 | AMBULANCE SERVICES | | | | | | 95 |

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
 PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] IRF (14-T276) [] NF

| COST CENTER DESCRIPTION | TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7 | RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8 | O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9 | INPAT PGM CHARGES 10 | INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11 | O/P PGM CHARGES 12 | O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13 |
|---------------------------------|---|---|---|-------------------------|--|-----------------------|--|
| 97 DURABLE MEDICAL EQUIP-SOLD | 2,636,396 | | | | | | 97 |
| 200 TOTAL (SUM OF LINES 50-199) | 1,448,765,963 | | | 7,380,673 | 277 | 16,768 | 200 |

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
 PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [XX] IRF (14-T276) [] NF [] ICF/MR

| COST CENTER DESCRIPTION | PROGRAM CHARGES | | | | PROGRAM COSTS | | | 92.01 |
|---------------------------------------|--|---------------------|------------------------|----------------------------------|---------------|---------------------------|---|-------|
| | COST TO | PPS | COST REIMB. SERVICES | COST REIMB. SVCES NOT SUBJECT TO | COST SERVICES | COST SVCES NOT SUBJECT TO | | |
| | CHARGE RATIO FROM WKST C, PT I, COL. 9 | REIMBURSED SERVICES | SUBJECT TO DED & COINS | SUBJECT TO DED & COINS | PPS SERVICES | SUBJECT TO DED & COINS | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| 92.01 OBSERVATION BEDS-DISTINCT | 0.074031 | | | | | | | 92.01 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | | |
| 95 AMBULANCE SERVICES | 153.669879 | | | | | | | 95 |
| 97 DURABLE MEDICAL EQUIP-SOLD | 1.044226 | | | | | | | 97 |
| 200 SUBTOTAL (SEE INSTRUCTIONS) | | 16,768 | | | 5,901 | | | 200 |
| 201 LESS PBP CLINIC LAB SERVICES | | | | | | | | 201 |
| 202 NET CHARGES (LINE 200 - LINE 201) | | 16,768 | | | 5,901 | | | 202 |

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

| COST CENTER DESCRIPTION | CAP-REL COST | REDUCED CAP-REL COST | TOTAL PATIENT DAYS | PER DIEM | INPAT PGM DAYS | INPAT PGM CAP COST | |
|---------------------------------|--------------------------------|--|---------------------|-----------------|----------------|--------------------|-------|
| | (FROM WKST B, PT. II, COL. 26) | SWING-BED ADJUSTMENT (COL.1 MINUS COL.2) | (COL.1 MINUS COL.2) | (COL.3 + COL.4) | PGM DAYS | (COL.5 x COL.6) | |
| | 1 | 2 | 3 | 5 | 6 | 7 | |
| INPAT ROUTINE SERV COST CTRS | | | | | | | |
| 30 ADULTS & PEDIATRICS | 3,332,507 | | 3,332,507 | 40.51 | 17,011 | 689,116 | 30 |
| 31 INTENSIVE CARE UNIT | 884,689 | | 884,689 | 60.30 | 2,391 | 144,177 | 31 |
| 32 CORONARY CARE UNIT | | | | | | | 32 |
| 33 BURN INTENSIVE CARE UNIT | 238,191 | | 238,191 | 75.66 | 1,168 | 88,371 | 33 |
| 34 SURGICAL INTENSIVE CARE UNIT | | | | | | | 34 |
| 35 NEONATAL INTENSIVE CARE | 474,313 | | 474,313 | 45.77 | 7,262 | 332,382 | 35 |
| 35.01 PEDIATRIC INTENSIVE CARE | 107,119 | | 107,119 | 44.52 | 1,665 | 74,126 | 35.01 |
| 35.03 HEART TRANSPLANT ICU | 182,848 | | 182,848 | 62.11 | 349 | 21,676 | 35.03 |
| 35.04 BONE INTENSIVE CARE | 170,792 | | 170,792 | 44.30 | 395 | 17,499 | 35.04 |
| 40 SUBPROVIDER - IPF | | | | | | | 40 |
| 41 SUBPROVIDER - IRF | 376,260 | | 376,260 | 39.35 | 1,224 | 48,164 | 41 |
| 42 SUBPROVIDER I | | | | | | | 42 |
| 43 NURSERY | 4,323 | | 4,323 | 3.09 | 242 | 748 | 43 |
| 44 SKILLED NURSING FACILITY | | | | | | | 44 |
| 45 NURSING FACILITY | | | | | | | 45 |
| 200 TOTAL (LINES 30-199) | 5,771,042 | | 5,771,042 | | 31,707 | 1,416,259 | 200 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

| CHECK APPLICABLE BOXES | [] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX | [XX] HOSPITAL (14-0276) [] IPF [] IRF | [] SUB (OTHER) | [XX] PPS [] TEFRA [] OTHER | |
|---------------------------------|---|---|---|------------------------------------|------------------------------|
| COST CENTER DESCRIPTION | CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1 | TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2 | RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3 | INPATIENT PROGRAM CHARGES 4 | CAPITAL (COL.3 x COL.4) 5 |
| ANCILLARY SERVICE COST CENTERS | | | | | |
| 50 | OPERATING ROOM | 5,013,596 | 134,562,482 | 0.037258 | 50 |
| 50.01 | AMBULATORY SURGERY CENTER | 1,085,254 | 37,874,297 | 0.028654 | 50.01 |
| 51 | RECOVERY ROOM | 490,905 | 33,634,298 | 0.014595 | 51 |
| 52 | DELIVERY ROOM & LABOR ROOM | 183,564 | 7,823,319 | 0.023464 | 52 |
| 53 | ANESTHESIOLOGY | 349,168 | 59,875,606 | 0.005832 | 53 |
| 54 | RADIOLOGY-DIAGNOSTIC | 2,211,779 | 58,408,450 | 0.037867 | 54 |
| 54.01 | RADIOLOGY-ULTRASOUND | 168,471 | 11,349,177 | 0.014844 | 54.01 |
| 55 | RADIOLOGY-THERAPEUTIC | | | | 55 |
| 56 | RADIOISOTOPE | 376,987 | 22,241,224 | 0.016950 | 56 |
| 57 | COMPUTED TOMOGRAPHY (CT) SCAN | 777,620 | 78,309,113 | 0.009930 | 57 |
| 58 | MAGNETIC RESONANCE IMAGING (M | 737,809 | 37,783,038 | 0.019528 | 58 |
| 59 | CARDIAC CATHETERIZATION | 1,673,290 | 55,315,865 | 0.030250 | 59 |
| 60 | LABORATORY | 1,039,145 | 186,131,502 | 0.005583 | 60 |
| 60.01 | LABORATORY-SURGICAL PATHOLOGY | 384,461 | 15,497,681 | 0.024808 | 60.01 |
| 60.02 | LABORATORY-NEUROSURGICAL | | | | 60.02 |
| 60.03 | LABORATORY-HLA | 28,145 | 7,190 | 3.914465 | 60.03 |
| 62.30 | BLOOD CLOTTING FOR HEMOPHILIA | | | | 62.30 |
| 63 | BLOOD STORING, PROCESSING & T | 145,555 | 22,349,416 | 0.006513 | 63 |
| 65 | RESPIRATORY THERAPY | 416,659 | 41,396,643 | 0.010065 | 65 |
| 66 | PHYSICAL THERAPY | 197,634 | 17,426,967 | 0.011341 | 66 |
| 67 | OCCUPATIONAL THERAPY | 82,886 | 8,583,218 | 0.009657 | 67 |
| 68 | SPEECH PATHOLOGY | 36,177 | 2,729,182 | 0.013256 | 68 |
| 69 | ELECTROCARDIOLOGY | 1,986,730 | 86,695,206 | 0.022916 | 69 |
| 70 | ELECTROENCEPHALOGRAPHY | 199,902 | 6,058,681 | 0.032994 | 70 |
| 71 | MEDICAL SUPPLIES CHRGED TO PA | 181,308 | 3,670,787 | 0.049392 | 71 |
| 73 | DRUGS CHARGED TO PATIENTS | 473,923 | 104,035,675 | 0.004555 | 73 |
| 74 | RENAL DIALYSIS | 352,977 | 25,054,512 | 0.014088 | 74 |
| 76 | PULMONARY LABS | 94,986 | 1,823,972 | 0.052076 | 76 |
| 76.01 | OCCUPATIONAL HEALTH | 46,863 | 415,574 | 0.112767 | 76.01 |
| 76.03 | HYPERALIMENTATION | | | | 76.03 |
| 76.04 | PERIPHERAL VASCULAR | 116,730 | 7,113,945 | 0.016409 | 76.04 |
| 76.05 | PEDIATRIC ENDO NUTRITION | | | | 76.05 |
| 76.07 | GASTROINTESTINAL SERVICE | 358,962 | 18,326,578 | 0.019587 | 76.07 |
| 76.09 | BONE MARROW PROCUREMENT | 9,052 | 1,897,820 | 0.004770 | 76.09 |
| 76.97 | CARDIAC REHABILITATION | | | | 76.97 |
| 76.98 | HYPERBARIC OXYGEN THERAPY | | | | 76.98 |
| 76.99 | LITHOTRIPSY | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | |
| 90 | CLINIC | 46,642 | 392,656 | 0.118786 | 90 |
| 90.01 | CARDIAC REHABILITATION | 10,309 | 328,393 | 0.031392 | 90.01 |
| 90.02 | CANCER CENTER | 1,050,071 | 84,430,841 | 0.012437 | 90.02 |
| 90.03 | PSYCH SOCIAL REHAB | 91,794 | 454,701 | 0.201878 | 90.03 |
| 90.04 | WELLNESS ASSESSMENT | | | | 90.04 |
| 90.06 | HEART FAILURE CLINIC | | | | 90.06 |
| 90.07 | LOC OUTPATIENT CENTER | 3,688,539 | 91,402,324 | 0.040355 | 90.07 |
| 90.08 | OBT OUTPATIENT CENTER | 441,581 | 20,500,244 | 0.021540 | 90.08 |
| 90.09 | ELMHURST IMMEDIATE CARE | 64,225 | 2,324,654 | 0.027628 | 90.09 |
| 90.10 | LAGRANGE FAMILY PCC | 121,792 | 5,008,737 | 0.024316 | 90.10 |
| 90.12 | NORTH RIVERSIDE PCC | 79,848 | 4,461,207 | 0.017898 | 90.12 |
| 90.13 | GLENDALE HEIGHTS PCC | | | | 90.13 |
| 90.14 | WHEATON PCC | 50,879 | 3,854,517 | 0.013200 | 90.14 |
| 90.15 | OBT II PCC | 92,926 | 4,524,959 | 0.020536 | 90.15 |
| 90.16 | HICKORY HILLS PCC | 166,638 | 7,374,603 | 0.022596 | 90.16 |
| 90.18 | DARIEN PCC | 90,490 | 2,875,281 | 0.031472 | 90.18 |
| 90.20 | ORLANAD PARK - FP | 90,189 | 4,030,347 | 0.022377 | 90.20 |
| 90.21 | FAMILY PRACTICE MAYWOOD PCC | 72,253 | 2,744,275 | 0.026329 | 90.21 |
| 90.22 | HOMER GLEN PCC | 277,785 | 14,125,238 | 0.019666 | 90.22 |
| 90.23 | OAK PARK PCC | 40,888 | 1,500,195 | 0.027255 | 90.23 |
| 90.24 | PARK RIDGE PCC | 217,878 | 2,405,542 | 0.090573 | 90.24 |
| 90.25 | LOYOLA CLINIC AT GOTTLIEB | 17,026 | 317,424 | 0.053638 | 90.25 |
| 90.26 | WOODRIDGE PCC | | | | 90.26 |
| 90.27 | NEUROLOGY - NILES | 121 | 25,023 | 0.004836 | 90.27 |
| 90.28 | MARJORIE WEINBERG CANCER CENT | 60,536 | 15,943,053 | 0.003797 | 90.28 |
| 90.29 | BURR RIDGE PCC | 867,372 | 6,482,164 | 0.133809 | 90.29 |
| 91 | EMERGENCY | 702,313 | 75,420,370 | 0.009312 | 91 |
| 92 | OBSERVATION BEDS | | | | 92 |
| 92.01 | OBSERVATION BEDS-DISTINCT | 53,570 | 8,811,401 | 0.006080 | 92.01 |
| OTHER REIMBURSABLE COST CENTERS | | | | | |

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
 PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0276) [] SUB (OTHER) [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] OTHER

| COST CENTER DESCRIPTION | CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1 | TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2 | RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3 | INPATIENT PROGRAM CHARGES 4 | CAPITAL (COL.3 x COL.4) 5 | |
|---------------------------------|--|---|---|--------------------------------------|------------------------------------|-----|
| 95 AMBULANCE SERVICES | | | | | | 95 |
| 97 DURABLE MEDICAL EQUIP-SOLD | 13,488 | 2,636,396 | 0.005116 | | | 97 |
| 200 TOTAL (SUM OF LINES 50-199) | 27,629,691 | 1,448,765,963 | 1,448,765,963 | | | 200 |

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
 PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

| COST CENTER DESCRIPTION | NURSING SCHOOL 1 | ALLIED HEALTH COST 2 | ALL OTHER MEDICAL EDUCATION COST 3 | SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4 | TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5 |
|---------------------------------|---------------------|-------------------------|---------------------------------------|---|--|
| INPAT ROUTINE SERV COST CTRS | | | | | |
| 30 ADULTS & PEDIATRICS | | | | | 30 |
| 31 INTENSIVE CARE UNIT | | | | | 31 |
| 32 CORONARY CARE UNIT | | | | | 32 |
| 33 BURN INTENSIVE CARE UNIT | | | | | 33 |
| 34 SURGICAL INTENSIVE CARE UNIT | | | | | 34 |
| 35 NEONATAL INTENSIVE CARE | | | | | 35 |
| 35.01 PEDIATRIC INTENSIVE CARE | | | | | 35.01 |
| 35.03 HEART TRANSPLANT ICU | | | | | 35.03 |
| 35.04 BONE INTENSIVE CARE | | | | | 35.04 |
| 40 SUBPROVIDER - IPF | | | | | 40 |
| 41 SUBPROVIDER - IRF | | | | | 41 |
| 42 SUBPROVIDER I | | | | | 42 |
| 43 NURSERY | | | | | 43 |
| 44 SKILLED NURSING FACILITY | | | | | 44 |
| 45 NURSING FACILITY | | | | | 45 |
| 200 TOTAL (SUM OF LINES 30-199) | | | | | 200 |

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
 PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

| COST CENTER DESCRIPTION | TOTAL PATIENT DAYS 6 | PER DIEM COL.5 ÷ COL.6) 7 | INPATIENT PROGRAM DAYS 8 | INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9 | |
|---------------------------------|-------------------------------|------------------------------------|-----------------------------------|--|-------|
| INPAT ROUTINE SERV COST CTRS | | | | | |
| 30 ADULTS & PEDIATRICS | 82,261 | | 17,011 | | 30 |
| 31 INTENSIVE CARE UNIT | 14,671 | | 2,391 | | 31 |
| 32 CORONARY CARE UNIT | | | | | 32 |
| 33 BURN INTENSIVE CARE UNIT | 3,148 | | 1,168 | | 33 |
| 34 SURGICAL INTENSIVE CARE UNIT | | | | | 34 |
| 35 NEONATAL INTENSIVE CARE | 10,363 | | 7,262 | | 35 |
| 35.01 PEDIATRIC INTENSIVE CARE | 2,406 | | 1,665 | | 35.01 |
| 35.03 HEART TRANSPLANT ICU | 2,944 | | 349 | | 35.03 |
| 35.04 BONE INTENSIVE CARE | 3,855 | | 395 | | 35.04 |
| 40 SUBPROVIDER - IPF | | | | | 40 |
| 41 SUBPROVIDER - IRF | 9,561 | | 1,224 | | 41 |
| 42 SUBPROVIDER I | | | | | 42 |
| 43 NURSERY | 1,399 | | 242 | | 43 |
| 44 SKILLED NURSING FACILITY | | | | | 44 |
| 45 NURSING FACILITY | | | | | 45 |
| 200 TOTAL (SUM OF LINES 30-199) | 130,608 | | 31,707 | | 200 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0276) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [] OTHER

| COST CENTER DESCRIPTION | NON | NURSING | ALLIED | ALL OTHER | TOTAL | TOTAL O/P | PPS |
|-------------------------------------|---------------------------------------|---------|--------|-------------|-----------------------------------|----------------------------|-------|
| | PHYSICIAN ANESTHETIST COST 1 | | | SCHOOL 2 | MEDICAL EDUCATION COST 4 | (SUM OF COLS. 1-4) 5 | |
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 50 OPERATING ROOM | | | | | | | 50 |
| 50.01 AMBULATORY SURGERY CENTER | | | | | | | 50.01 |
| 51 RECOVERY ROOM | | | | | | | 51 |
| 52 DELIVERY ROOM & LABOR ROOM | | | | | | | 52 |
| 53 ANESTHESIOLOGY | | | | | | | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | | | | | | | 54 |
| 54.01 RADIOLOGY-ULTRASOUND | | | | | | | 54.01 |
| 55 RADIOLOGY-THERAPEUTIC | | | | | | | 55 |
| 56 RADIOISOTOPE | | | | | | | 56 |
| 57 COMPUTED TOMOGRAPHY (CT) SCAN | | | | | | | 57 |
| 58 MAGNETIC RESONANCE IMAGING (M | | | | | | | 58 |
| 59 CARDIAC CATHETERIZATION | | | | | | | 59 |
| 60 LABORATORY | | | | | | | 60 |
| 60.01 LABORATORY-SURGICAL PATHOLOGY | | | | | | | 60.01 |
| 60.02 LABORATORY-NEUROSURGICAL | | | | | | | 60.02 |
| 60.03 LABORATORY-HLA | | | | | | | 60.03 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIA | | | | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & T | | | | | | | 63 |
| 65 RESPIRATORY THERAPY | | | | | | | 65 |
| 66 PHYSICAL THERAPY | | | | | | | 66 |
| 67 OCCUPATIONAL THERAPY | | | | | | | 67 |
| 68 SPEECH PATHOLOGY | | | | | | | 68 |
| 69 ELECTROCARDIOLOGY | | | | | | | 69 |
| 70 ELECTROENCEPHALOGRAPHY | | | | | | | 70 |
| 71 MEDICAL SUPPLIES CHRGED TO PA | | | | | | | 71 |
| 73 DRUGS CHARGED TO PATIENTS | | | | | | | 73 |
| 74 RENAL DIALYSIS | | | | | | | 74 |
| 76 PULMONARY LABS | | | | | | | 76 |
| 76.01 OCCUPATIONAL HEALTH | | | | | | | 76.01 |
| 76.03 HYPERALIMENTATION | | | | | | | 76.03 |
| 76.04 PERIPHERAL VASCULAR | | | | | | | 76.04 |
| 76.05 PEDIATRIC ENDO NUTRITION | | | | | | | 76.05 |
| 76.07 GASTROINTESTINAL SERVICE | | | | | | | 76.07 |
| 76.09 BONE MARROW PROCUREMENT | | | | | | | 76.09 |
| 76.97 CARDIAC REHABILITATION | | | | | | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 90 CLINIC | | | | | | | 90 |
| 90.01 CARDIAC REHABILITATION | | | | | | | 90.01 |
| 90.02 CANCER CENTER | | | | | | | 90.02 |
| 90.03 PSYCH SOCIAL REHAB | | | | | | | 90.03 |
| 90.04 WELLNESS ASSESSMENT | | | | | | | 90.04 |
| 90.06 HEART FAILURE CLINIC | | | | | | | 90.06 |
| 90.07 LOC OUTPATIENT CENTER | | | | | | | 90.07 |
| 90.08 OBT OUTPATIENT CENTER | | | | | | | 90.08 |
| 90.09 ELMHURST IMMEDIATE CARE | | | | | | | 90.09 |
| 90.10 LAGRANGE FAMILY PCC | | | | | | | 90.10 |
| 90.12 NORTH RIVERSIDE PCC | | | | | | | 90.12 |
| 90.13 GLENDALE HEIGHTS PCC | | | | | | | 90.13 |
| 90.14 WHEATON PCC | | | | | | | 90.14 |
| 90.15 OBT II PCC | | | | | | | 90.15 |
| 90.16 HICKORY HILLS PCC | | | | | | | 90.16 |
| 90.18 DARIEN PCC | | | | | | | 90.18 |
| 90.20 ORLANAD PARK - FP | | | | | | | 90.20 |
| 90.21 FAMILY PRACTICE MAYWOOD PCC | | | | | | | 90.21 |
| 90.22 HOMER GLEN PCC | | | | | | | 90.22 |
| 90.23 OAK PARK PCC | | | | | | | 90.23 |
| 90.24 PARK RIDGE PCC | | | | | | | 90.24 |
| 90.25 LOYOLA CLINIC AT GOTTLIEB | | | | | | | 90.25 |
| 90.26 WOODRIDGE PCC | | | | | | | 90.26 |
| 90.27 NEUROLOGY - NILES | | | | | | | 90.27 |
| 90.28 MARJORIE WEINBERG CANCER CENT | | | | | | | 90.28 |
| 90.29 BURR RIDGE PCC | | | | | | | 90.29 |
| 91 EMERGENCY | | | | 772,524 | 772,524 | 772,524 | 91 |
| 92 OBSERVATION BEDS | | | | | | | 92 |
| 92.01 OBSERVATION BEDS-DISTINCT | | | | | | | 92.01 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 95 AMBULANCE SERVICES | | | | | | | 95 |
| 97 DURABLE MEDICAL EQUIP-SOLD | | | | | | | 97 |
| 200 TOTAL (SUM OF LINES 50-199) | | | | 772,524 | 772,524 | 772,524 | 200 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0276) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [] OTHER

| COST CENTER DESCRIPTION | TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) | RATIO OF COST TO CHARGES (COL. 5 + COL. 7) | O/P RATIO OF COST TO CHARGES (COL. 6 + COL. 7) | INPAT PGM CHARGES | INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) | O/P PGM CHARGES | O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) |
|------------------------------------|--|--|--|-------------------|--|-----------------|--|
| | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 50 OPERATING ROOM | 134,562,482 | | | | | | 50 |
| 50.01 AMBULATORY SURGERY CENTER | 37,874,297 | | | | | | 50.01 |
| 51 RECOVERY ROOM | 33,634,298 | | | | | | 51 |
| 52 DELIVERY ROOM & LABOR ROOM | 7,823,319 | | | | | | 52 |
| 53 ANESTHESIOLOGY | 59,875,606 | | | | | | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | 58,408,450 | | | | | | 54 |
| 54.01 RADIOLOGY-ULTRASOUND | 11,349,177 | | | | | | 54.01 |
| 55 RADIOLOGY-THERAPEUTIC | | | | | | | 55 |
| 56 RADIOISOTOPE | 22,241,224 | | | | | | 56 |
| 57 COMPUTED TOMOGRAPHY (CT) SCA | 78,309,113 | | | | | | 57 |
| 58 MAGNETIC RESONANCE IMAGING (| 37,783,038 | | | | | | 58 |
| 59 CARDIAC CATHETERIZATION | 55,315,865 | | | | | | 59 |
| 60 LABORATORY | 186,131,502 | | | | | | 60 |
| 60.01 LABORATORY-SURGICAL PATHOLOG | 15,497,681 | | | | | | 60.01 |
| 60.02 LABORATORY-NEUROSURGICAL | | | | | | | 60.02 |
| 60.03 LABORATORY-HLA | 7,190 | | | | | | 60.03 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILI | | | | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & | 22,349,416 | | | | | | 63 |
| 65 RESPIRATORY THERAPY | 41,396,643 | | | | | | 65 |
| 66 PHYSICAL THERAPY | 17,426,967 | | | | | | 66 |
| 67 OCCUPATIONAL THERAPY | 8,583,218 | | | | | | 67 |
| 68 SPEECH PATHOLOGY | 2,729,182 | | | | | | 68 |
| 69 ELECTROCARDIOLOGY | 86,695,206 | | | | | | 69 |
| 70 ELECTROENCEPHALOGRAPHY | 6,058,681 | | | | | | 70 |
| 71 MEDICAL SUPPLIES CHRGED TO P | 3,670,787 | | | | | | 71 |
| 73 DRUGS CHARGED TO PATIENTS | 104,035,675 | | | | | | 73 |
| 74 RENAL DIALYSIS | 25,054,512 | | | | | | 74 |
| 76 PULMONARY LABS | 1,823,972 | | | | | | 76 |
| 76.01 OCCUPATIONAL HEALTH | 415,574 | | | | | | 76.01 |
| 76.03 HYPERALIMENTATION | | | | | | | 76.03 |
| 76.04 PERIPHERAL VASCULAR | 7,113,945 | | | | | | 76.04 |
| 76.05 PEDIATRIC ENDO NUTRITION | | | | | | | 76.05 |
| 76.07 GASTROINTESTINAL SERVICE | 18,326,578 | | | | | | 76.07 |
| 76.09 BONE MARROW PROCUREMENT | 1,897,820 | | | | | | 76.09 |
| 76.97 CARDIAC REHABILITATION | | | | | | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 90 CLINIC | 392,656 | | | | | | 90 |
| 90.01 CARDIAC REHABILITATION | 328,393 | | | | | | 90.01 |
| 90.02 CANCER CENTER | 84,430,841 | | | | | | 90.02 |
| 90.03 PSYCH SOCIAL REHAB | 454,701 | | | | | | 90.03 |
| 90.04 WELLNESS ASSESSMENT | | | | | | | 90.04 |
| 90.06 HEART FAILURE CLINIC | | | | | | | 90.06 |
| 90.07 LOC OUTPATIENT CENTER | 91,402,324 | | | | | | 90.07 |
| 90.08 OBT OUTPATIENT CENTER | 20,500,244 | | | | | | 90.08 |
| 90.09 ELMHURST IMMEDIATE CARE | 2,324,654 | | | | | | 90.09 |
| 90.10 LAGRANGE FAMILY PCC | 5,008,737 | | | | | | 90.10 |
| 90.12 NORTH RIVERSIDE PCC | 4,461,207 | | | | | | 90.12 |
| 90.13 GLENDALE HEIGHTS PCC | | | | | | | 90.13 |
| 90.14 WHEATON PCC | 3,854,517 | | | | | | 90.14 |
| 90.15 OBT II PCC | 4,524,959 | | | | | | 90.15 |
| 90.16 HICKORY HILLS PCC | 7,374,603 | | | | | | 90.16 |
| 90.18 DARIEN PCC | 2,875,281 | | | | | | 90.18 |
| 90.20 ORLANAD PARK - FP | 4,030,347 | | | | | | 90.20 |
| 90.21 FAMILY PRACTICE MAYWOOD PCC | 2,744,275 | | | | | | 90.21 |
| 90.22 HOMER GLEN PCC | 14,125,238 | | | | | | 90.22 |
| 90.23 OAK PARK PCC | 1,500,195 | | | | | | 90.23 |
| 90.24 PARK RIDGE PCC | 2,405,542 | | | | | | 90.24 |
| 90.25 LOYOLA CLINIC AT GOTTLIEB | 317,424 | | | | | | 90.25 |
| 90.26 WOODRIDGE PCC | | | | | | | 90.26 |
| 90.27 NEUROLOGY - NILES | 25,023 | | | | | | 90.27 |
| 90.28 MARJORIE WEINBERG CANCER CEN | 15,943,053 | | | | | | 90.28 |
| 90.29 BURR RIDGE PCC | 6,482,164 | | | | | | 90.29 |
| 91 EMERGENCY | 75,420,370 | 0.010243 | 0.010243 | | | | 91 |
| 92 OBSERVATION BEDS | | | | | | | 92 |
| 92.01 OBSERVATION BEDS-DISTINCT | 8,811,401 | | | | | | 92.01 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 95 AMBULANCE SERVICES | 2,387 | | | | | | 95 |

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
 PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 01/31/2012 09:12

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0276) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [] OTHER

| COST CENTER DESCRIPTION | TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7 | RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8 | O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9 | INPAT PGM CHARGES 10 | INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11 | O/P PGM CHARGES 12 | O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13 |
|---------------------------------|---|---|---|-------------------------|--|-----------------------|--|
| 97 DURABLE MEDICAL EQUIP-SOLD | 2,636,396 | | | | | | 97 |
| 200 TOTAL (SUM OF LINES 50-199) | 1,448,765,963 | | | | | | 200 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] IPF (14-S276) [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [XX] OTHER

| COST CENTER DESCRIPTION | CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1 | TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2 | RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3 | INPATIENT PROGRAM CHARGES 4 | CAPITAL (COL.3 x COL.4) 5 |
|-------------------------------------|---|--|--|--------------------------------|---------------------------------|
| ANCILLARY SERVICE COST CENTERS | | | | | |
| 50 OPERATING ROOM | | | | | 50 |
| 50.01 AMBULATORY SURGERY CENTER | | | | | 50.01 |
| 51 RECOVERY ROOM | | | | | 51 |
| 52 DELIVERY ROOM & LABOR ROOM | | | | | 52 |
| 53 ANESTHESIOLOGY | | | | | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | | | | | 54 |
| 54.01 RADIOLOGY-ULTRASOUND | | | | | 54.01 |
| 55 RADIOLOGY-THERAPEUTIC | | | | | 55 |
| 56 RADIOISOTOPE | | | | | 56 |
| 57 COMPUTED TOMOGRAPHY (CT) SCAN | | | | | 57 |
| 58 MAGNETIC RESONANCE IMAGING (M | | | | | 58 |
| 59 CARDIAC CATHETERIZATION | | | | | 59 |
| 60 LABORATORY | | | | | 60 |
| 60.01 LABORATORY-SURGICAL PATHOLOGY | | | | | 60.01 |
| 60.02 LABORATORY-NEUROSURGICAL | | | | | 60.02 |
| 60.03 LABORATORY-HLA | | | | | 60.03 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIA | | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & T | | | | | 63 |
| 65 RESPIRATORY THERAPY | | | | | 65 |
| 66 PHYSICAL THERAPY | | | | | 66 |
| 67 OCCUPATIONAL THERAPY | | | | | 67 |
| 68 SPEECH PATHOLOGY | | | | | 68 |
| 69 ELECTROCARDIOLOGY | | | | | 69 |
| 70 ELECTROENCEPHALOGRAPHY | | | | | 70 |
| 71 MEDICAL SUPPLIES CHRGED TO PA | | | | | 71 |
| 73 DRUGS CHARGED TO PATIENTS | | | | | 73 |
| 74 RENAL DIALYSIS | | | | | 74 |
| 76 PULMONARY LABS | | | | | 76 |
| 76.01 OCCUPATIONAL HEALTH | | | | | 76.01 |
| 76.03 HYPERALIMENTATION | | | | | 76.03 |
| 76.04 PERIPHERAL VASCULAR | | | | | 76.04 |
| 76.05 PEDIATRIC ENDO NUTRITION | | | | | 76.05 |
| 76.07 GASTROINTESTINAL SERVICE | | | | | 76.07 |
| 76.09 BONE MARROW PROCUREMENT | | | | | 76.09 |
| 76.97 CARDIAC REHABILITATION | | | | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | |
| 90 CLINIC | | | | | 90 |
| 90.01 CARDIAC REHABILITATION | | | | | 90.01 |
| 90.02 CANCER CENTER | | | | | 90.02 |
| 90.03 PSYCH SOCIAL REHAB | | | | | 90.03 |
| 90.04 WELLNESS ASSESSMENT | | | | | 90.04 |
| 90.06 HEART FAILURE CLINIC | | | | | 90.06 |
| 90.07 LOC OUTPATIENT CENTER | | | | | 90.07 |
| 90.08 OBT OUTPATIENT CENTER | | | | | 90.08 |
| 90.09 ELMHURST IMMEDIATE CARE | | | | | 90.09 |
| 90.10 LAGRANGE FAMILY PCC | | | | | 90.10 |
| 90.12 NORTH RIVERSIDE PCC | | | | | 90.12 |
| 90.13 GLENDALE HEIGHTS PCC | | | | | 90.13 |
| 90.14 WHEATON PCC | | | | | 90.14 |
| 90.15 OBT II PCC | | | | | 90.15 |
| 90.16 HICKORY HILLS PCC | | | | | 90.16 |
| 90.18 DARIEN PCC | | | | | 90.18 |
| 90.20 ORLANAD PARK - FP | | | | | 90.20 |
| 90.21 FAMILY PRACTICE MAYWOOD PCC | | | | | 90.21 |
| 90.22 HOMER GLEN PCC | | | | | 90.22 |
| 90.23 OAK PARK PCC | | | | | 90.23 |
| 90.24 PARK RIDGE PCC | | | | | 90.24 |
| 90.25 LOYOLA CLINIC AT GOTTLIEB | | | | | 90.25 |
| 90.26 WOODRIDGE PCC | | | | | 90.26 |
| 90.27 NEUROLOGY - NILES | | | | | 90.27 |
| 90.28 MARJORIE WEINBERG CANCER CENT | | | | | 90.28 |
| 90.29 BURR RIDGE PCC | | | | | 90.29 |
| 91 EMERGENCY | | | | | 91 |
| 92 OBSERVATION BEDS | | | | | 92 |
| 92.01 OBSERVATION BEDS-DISTINCT | | | | | 92.01 |
| OTHER REIMBURSABLE COST CENTERS | | | | | |

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
 PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 01/31/2012 09:12

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] IPF (14-S276) [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [XX] OTHER

| COST CENTER DESCRIPTION | CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1 | TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2 | RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3 | INPATIENT PROGRAM CHARGES 4 | CAPITAL (COL.3 x COL.4) 5 | |
|---------------------------------|--|---|---|--------------------------------------|------------------------------------|-----|
| 95 AMBULANCE SERVICES | | | | | | 95 |
| 97 DURABLE MEDICAL EQUIP-SOLD | | | | | | 97 |
| 200 TOTAL (SUM OF LINES 50-199) | | | | | | 200 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] IPF (14-S276) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [XX] OTHER

| COST CENTER DESCRIPTION | NON PHYSICIAN ANESTHETIST COST 1 | NURSING SCHOOL 2 | ALLIED HEALTH 3 | ALL OTHER MEDICAL EDUCATION COST 4 | TOTAL COST (SUM OF COLS. 1-4) 5 | TOTAL O/P COST (SUM OF COLS. 2-4) 6 | |
|-------------------------------------|--|------------------------|-----------------------|--|---|---|-------|
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 50 OPERATING ROOM | | | | | | | 50 |
| 50.01 AMBULATORY SURGERY CENTER | | | | | | | 50.01 |
| 51 RECOVERY ROOM | | | | | | | 51 |
| 52 DELIVERY ROOM & LABOR ROOM | | | | | | | 52 |
| 53 ANESTHESIOLOGY | | | | | | | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | | | | | | | 54 |
| 54.01 RADIOLOGY-ULTRASOUND | | | | | | | 54.01 |
| 55 RADIOLOGY-THERAPEUTIC | | | | | | | 55 |
| 56 RADIOISOTOPE | | | | | | | 56 |
| 57 COMPUTED TOMOGRAPHY (CT) SCAN | | | | | | | 57 |
| 58 MAGNETIC RESONANCE IMAGING (M | | | | | | | 58 |
| 59 CARDIAC CATHETERIZATION | | | | | | | 59 |
| 60 LABORATORY | | | | | | | 60 |
| 60.01 LABORATORY-SURGICAL PATHOLOGY | | | | | | | 60.01 |
| 60.02 LABORATORY-NEUROSURGICAL | | | | | | | 60.02 |
| 60.03 LABORATORY-HLA | | | | | | | 60.03 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIA | | | | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & T | | | | | | | 63 |
| 65 RESPIRATORY THERAPY | | | | | | | 65 |
| 66 PHYSICAL THERAPY | | | | | | | 66 |
| 67 OCCUPATIONAL THERAPY | | | | | | | 67 |
| 68 SPEECH PATHOLOGY | | | | | | | 68 |
| 69 ELECTROCARDIOLOGY | | | | | | | 69 |
| 70 ELECTROENCEPHALOGRAPHY | | | | | | | 70 |
| 71 MEDICAL SUPPLIES CHRGED TO PA | | | | | | | 71 |
| 73 DRUGS CHARGED TO PATIENTS | | | | | | | 73 |
| 74 RENAL DIALYSIS | | | | | | | 74 |
| 76 PULMONARY LABS | | | | | | | 76 |
| 76.01 OCCUPATIONAL HEALTH | | | | | | | 76.01 |
| 76.03 HYPERALIMENTATION | | | | | | | 76.03 |
| 76.04 PERIPHERAL VASCULAR | | | | | | | 76.04 |
| 76.05 PEDIATRIC ENDO NUTRITION | | | | | | | 76.05 |
| 76.07 GASTROINTESTINAL SERVICE | | | | | | | 76.07 |
| 76.09 BONE MARROW PROCUREMENT | | | | | | | 76.09 |
| 76.97 CARDIAC REHABILITATION | | | | | | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 90 CLINIC | | | | | | | 90 |
| 90.01 CARDIAC REHABILITATION | | | | | | | 90.01 |
| 90.02 CANCER CENTER | | | | | | | 90.02 |
| 90.03 PSYCH SOCIAL REHAB | | | | | | | 90.03 |
| 90.04 WELLNESS ASSESSMENT | | | | | | | 90.04 |
| 90.06 HEART FAILURE CLINIC | | | | | | | 90.06 |
| 90.07 LOC OUTPATIENT CENTER | | | | | | | 90.07 |
| 90.08 OBT OUTPATIENT CENTER | | | | | | | 90.08 |
| 90.09 ELMHURST IMMEDIATE CARE | | | | | | | 90.09 |
| 90.10 LAGRANGE FAMILY PCC | | | | | | | 90.10 |
| 90.12 NORTH RIVERSIDE PCC | | | | | | | 90.12 |
| 90.13 GLENDALE HEIGHTS PCC | | | | | | | 90.13 |
| 90.14 WHEATON PCC | | | | | | | 90.14 |
| 90.15 OBT II PCC | | | | | | | 90.15 |
| 90.16 HICKORY HILLS PCC | | | | | | | 90.16 |
| 90.18 DARIEN PCC | | | | | | | 90.18 |
| 90.20 ORLANAD PARK - FP | | | | | | | 90.20 |
| 90.21 FAMILY PRACTICE MAYWOOD PCC | | | | | | | 90.21 |
| 90.22 HOMER GLEN PCC | | | | | | | 90.22 |
| 90.23 OAK PARK PCC | | | | | | | 90.23 |
| 90.24 PARK RIDGE PCC | | | | | | | 90.24 |
| 90.25 LOYOLA CLINIC AT GOTTLIEB | | | | | | | 90.25 |
| 90.26 WOODRIDGE PCC | | | | | | | 90.26 |
| 90.27 NEUROLOGY - NILES | | | | | | | 90.27 |
| 90.28 MARJORIE WEINBERG CANCER CENT | | | | | | | 90.28 |
| 90.29 BURR RIDGE PCC | | | | | | | 90.29 |
| 91 EMERGENCY | | | | 772,524 | 772,524 | 772,524 | 91 |
| 92 OBSERVATION BEDS | | | | | | | 92 |
| 92.01 OBSERVATION BEDS-DISTINCT | | | | | | | 92.01 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 95 AMBULANCE SERVICES | | | | | | | 95 |
| 97 DURABLE MEDICAL EQUIP-SOLD | | | | | | | 97 |
| 200 TOTAL (SUM OF LINES 50-199) | | | | 772,524 | 772,524 | 772,524 | 200 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

| CHECK | [] TITLE V | [] HOSPITAL | [] SUB (OTHER) | [] ICF/MR | [] PPS | | |
|---------------------------------|--|--|--|-------------------|--|-----------------|--|
| APPLICABLE | [] TITLE XVIII-PT A | [XX] IPF (14-S276) | [] SNF | | [] TEFRA | | |
| BOXES | [XX] TITLE XIX | [] IRF | [] NF | | [] OTHER | | |
| COST CENTER DESCRIPTION | TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) | RATIO OF COST TO CHARGES (COL. 5 + COL. 7) | O/P RATIO OF COST TO CHARGES (COL. 6 + COL. 7) | INPAT PGM CHARGES | INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) | O/P PGM CHARGES | O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) |
| | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 50 | OPERATING ROOM | 134,562,482 | | | | | 50 |
| 50.01 | AMBULATORY SURGERY CENTER | 37,874,297 | | | | | 50.01 |
| 51 | RECOVERY ROOM | 33,634,298 | | | | | 51 |
| 52 | DELIVERY ROOM & LABOR ROOM | 7,823,319 | | | | | 52 |
| 53 | ANESTHESIOLOGY | 59,875,606 | | | | | 53 |
| 54 | RADIOLOGY-DIAGNOSTIC | 58,408,450 | | | | | 54 |
| 54.01 | RADIOLOGY-ULTRASOUND | 11,349,177 | | | | | 54.01 |
| 55 | RADIOLOGY-THERAPEUTIC | | | | | | 55 |
| 56 | RADIOISOTOPE | 22,241,224 | | | | | 56 |
| 57 | COMPUTED TOMOGRAPHY (CT) SCA | 78,309,113 | | | | | 57 |
| 58 | MAGNETIC RESONANCE IMAGING (| 37,783,038 | | | | | 58 |
| 59 | CARDIAC CATHETERIZATION | 55,315,865 | | | | | 59 |
| 60 | LABORATORY | 186,131,502 | | | | | 60 |
| 60.01 | LABORATORY-SURGICAL PATHOLOG | 15,497,681 | | | | | 60.01 |
| 60.02 | LABORATORY-NEUROSURGICAL | | | | | | 60.02 |
| 60.03 | LABORATORY-HLA | 7,190 | | | | | 60.03 |
| 62.30 | BLOOD CLOTTING FOR HEMOPHILI | | | | | | 62.30 |
| 63 | BLOOD STORING, PROCESSING & | 22,349,416 | | | | | 63 |
| 65 | RESPIRATORY THERAPY | 41,396,643 | | | | | 65 |
| 66 | PHYSICAL THERAPY | 17,426,967 | | | | | 66 |
| 67 | OCCUPATIONAL THERAPY | 8,583,218 | | | | | 67 |
| 68 | SPEECH PATHOLOGY | 2,729,182 | | | | | 68 |
| 69 | ELECTROCARDIOLOGY | 86,695,206 | | | | | 69 |
| 70 | ELECTROENCEPHALOGRAPHY | 6,058,681 | | | | | 70 |
| 71 | MEDICAL SUPPLIES CHRGED TO P | 3,670,787 | | | | | 71 |
| 73 | DRUGS CHARGED TO PATIENTS | 104,035,675 | | | | | 73 |
| 74 | RENAL DIALYSIS | 25,054,512 | | | | | 74 |
| 76 | PULMONARY LABS | 1,823,972 | | | | | 76 |
| 76.01 | OCCUPATIONAL HEALTH | 415,574 | | | | | 76.01 |
| 76.03 | HYPERALIMENTATION | | | | | | 76.03 |
| 76.04 | PERIPHERAL VASCULAR | 7,113,945 | | | | | 76.04 |
| 76.05 | PEDIATRIC ENDO NUTRITION | | | | | | 76.05 |
| 76.07 | GASTROINTESTINAL SERVICE | 18,326,578 | | | | | 76.07 |
| 76.09 | BONE MARROW PROCUREMENT | 1,897,820 | | | | | 76.09 |
| 76.97 | CARDIAC REHABILITATION | | | | | | 76.97 |
| 76.98 | HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 | LITHOTRIPSY | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 90 | CLINIC | 392,656 | | | | | 90 |
| 90.01 | CARDIAC REHABILITATION | 328,393 | | | | | 90.01 |
| 90.02 | CANCER CENTER | 84,430,841 | | | | | 90.02 |
| 90.03 | PSYCH SOCIAL REHAB | 454,701 | | | | | 90.03 |
| 90.04 | WELLNESS ASSESSMENT | | | | | | 90.04 |
| 90.06 | HEART FAILURE CLINIC | | | | | | 90.06 |
| 90.07 | LOC OUTPATIENT CENTER | 91,402,324 | | | | | 90.07 |
| 90.08 | OBT OUTPATIENT CENTER | 20,500,244 | | | | | 90.08 |
| 90.09 | ELMHURST IMMEDIATE CARE | 2,324,654 | | | | | 90.09 |
| 90.10 | LAGRANGE FAMILY PCC | 5,008,737 | | | | | 90.10 |
| 90.12 | NORTH RIVERSIDE PCC | 4,461,207 | | | | | 90.12 |
| 90.13 | GLENDALE HEIGHTS PCC | | | | | | 90.13 |
| 90.14 | WHEATON PCC | 3,854,517 | | | | | 90.14 |
| 90.15 | OBT II PCC | 4,524,959 | | | | | 90.15 |
| 90.16 | HICKORY HILLS PCC | 7,374,603 | | | | | 90.16 |
| 90.18 | DARIEN PCC | 2,875,281 | | | | | 90.18 |
| 90.20 | ORLANAD PARK - FP | 4,030,347 | | | | | 90.20 |
| 90.21 | FAMILY PRACTICE MAYWOOD PCC | 2,744,275 | | | | | 90.21 |
| 90.22 | HOMER GLEN PCC | 14,125,238 | | | | | 90.22 |
| 90.23 | OAK PARK PCC | 1,500,195 | | | | | 90.23 |
| 90.24 | PARK RIDGE PCC | 2,405,542 | | | | | 90.24 |
| 90.25 | LOYOLA CLINIC AT GOTTLIEB | 317,424 | | | | | 90.25 |
| 90.26 | WOODRIDGE PCC | | | | | | 90.26 |
| 90.27 | NEUROLOGY - NILES | 25,023 | | | | | 90.27 |
| 90.28 | MARJORIE WEINBERG CANCER CEN | 15,943,053 | | | | | 90.28 |
| 90.29 | BURR RIDGE PCC | 6,482,164 | | | | | 90.29 |
| 91 | EMERGENCY | 75,420,370 | 0.010243 | 0.010243 | | | 91 |
| 92 | OBSERVATION BEDS | | | | | | 92 |
| 92.01 | OBSERVATION BEDS-DISTINCT | 8,811,401 | | | | | 92.01 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 95 | AMBULANCE SERVICES | 2,387 | | | | | 95 |

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
 PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 01/31/2012 09:12

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] IPF (14-S276) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [] OTHER

| COST CENTER DESCRIPTION | TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7 | RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8 | O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9 | INPAT PGM CHARGES 10 | INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11 | O/P PGM CHARGES 12 | O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13 |
|---------------------------------|---|---|---|-------------------------|--|-----------------------|--|
| 97 DURABLE MEDICAL EQUIP-SOLD | 2,636,396 | | | | | | 97 |
| 200 TOTAL (SUM OF LINES 50-199) | 1,448,765,963 | | | | | | 200 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [XX] TITLE XIX [XX] IRF (14-T276) [XX] OTHER

| COST CENTER DESCRIPTION | CAP-REL | TOTAL | RATIO OF | INPATIENT | CAPITAL |
|-------------------------------------|------------|------------|----------|-----------|----------|
| | COST | CHARGES | COST TO | | |
| | (FROM WKST | (FROM WKST | CHARGES | PROGRAM | (COL.3 x |
| | B, PT. II, | C, PT. I, | (COL.1 + | CHARGES | COL.4) |
| | COL. 26) | COL. 8) | COL.2) | | |
| | 1 | 2 | 3 | 4 | 5 |
| ANCILLARY SERVICE COST CENTERS | | | | | |
| 50 OPERATING ROOM | | | | | 50 |
| 50.01 AMBULATORY SURGERY CENTER | | | | | 50.01 |
| 51 RECOVERY ROOM | | | | | 51 |
| 52 DELIVERY ROOM & LABOR ROOM | | | | | 52 |
| 53 ANESTHESIOLOGY | | | | | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | | | | | 54 |
| 54.01 RADIOLOGY-ULTRASOUND | | | | | 54.01 |
| 55 RADIOLOGY-THERAPEUTIC | | | | | 55 |
| 56 RADIOISOTOPE | | | | | 56 |
| 57 COMPUTED TOMOGRAPHY (CT) SCAN | | | | | 57 |
| 58 MAGNETIC RESONANCE IMAGING (M | | | | | 58 |
| 59 CARDIAC CATHETERIZATION | | | | | 59 |
| 60 LABORATORY | | | | | 60 |
| 60.01 LABORATORY-SURGICAL PATHOLOGY | | | | | 60.01 |
| 60.02 LABORATORY-NEUROSURGICAL | | | | | 60.02 |
| 60.03 LABORATORY-HLA | | | | | 60.03 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIA | | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & T | | | | | 63 |
| 65 RESPIRATORY THERAPY | | | | | 65 |
| 66 PHYSICAL THERAPY | | | | | 66 |
| 67 OCCUPATIONAL THERAPY | | | | | 67 |
| 68 SPEECH PATHOLOGY | | | | | 68 |
| 69 ELECTROCARDIOLOGY | | | | | 69 |
| 70 ELECTROENCEPHALOGRAPHY | | | | | 70 |
| 71 MEDICAL SUPPLIES CHRGED TO PA | | | | | 71 |
| 73 DRUGS CHARGED TO PATIENTS | | | | | 73 |
| 74 RENAL DIALYSIS | | | | | 74 |
| 76 PULMONARY LABS | | | | | 76 |
| 76.01 OCCUPATIONAL HEALTH | | | | | 76.01 |
| 76.03 HYPERALIMENTATION | | | | | 76.03 |
| 76.04 PERIPHERAL VASCULAR | | | | | 76.04 |
| 76.05 PEDIATRIC ENDO NUTRITION | | | | | 76.05 |
| 76.07 GASTROINTESTINAL SERVICE | | | | | 76.07 |
| 76.09 BONE MARROW PROCUREMENT | | | | | 76.09 |
| 76.97 CARDIAC REHABILITATION | | | | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | |
| 90 CLINIC | | | | | 90 |
| 90.01 CARDIAC REHABILITATION | | | | | 90.01 |
| 90.02 CANCER CENTER | | | | | 90.02 |
| 90.03 PSYCH SOCIAL REHAB | | | | | 90.03 |
| 90.04 WELLNESS ASSESSMENT | | | | | 90.04 |
| 90.06 HEART FAILURE CLINIC | | | | | 90.06 |
| 90.07 LOC OUTPATIENT CENTER | | | | | 90.07 |
| 90.08 OBT OUTPATIENT CENTER | | | | | 90.08 |
| 90.09 ELMHURST IMMEDIATE CARE | | | | | 90.09 |
| 90.10 LAGRANGE FAMILY PCC | | | | | 90.10 |
| 90.12 NORTH RIVERSIDE PCC | | | | | 90.12 |
| 90.13 GLENDALE HEIGHTS PCC | | | | | 90.13 |
| 90.14 WHEATON PCC | | | | | 90.14 |
| 90.15 OBT II PCC | | | | | 90.15 |
| 90.16 HICKORY HILLS PCC | | | | | 90.16 |
| 90.18 DARIEN PCC | | | | | 90.18 |
| 90.20 ORLANAD PARK - FP | | | | | 90.20 |
| 90.21 FAMILY PRACTICE MAYWOOD PCC | | | | | 90.21 |
| 90.22 HOMER GLEN PCC | | | | | 90.22 |
| 90.23 OAK PARK PCC | | | | | 90.23 |
| 90.24 PARK RIDGE PCC | | | | | 90.24 |
| 90.25 LOYOLA CLINIC AT GOTTLIEB | | | | | 90.25 |
| 90.26 WOODRIDGE PCC | | | | | 90.26 |
| 90.27 NEUROLOGY - NILES | | | | | 90.27 |
| 90.28 MARJORIE WEINBERG CANCER CENT | | | | | 90.28 |
| 90.29 BURR RIDGE PCC | | | | | 90.29 |
| 91 EMERGENCY | | | | | 91 |
| 92 OBSERVATION BEDS | | | | | 92 |
| 92.01 OBSERVATION BEDS-DISTINCT | | | | | 92.01 |
| OTHER REIMBURSABLE COST CENTERS | | | | | |

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
 PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 01/31/2012 09:12

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [XX] TITLE XIX [XX] IRF (14-T276) [XX] OTHER

| COST CENTER DESCRIPTION | CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1 | TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2 | RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3 | INPATIENT PROGRAM CHARGES 4 | CAPITAL (COL.3 x COL.4) 5 | |
|---------------------------------|---|--|--|--------------------------------|---------------------------------|-----|
| 95 AMBULANCE SERVICES | | | | | | 95 |
| 97 DURABLE MEDICAL EQUIP-SOLD | | | | | | 97 |
| 200 TOTAL (SUM OF LINES 50-199) | | | | | | 200 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [XX] IRF (14-T276) [] NF [XX] OTHER

| COST CENTER DESCRIPTION | NON PHYSICIAN ANESTHETIST COST 1 | NURSING SCHOOL 2 | ALLIED HEALTH 3 | ALL OTHER MEDICAL EDUCATION COST 4 | TOTAL COST (SUM OF COLS. 1-4) 5 | TOTAL O/P COST (SUM OF COLS. 2-4) 6 | |
|-------------------------------------|--|------------------------|-----------------------|--|---|---|-------|
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 50 OPERATING ROOM | | | | | | | 50 |
| 50.01 AMBULATORY SURGERY CENTER | | | | | | | 50.01 |
| 51 RECOVERY ROOM | | | | | | | 51 |
| 52 DELIVERY ROOM & LABOR ROOM | | | | | | | 52 |
| 53 ANESTHESIOLOGY | | | | | | | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | | | | | | | 54 |
| 54.01 RADIOLOGY-ULTRASOUND | | | | | | | 54.01 |
| 55 RADIOLOGY-THERAPEUTIC | | | | | | | 55 |
| 56 RADIOISOTOPE | | | | | | | 56 |
| 57 COMPUTED TOMOGRAPHY (CT) SCAN | | | | | | | 57 |
| 58 MAGNETIC RESONANCE IMAGING (M | | | | | | | 58 |
| 59 CARDIAC CATHETERIZATION | | | | | | | 59 |
| 60 LABORATORY | | | | | | | 60 |
| 60.01 LABORATORY-SURGICAL PATHOLOGY | | | | | | | 60.01 |
| 60.02 LABORATORY-NEUROSURGICAL | | | | | | | 60.02 |
| 60.03 LABORATORY-HLA | | | | | | | 60.03 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIA | | | | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & T | | | | | | | 63 |
| 65 RESPIRATORY THERAPY | | | | | | | 65 |
| 66 PHYSICAL THERAPY | | | | | | | 66 |
| 67 OCCUPATIONAL THERAPY | | | | | | | 67 |
| 68 SPEECH PATHOLOGY | | | | | | | 68 |
| 69 ELECTROCARDIOLOGY | | | | | | | 69 |
| 70 ELECTROENCEPHALOGRAPHY | | | | | | | 70 |
| 71 MEDICAL SUPPLIES CHRGED TO PA | | | | | | | 71 |
| 73 DRUGS CHARGED TO PATIENTS | | | | | | | 73 |
| 74 RENAL DIALYSIS | | | | | | | 74 |
| 76 PULMONARY LABS | | | | | | | 76 |
| 76.01 OCCUPATIONAL HEALTH | | | | | | | 76.01 |
| 76.03 HYPERALIMENTATION | | | | | | | 76.03 |
| 76.04 PERIPHERAL VASCULAR | | | | | | | 76.04 |
| 76.05 PEDIATRIC ENDO NUTRITION | | | | | | | 76.05 |
| 76.07 GASTROINTESTINAL SERVICE | | | | | | | 76.07 |
| 76.09 BONE MARROW PROCUREMENT | | | | | | | 76.09 |
| 76.97 CARDIAC REHABILITATION | | | | | | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 90 CLINIC | | | | | | | 90 |
| 90.01 CARDIAC REHABILITATION | | | | | | | 90.01 |
| 90.02 CANCER CENTER | | | | | | | 90.02 |
| 90.03 PSYCH SOCIAL REHAB | | | | | | | 90.03 |
| 90.04 WELLNESS ASSESSMENT | | | | | | | 90.04 |
| 90.06 HEART FAILURE CLINIC | | | | | | | 90.06 |
| 90.07 LOC OUTPATIENT CENTER | | | | | | | 90.07 |
| 90.08 OBT OUTPATIENT CENTER | | | | | | | 90.08 |
| 90.09 ELMHURST IMMEDIATE CARE | | | | | | | 90.09 |
| 90.10 LAGRANGE FAMILY PCC | | | | | | | 90.10 |
| 90.12 NORTH RIVERSIDE PCC | | | | | | | 90.12 |
| 90.13 GLENDALE HEIGHTS PCC | | | | | | | 90.13 |
| 90.14 WHEATON PCC | | | | | | | 90.14 |
| 90.15 OBT II PCC | | | | | | | 90.15 |
| 90.16 HICKORY HILLS PCC | | | | | | | 90.16 |
| 90.18 DARIEN PCC | | | | | | | 90.18 |
| 90.20 ORLANAD PARK - FP | | | | | | | 90.20 |
| 90.21 FAMILY PRACTICE MAYWOOD PCC | | | | | | | 90.21 |
| 90.22 HOMER GLEN PCC | | | | | | | 90.22 |
| 90.23 OAK PARK PCC | | | | | | | 90.23 |
| 90.24 PARK RIDGE PCC | | | | | | | 90.24 |
| 90.25 LOYOLA CLINIC AT GOTTLIEB | | | | | | | 90.25 |
| 90.26 WOODRIDGE PCC | | | | | | | 90.26 |
| 90.27 NEUROLOGY - NILES | | | | | | | 90.27 |
| 90.28 MARJORIE WEINBERG CANCER CENT | | | | | | | 90.28 |
| 90.29 BURR RIDGE PCC | | | | | | | 90.29 |
| 91 EMERGENCY | | | | 772,524 | 772,524 | 772,524 | 91 |
| 92 OBSERVATION BEDS | | | | | | | 92 |
| 92.01 OBSERVATION BEDS-DISTINCT | | | | | | | 92.01 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 95 AMBULANCE SERVICES | | | | | | | 95 |
| 97 DURABLE MEDICAL EQUIP-SOLD | | | | | | | 97 |
| 200 TOTAL (SUM OF LINES 50-199) | | | | 772,524 | 772,524 | 772,524 | 200 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

| CHECK | [] TITLE V | [] HOSPITAL | [] SUB (OTHER) | [] ICF/MR | [] PPS | | |
|---------------------------------|--|--|--|-------------------|--|-----------------|--|
| APPLICABLE | [] TITLE XVIII-PT A | [] IPF | [] SNF | [] TEFRA | [] OTHER | | |
| BOXES | [XX] TITLE XIX | [XX] IRF (14-T276) | [] NF | | | | |
| COST CENTER DESCRIPTION | TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) | RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) | O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) | INPAT PGM CHARGES | INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) | O/P PGM CHARGES | O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) |
| | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 50 | OPERATING ROOM | 134,562,482 | | | | | 50 |
| 50.01 | AMBULATORY SURGERY CENTER | 37,874,297 | | | | | 50.01 |
| 51 | RECOVERY ROOM | 33,634,298 | | | | | 51 |
| 52 | DELIVERY ROOM & LABOR ROOM | 7,823,319 | | | | | 52 |
| 53 | ANESTHESIOLOGY | 59,875,606 | | | | | 53 |
| 54 | RADIOLOGY-DIAGNOSTIC | 58,408,450 | | | | | 54 |
| 54.01 | RADIOLOGY-ULTRASOUND | 11,349,177 | | | | | 54.01 |
| 55 | RADIOLOGY-THERAPEUTIC | | | | | | 55 |
| 56 | RADIOISOTOPE | 22,241,224 | | | | | 56 |
| 57 | COMPUTED TOMOGRAPHY (CT) SCA | 78,309,113 | | | | | 57 |
| 58 | MAGNETIC RESONANCE IMAGING (| 37,783,038 | | | | | 58 |
| 59 | CARDIAC CATHETERIZATION | 55,315,865 | | | | | 59 |
| 60 | LABORATORY | 186,131,502 | | | | | 60 |
| 60.01 | LABORATORY-SURGICAL PATHOLOG | 15,497,681 | | | | | 60.01 |
| 60.02 | LABORATORY-NEUROSURGICAL | | | | | | 60.02 |
| 60.03 | LABORATORY-HLA | 7,190 | | | | | 60.03 |
| 62.30 | BLOOD CLOTTING FOR HEMOPHILI | | | | | | 62.30 |
| 63 | BLOOD STORING, PROCESSING & | 22,349,416 | | | | | 63 |
| 65 | RESPIRATORY THERAPY | 41,396,643 | | | | | 65 |
| 66 | PHYSICAL THERAPY | 17,426,967 | | | | | 66 |
| 67 | OCCUPATIONAL THERAPY | 8,583,218 | | | | | 67 |
| 68 | SPEECH PATHOLOGY | 2,729,182 | | | | | 68 |
| 69 | ELECTROCARDIOLOGY | 86,695,206 | | | | | 69 |
| 70 | ELECTROENCEPHALOGRAPHY | 6,058,681 | | | | | 70 |
| 71 | MEDICAL SUPPLIES CHRGED TO P | 3,670,787 | | | | | 71 |
| 73 | DRUGS CHARGED TO PATIENTS | 104,035,675 | | | | | 73 |
| 74 | RENAL DIALYSIS | 25,054,512 | | | | | 74 |
| 76 | PULMONARY LABS | 1,823,972 | | | | | 76 |
| 76.01 | OCCUPATIONAL HEALTH | 415,574 | | | | | 76.01 |
| 76.03 | HYPERALIMENTATION | | | | | | 76.03 |
| 76.04 | PERIPHERAL VASCULAR | 7,113,945 | | | | | 76.04 |
| 76.05 | PEDIATRIC ENDO NUTRITION | | | | | | 76.05 |
| 76.07 | GASTROINTESTINAL SERVICE | 18,326,578 | | | | | 76.07 |
| 76.09 | BONE MARROW PROCUREMENT | 1,897,820 | | | | | 76.09 |
| 76.97 | CARDIAC REHABILITATION | | | | | | 76.97 |
| 76.98 | HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 | LITHOTRIPSY | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 90 | CLINIC | 392,656 | | | | | 90 |
| 90.01 | CARDIAC REHABILITATION | 328,393 | | | | | 90.01 |
| 90.02 | CANCER CENTER | 84,430,841 | | | | | 90.02 |
| 90.03 | PSYCH SOCIAL REHAB | 454,701 | | | | | 90.03 |
| 90.04 | WELLNESS ASSESSMENT | | | | | | 90.04 |
| 90.06 | HEART FAILURE CLINIC | | | | | | 90.06 |
| 90.07 | LOC OUTPATIENT CENTER | 91,402,324 | | | | | 90.07 |
| 90.08 | OBT OUTPATIENT CENTER | 20,500,244 | | | | | 90.08 |
| 90.09 | ELMHURST IMMEDIATE CARE | 2,324,654 | | | | | 90.09 |
| 90.10 | LAGRANGE FAMILY PCC | 5,008,737 | | | | | 90.10 |
| 90.12 | NORTH RIVERSIDE PCC | 4,461,207 | | | | | 90.12 |
| 90.13 | GLENDALE HEIGHTS PCC | | | | | | 90.13 |
| 90.14 | WHEATON PCC | 3,854,517 | | | | | 90.14 |
| 90.15 | OBT II PCC | 4,524,959 | | | | | 90.15 |
| 90.16 | HICKORY HILLS PCC | 7,374,603 | | | | | 90.16 |
| 90.18 | DARIEN PCC | 2,875,281 | | | | | 90.18 |
| 90.20 | ORLANAD PARK - FP | 4,030,347 | | | | | 90.20 |
| 90.21 | FAMILY PRACTICE MAYWOOD PCC | 2,744,275 | | | | | 90.21 |
| 90.22 | HOMER GLEN PCC | 14,125,238 | | | | | 90.22 |
| 90.23 | OAK PARK PCC | 1,500,195 | | | | | 90.23 |
| 90.24 | PARK RIDGE PCC | 2,405,542 | | | | | 90.24 |
| 90.25 | LOYOLA CLINIC AT GOTTLIEB | 317,424 | | | | | 90.25 |
| 90.26 | WOODRIDGE PCC | | | | | | 90.26 |
| 90.27 | NEUROLOGY - NILES | 25,023 | | | | | 90.27 |
| 90.28 | MARJORIE WEINBERG CANCER CEN | 15,943,053 | | | | | 90.28 |
| 90.29 | BURR RIDGE PCC | 6,482,164 | | | | | 90.29 |
| 91 | EMERGENCY | 75,420,370 | 0.010243 | 0.010243 | | | 91 |
| 92 | OBSERVATION BEDS | | | | | | 92 |
| 92.01 | OBSERVATION BEDS-DISTINCT | 8,811,401 | | | | | 92.01 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 95 | AMBULANCE SERVICES | 2,387 | | | | | 95 |

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
 PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 01/31/2012 09:12

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

| | | | | | | | | | | |
|------------|------|------------------|------|---------------|-----|-------------|-----|--------|-----|-------|
| CHECK | [] | TITLE V | [] | HOSPITAL | [] | SUB (OTHER) | [] | ICF/MR | [] | PPS |
| APPLICABLE | [] | TITLE XVIII-PT A | [] | IPF | [] | SNF | [] | | [] | TEFRA |
| BOXES | [XX] | TITLE XIX | [XX] | IRF (14-T276) | [] | NF | [] | | [] | OTHER |

| COST CENTER DESCRIPTION | TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) | RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) | O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) | INPAT PGM CHARGES | INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) | O/P PGM CHARGES | O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) |
|---------------------------------|--|--|--|-------------------|--|-----------------|--|
| | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| 97 DURABLE MEDICAL EQUIP-SOLD | 2,636,396 | | | | | | |
| 200 TOTAL (SUM OF LINES 50-199) | 1,448,765,963 | | | | | | |

WORKSHEET D-1
PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0276) [] SUB (OTHER) [] ICF/MR [XX] PPS
APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
BOXES [] TITLE XIX-INPT [] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

| INPATIENT DAYS | | | |
|--------------------------------------|---|------------|----|
| 1 | INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN) | 82,261 | 1 |
| 2 | INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS) | 82,261 | 2 |
| 3 | PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | | 3 |
| 4 | SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | 82,261 | 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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | | 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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | | 8 |
| 9 | INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS) | 30,515 | 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 (SEE INSTRUCTIONS) | | 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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | | 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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | | 13 |
| 14 | MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS) | | 14 |
| 15 | TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY) | | 15 |
| 16 | TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY) | | 16 |
| SWING-BED ADJUSTMENT | | | |
| 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 (SEE INSTRUCTIONS) | 63,296,796 | 21 |
| 22 | SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17) | | 22 |
| 23 | SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18) | | 23 |
| 24 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19) | | 24 |
| 25 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20) | | 25 |
| 26 | TOTAL SWING-BED COST (SEE INSTRUCTIONS) | | 26 |
| 27 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST | 63,296,796 | 27 |
| PRIVATE ROOM DIFFERENTIAL ADJUSTMENT | | | |
| 28 | GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) | | 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 (LINE 27 ÷ LINE 28) | | 31 |
| 32 | AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3) | | 32 |
| 33 | AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4) | | 33 |
| 34 | AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS) | | 34 |
| 35 | AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31) | | 35 |
| 36 | PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35) | | 36 |
| 37 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36) | 63,296,796 | 37 |

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0276) [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 769.46 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 23,480,072 39
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 23,480,072 41

| | TOTAL INPATIENT COST 1 | TOTAL INPATIENT DAYS 2 | AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3 | PROGRAM DAYS 4 | PROGRAM COST (COL. 3 x COL. 4) 5 | |
|--|---------------------------------|---------------------------------|--|----------------------|--|-------|
| 42 NURSERY (TITLES V AND XIX ONLY) | | | | | | 42 |
| INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS | | | | | | |
| 43 INTENSIVE CARE UNIT | 21,716,897 | 14,671 | 1,480.26 | 7,161 | 10,600,142 | 43 |
| 44 CORONARY CARE UNIT | | | | | | 44 |
| 45 BURN INTENSIVE CARE UNIT | 6,818,846 | 3,148 | 2,166.09 | 691 | 1,496,768 | 45 |
| 46 SURGICAL INTENSIVE CARE UNIT | | | | | | 46 |
| 47 NEONATAL INTENSIVE CARE | 11,600,304 | 10,363 | 1,119.40 | | | 47 |
| 47.01 PEDIATRIC INTENSIVE CARE | 3,525,713 | 2,406 | 1,465.38 | 2 | 2,931 | 47.01 |
| 47.03 HEART TRANSPLANT ICU | 4,342,695 | 2,944 | 1,475.10 | 1,630 | 2,404,413 | 47.03 |
| 47.04 BONE INTENSIVE CARE | 4,454,786 | 3,855 | 1,155.59 | 998 | 1,153,279 | 47.04 |
| 48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200) | | | | | 68,153,736 | 48 |
| 49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS) | | | | | 107,291,341 | 49 |

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 1,865,791 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 4,301,048 51
 52 TOTAL PROGRAM EXCLUDABLE COST 6,166,839 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 101,124,502 53

TARGET AMOUNT AND LIMIT COMPUTATION
 54 PROGRAM DISCHARGES 54
 55 TARGET AMOUNT PER DISCHARGE 55
 56 TARGET AMOUNT (LINE 54 x LINE 55) 56
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT 57
 58 BONUS PAYMENT (SEE INSTRUCTIONS) 58
 59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET 59
 60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET 60
 61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E 61
 62 RELIEF PAYMENT (SEE INSTRUCTIONS) 62
 63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS) 63

PROGRAM INPATIENT ROUTINE SWING BED COST
 64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY) 64
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY) 65
 66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS) 66
 67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19) 67
 68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20) 68
 69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68) 69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 7,462 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2) 769.46 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 5,741,711 89

| | COST 1 | ROUTINE COST (FROM LINE 27) 2 | COL. 1 ÷ COL. 2 3 | TOTAL OBS. BED COST (FROM LINE 89) 4 | OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5 | |
|--|-----------|---|-------------------------|---|--|----|
| COMPUTATION OF OBSERVATION BED PASS-THROUGH COST | | | | | | |
| 90 CAPITAL-RELATED COST | 3,332,507 | 63,296,796 | 0.052649 | 5,741,711 | 302,295 | 90 |
| 91 NURSING SCHOOL COST | | | | | | 91 |
| 92 ALLIED HEALTH COST | | | | | | 92 |
| 93 ALL OTHER MEDICAL EDUCATION | | | | | | 93 |

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S276) [] SNF [] TEFRA
BOXES [] TITLE XIX-INPT [] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

| INPATIENT DAYS | | |
|--------------------------------------|---|----|
| 1 | INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN) | 1 |
| 2 | INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS) | 2 |
| 3 | PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | 3 |
| 4 | SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | 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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | 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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | 8 |
| 9 | INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS) | 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 (SEE INSTRUCTIONS) | 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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | 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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | 13 |
| 14 | MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS) | 14 |
| 15 | TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY) | 15 |
| 16 | TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY) | 16 |
| SWING-BED ADJUSTMENT | | |
| 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 (SEE INSTRUCTIONS) | 21 |
| 22 | SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17) | 22 |
| 23 | SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18) | 23 |
| 24 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19) | 24 |
| 25 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20) | 25 |
| 26 | TOTAL SWING-BED COST (SEE INSTRUCTIONS) | 26 |
| 27 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST | 27 |
| PRIVATE ROOM DIFFERENTIAL ADJUSTMENT | | |
| 28 | GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) | 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 (LINE 27 ÷ LINE 28) | 31 |
| 32 | AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3) | 32 |
| 33 | AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4) | 33 |
| 34 | AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS) | 34 |
| 35 | AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31) | 35 |
| 36 | PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35) | 36 |
| 37 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36) | 37 |

WORKSHEET D-1
PART II

COMPUTATION OF INPATIENT OPERATING COST

| | | | | | | | | |
|------------|------|------------------|------|---------------|-----|-------------|------|-------|
| CHECK | [] | TITLE V-INPT | [] | HOSPITAL | [] | SUB (OTHER) | [XX] | PPS |
| APPLICABLE | [XX] | TITLE XVIII-PT A | [XX] | IPF (14-S276) | | | [] | TEFRA |
| BOXES | [] | TITLE XIX-INPT | [] | IRF | | | [] | OTHER |

PART II - HOSPITAL AND SUBPROVIDERS ONLY

| | |
|--|----|
| PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS | |
| 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) | 38 |
| 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) | 39 |
| 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) | 40 |
| 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) | 41 |
| 48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200) | 48 |
| 49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS) | 49 |
| PASS-THROUGH COST ADJUSTMENTS | |
| 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) | 50 |
| 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) | 51 |
| 52 TOTAL PROGRAM EXCLUDABLE COST | 52 |
| 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) | 53 |
| TARGET AMOUNT AND LIMIT COMPUTATION | |
| 54 PROGRAM DISCHARGES | 54 |
| 55 TARGET AMOUNT PER DISCHARGE | 55 |
| 56 TARGET AMOUNT (LINE 54 x LINE 55) | 56 |
| 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT | 57 |
| 58 BONUS PAYMENT (SEE INSTRUCTIONS) | 58 |
| 59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET | 59 |
| 60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET | 60 |
| 61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E | 61 |
| 62 RELIEF PAYMENT (SEE INSTRUCTIONS) | 62 |
| 63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS) | 63 |
| PROGRAM INPATIENT ROUTINE SWING BED COST | |
| 64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY) | 64 |
| 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUC (TITLE XVIII ONLY) | 65 |
| 66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS) | 66 |
| 67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19) | 67 |
| 68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20) | 68 |
| 69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68) | 69 |

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX-INPT [XX] IRF (14-T276) [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

| INPATIENT DAYS | | | |
|--------------------------------------|---|-----------|----|
| 1 | INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN) | 9,561 | 1 |
| 2 | INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS) | 9,561 | 2 |
| 3 | PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | | 3 |
| 4 | SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | 9,561 | 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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | | 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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | | 8 |
| 9 | INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS) | 6,083 | 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 (SEE INSTRUCTIONS) | | 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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | | 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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | | 13 |
| 14 | MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS) | | 14 |
| 15 | TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY) | | 15 |
| 16 | TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY) | | 16 |
| SWING-BED ADJUSTMENT | | | |
| 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 (SEE INSTRUCTIONS) | 7,201,802 | 21 |
| 22 | SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17) | | 22 |
| 23 | SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18) | | 23 |
| 24 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19) | | 24 |
| 25 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20) | | 25 |
| 26 | TOTAL SWING-BED COST (SEE INSTRUCTIONS) | | 26 |
| 27 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST | 7,201,802 | 27 |
| PRIVATE ROOM DIFFERENTIAL ADJUSTMENT | | | |
| 28 | GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) | | 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 (LINE 27 ÷ LINE 28) | | 31 |
| 32 | AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3) | | 32 |
| 33 | AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4) | | 33 |
| 34 | AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS) | | 34 |
| 35 | AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31) | | 35 |
| 36 | PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35) | | 36 |
| 37 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36) | 7,201,802 | 37 |

WORKSHEET D-1
PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [XX] PPS
APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
BOXES [] TITLE XIX-INPT [XX] IRF (14-T276) [] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

| | | |
|---|---|--------------|
| PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS | | |
| 38 | ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) | 753.25 38 |
| 39 | PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) | 4,582,020 39 |
| 40 | MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) | 40 |
| 41 | TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) | 4,582,020 41 |
| 48 | PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200) | 2,229,017 48 |
| 49 | TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS) | 6,811,037 49 |
| PASS-THROUGH COST ADJUSTMENTS | | |
| 50 | PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) | 239,366 50 |
| 51 | PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) | 81,285 51 |
| 52 | TOTAL PROGRAM EXCLUDABLE COST | 320,651 52 |
| 53 | TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) | 6,490,386 53 |
| TARGET AMOUNT AND LIMIT COMPUTATION | | |
| 54 | PROGRAM DISCHARGES | 54 |
| 55 | TARGET AMOUNT PER DISCHARGE | 55 |
| 56 | TARGET AMOUNT (LINE 54 x LINE 55) | 56 |
| 57 | DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT | 57 |
| 58 | BONUS PAYMENT (SEE INSTRUCTIONS) | 58 |
| 59 | LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET | 59 |
| 60 | LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET | 60 |
| 61 | IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E | 61 |
| 62 | RELIEF PAYMENT (SEE INSTRUCTIONS) | 62 |
| 63 | ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS) | 63 |
| PROGRAM INPATIENT ROUTINE SWING BED COST | | |
| 64 | MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY) | 64 |
| 65 | MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUC (TITLE XVIII ONLY) | 65 |
| 66 | TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS) | 66 |
| 67 | TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19) | 67 |
| 68 | TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20) | 68 |
| 69 | TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68) | 69 |

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0276) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

| INPATIENT DAYS | | | |
|--------------------------------------|---|------------|----|
| 1 | INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN) | 82,261 | 1 |
| 2 | INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS) | 82,261 | 2 |
| 3 | PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | | 3 |
| 4 | SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | 82,261 | 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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | | 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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | | 8 |
| 9 | INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS) | 17,011 | 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 (SEE INSTRUCTIONS) | | 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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | | 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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | | 13 |
| 14 | MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS) | | 14 |
| 15 | TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY) | 1,399 | 15 |
| 16 | TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY) | 242 | 16 |
| SWING-BED ADJUSTMENT | | | |
| 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 (SEE INSTRUCTIONS) | 63,296,796 | 21 |
| 22 | SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17) | | 22 |
| 23 | SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18) | | 23 |
| 24 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19) | | 24 |
| 25 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20) | | 25 |
| 26 | TOTAL SWING-BED COST (SEE INSTRUCTIONS) | | 26 |
| 27 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST | 63,296,796 | 27 |
| PRIVATE ROOM DIFFERENTIAL ADJUSTMENT | | | |
| 28 | GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) | | 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 (LINE 27 ÷ LINE 28) | | 31 |
| 32 | AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3) | | 32 |
| 33 | AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4) | | 33 |
| 34 | AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS) | | 34 |
| 35 | AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31) | | 35 |
| 36 | PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35) | | 36 |
| 37 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36) | 63,296,796 | 37 |

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0276) [] SUB (OTHER) [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [] IRF [] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 769.46 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 13,089,284 39
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 13,089,284 41

| | TOTAL INPATIENT COST | TOTAL INPATIENT DAYS | AVERAGE PER DIEM (COL. 1 ÷ COL. 2) | PROGRAM DAYS | PROGRAM COST (COL. 3 x COL. 4) |
|--|----------------------------|----------------------------|---|-----------------|---|
| | 1 | 2 | 3 | 4 | 5 |
| 42 NURSERY (TITLES V AND XIX ONLY) | 665,868 | 1,399 | 475.96 | 242 | 115,182 42 |
| INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS | | | | | |
| 43 INTENSIVE CARE UNIT | 21,716,897 | 14,671 | 1,480.26 | 2,391 | 3,539,302 43 |
| 44 CORONARY CARE UNIT | | | | | 44 |
| 45 BURN INTENSIVE CARE UNIT | 6,818,846 | 3,148 | 2,166.09 | 1,168 | 2,529,993 45 |
| 46 SURGICAL INTENSIVE CARE UNIT | | | | | 46 |
| 47 NEONATAL INTENSIVE CARE | 11,600,304 | 10,363 | 1,119.40 | 7,262 | 8,129,083 47 |
| 47.01 PEDIATRIC INTENSIVE CARE | 3,525,713 | 2,406 | 1,465.38 | 1,665 | 2,439,858 47.01 |
| 47.03 HEART TRANSPLANT ICU | 4,342,695 | 2,944 | 1,475.10 | 349 | 514,810 47.03 |
| 47.04 BONE INTENSIVE CARE | 4,454,786 | 3,855 | 1,155.59 | 395 | 456,458 47.04 |
| 48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200) | | | | | 48 |
| 49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS) | | | | | 30,813,970 49 |

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 1,368,095 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 51
 52 TOTAL PROGRAM EXCLUDABLE COST 1,368,095 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 29,445,875 53

TARGET AMOUNT AND LIMIT COMPUTATION
 54 PROGRAM DISCHARGES 54
 55 TARGET AMOUNT PER DISCHARGE 55
 56 TARGET AMOUNT (LINE 54 x LINE 55) 56
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT 57
 58 BONUS PAYMENT (SEE INSTRUCTIONS) 58
 59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET 59
 60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET 60
 61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E 61
 62 RELIEF PAYMENT (SEE INSTRUCTIONS) 62
 63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS) 63

PROGRAM INPATIENT ROUTINE SWING BED COST
 64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY) 64
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY) 65
 66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS) 66
 67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19) 67
 68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20) 68
 69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68) 69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 7,462 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2) 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 89

| | COST | ROUTINE COST (FROM LINE 27) | COL. 1 ÷ COL. 2 | TOTAL OBS. BED COST (FROM LINE 89) | OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) |
|--|------|--------------------------------------|--------------------|--|---|
| | 1 | 2 | 3 | 4 | 5 |
| COMPUTATION OF OBSERVATION BED PASS-THROUGH COST | | | | | |
| 90 CAPITAL-RELATED COST | | | | | 90 |
| 91 NURSING SCHOOL COST | | | | | 91 |
| 92 ALLIED HEALTH COST | | | | | 92 |
| 93 ALL OTHER MEDICAL EDUCATION | | | | | 93 |

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
APPLICABLE [] TITLE XVIII-PT A [XX] IPF (14-S276) [] SNF [] TEFRA
BOXES [XX] TITLE XIX-INPT [] IRF [] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

| INPATIENT DAYS | | |
|--------------------------------------|---|----|
| 1 | INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN) | 1 |
| 2 | INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS) | 2 |
| 3 | PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | 3 |
| 4 | SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | 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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | 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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | 8 |
| 9 | INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS) | 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 (SEE INSTRUCTIONS) | 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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | 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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | 13 |
| 14 | MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS) | 14 |
| 15 | TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY) | 15 |
| 16 | TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY) | 16 |
| SWING-BED ADJUSTMENT | | |
| 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 (SEE INSTRUCTIONS) | 21 |
| 22 | SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17) | 22 |
| 23 | SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18) | 23 |
| 24 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19) | 24 |
| 25 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20) | 25 |
| 26 | TOTAL SWING-BED COST (SEE INSTRUCTIONS) | 26 |
| 27 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST | 27 |
| PRIVATE ROOM DIFFERENTIAL ADJUSTMENT | | |
| 28 | GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) | 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 (LINE 27 ÷ LINE 28) | 31 |
| 32 | AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3) | 32 |
| 33 | AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4) | 33 |
| 34 | AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS) | 34 |
| 35 | AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31) | 35 |
| 36 | PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35) | 36 |
| 37 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36) | 37 |

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] PPS
APPLICABLE [] TITLE XVIII-PT A [XX] IPF (14-S276) [] TEFRA
BOXES [XX] TITLE XIX-INPT [] IRF [XX] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

| | |
|--|----|
| PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS | |
| 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) | 38 |
| 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) | 39 |
| 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) | 40 |
| 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) | 41 |
| 48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200) | 48 |
| 49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS) | 49 |
| PASS-THROUGH COST ADJUSTMENTS | |
| 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) | 50 |
| 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) | 51 |
| 52 TOTAL PROGRAM EXCLUDABLE COST | 52 |
| 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) | 53 |
| TARGET AMOUNT AND LIMIT COMPUTATION | |
| 54 PROGRAM DISCHARGES | 54 |
| 55 TARGET AMOUNT PER DISCHARGE | 55 |
| 56 TARGET AMOUNT (LINE 54 x LINE 55) | 56 |
| 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT | 57 |
| 58 BONUS PAYMENT (SEE INSTRUCTIONS) | 58 |
| 59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET | 59 |
| 60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET | 60 |
| 61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E | 61 |
| 62 RELIEF PAYMENT (SEE INSTRUCTIONS) | 62 |
| 63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS) | 63 |
| PROGRAM INPATIENT ROUTINE SWING BED COST | |
| 64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY) | 64 |
| 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUC (TITLE XVIII ONLY) | 65 |
| 66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS) | 66 |
| 67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19) | 67 |
| 68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20) | 68 |
| 69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68) | 69 |

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [XX] IRF (14-T276) [] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

| | | | |
|--------------------------------------|---|-----------|----|
| INPATIENT DAYS | | | |
| 1 | INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN) | 9,561 | 1 |
| 2 | INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS) | 9,561 | 2 |
| 3 | PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | | 3 |
| 4 | SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | 9,561 | 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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | | 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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | | 8 |
| 9 | INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS) | 1,224 | 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 (SEE INSTRUCTIONS) | | 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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | | 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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | | 13 |
| 14 | MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS) | | 14 |
| 15 | TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY) | | 15 |
| 16 | TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY) | | 16 |
| SWING-BED ADJUSTMENT | | | |
| 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 (SEE INSTRUCTIONS) | 7,201,802 | 21 |
| 22 | SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17) | | 22 |
| 23 | SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18) | | 23 |
| 24 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19) | | 24 |
| 25 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20) | | 25 |
| 26 | TOTAL SWING-BED COST (SEE INSTRUCTIONS) | | 26 |
| 27 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST | 7,201,802 | 27 |
| PRIVATE ROOM DIFFERENTIAL ADJUSTMENT | | | |
| 28 | GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) | | 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 (LINE 27 ÷ LINE 28) | | 31 |
| 32 | AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3) | | 32 |
| 33 | AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4) | | 33 |
| 34 | AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS) | | 34 |
| 35 | AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31) | | 35 |
| 36 | PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35) | | 36 |
| 37 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36) | 7,201,802 | 37 |

WORKSHEET D-1
PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] PPS
APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
BOXES [XX] TITLE XIX-INPT [XX] IRF (14-T276) [XX] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

| | |
|--|------------|
| PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS | |
| 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) | 753.25 38 |
| 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) | 921,978 39 |
| 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) | 40 |
| 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) | 921,978 41 |
| 48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200) | 48 |
| 49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS) | 921,978 49 |
| PASS-THROUGH COST ADJUSTMENTS | |
| 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) | 48,164 50 |
| 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) | 51 |
| 52 TOTAL PROGRAM EXCLUDABLE COST | 48,164 52 |
| 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) | 53 |
| TARGET AMOUNT AND LIMIT COMPUTATION | |
| 54 PROGRAM DISCHARGES | 54 |
| 55 TARGET AMOUNT PER DISCHARGE | 55 |
| 56 TARGET AMOUNT (LINE 54 x LINE 55) | 56 |
| 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT | 57 |
| 58 BONUS PAYMENT (SEE INSTRUCTIONS) | 58 |
| 59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET | 59 |
| 60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET | 60 |
| 61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E | 61 |
| 62 RELIEF PAYMENT (SEE INSTRUCTIONS) | 62 |
| 63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS) | 63 |
| PROGRAM INPATIENT ROUTINE SWING BED COST | |
| 64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY) | 64 |
| 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUC (TITLE XVIII ONLY) | 65 |
| 66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS) | 66 |
| 67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19) | 67 |
| 68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20) | 68 |
| 69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68) | 69 |

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0276) [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

| COST CENTER DESCRIPTION | RATIO OF COST TO CHARGES 1 | INPATIENT PROGRAM COSTS | | |
|--|-------------------------------|--------------------------------|----------------------|-------|
| | | INPATIENT PROGRAM CHARGES 2 | (COL.1 x COL.2) 3 | |
| INPATIENT ROUTINE SERVICE COST CENTERS | | | | |
| 30 ADULTS & PEDIATRICS | | 58,312,224 | | 30 |
| 31 INTENSIVE CARE UNIT | | 22,028,149 | | 31 |
| 33 BURN INTENSIVE CARE UNIT | | 2,581,408 | | 33 |
| 35 NEONATAL INTENSIVE CARE | | | | 35 |
| 35.01 PEDIATRIC INTENSIVE CARE | | 4,838 | | 35.01 |
| 35.03 HEART TRANSPLANT ICU | | 5,151,450 | | 35.03 |
| 35.04 BONE INTENSIVE CARE | | 3,193,477 | | 35.04 |
| 41 SUBPROVIDER - IRF | | | | 41 |
| ANCILLARY SERVICE COST CENTERS | | | | |
| 50 OPERATING ROOM | 0.501511 | 40,375,815 | 20,248,915 | 50 |
| 50.01 AMBULATORY SURGERY CENTER | 0.292510 | 123,890 | 36,239 | 50.01 |
| 51 RECOVERY ROOM | 0.153180 | 7,450,969 | 1,141,339 | 51 |
| 52 DELIVERY ROOM & LABOR ROOM | 0.434075 | 118,394 | 51,392 | 52 |
| 53 ANESTHESIOLOGY | 0.122090 | 17,603,060 | 2,149,158 | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | 0.337603 | 10,929,940 | 3,689,981 | 54 |
| 54.01 RADIOLOGY-ULTRASOUND | 0.149052 | 936,164 | 139,537 | 54.01 |
| 55 RADIOLOGY-THERAPEUTIC | | | | 55 |
| 56 RADIOISOTOPE | 0.235726 | 1,211,708 | 285,631 | 56 |
| 57 COMPUTED TOMOGRAPHY (CT) SCAN | 0.092139 | 10,341,413 | 952,847 | 57 |
| 58 MAGNETIC RESONANCE IMAGING (MRI) | 0.137374 | 3,913,900 | 537,668 | 58 |
| 59 CARDIAC CATHETERIZATION | 0.306026 | 12,662,767 | 3,875,136 | 59 |
| 60 LABORATORY | 0.164607 | 34,022,236 | 5,600,298 | 60 |
| 60.01 LABORATORY-SURGICAL PATHOLOGY | 0.320094 | 1,968,109 | 629,980 | 60.01 |
| 60.02 LABORATORY-NEUROSURGICAL | | | | 60.02 |
| 60.03 LABORATORY-HLA | 21.784423 | | | 60.03 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & TRA | 0.447168 | 5,662,587 | 2,532,128 | 63 |
| 65 RESPIRATORY THERAPY | 0.234239 | 13,049,801 | 3,056,772 | 65 |
| 66 PHYSICAL THERAPY | 0.350970 | 2,458,291 | 862,786 | 66 |
| 67 OCCUPATIONAL THERAPY | 0.288311 | 1,416,896 | 408,507 | 67 |
| 68 SPEECH PATHOLOGY | 0.342187 | 757,172 | 259,094 | 68 |
| 69 ELECTROCARDIOLOGY | 0.254390 | 21,530,927 | 5,477,253 | 69 |
| 70 ELECTROENCEPHALOGRAPHY | 0.394617 | 802,179 | 316,553 | 70 |
| 71 MEDICAL SUPPLIES CHRGED TO PATI | 1.054244 | 1,281,869 | 1,351,403 | 71 |
| 73 DRUGS CHARGED TO PATIENTS | 0.329859 | 30,756,149 | 10,145,193 | 73 |
| 74 RENAL DIALYSIS | 0.175763 | 1,512,202 | 265,789 | 74 |
| 76 PULMONARY LABS | 0.543114 | 285,508 | 155,063 | 76 |
| 76.01 OCCUPATIONAL HEALTH | 1.062153 | | | 76.01 |
| 76.03 HYPERALIMENTATION | | | | 76.03 |
| 76.04 PERIPHERAL VASCULAR | 0.183582 | 1,500,900 | 275,538 | 76.04 |
| 76.05 PEDIATRIC ENDO NUTRITION | | | | 76.05 |
| 76.07 GASTROINTESTINAL SERVICE | 0.294861 | 1,551,219 | 457,394 | 76.07 |
| 76.09 BONE MARROW PROCUREMENT | 0.893730 | 259,889 | 232,271 | 76.09 |
| 76.97 CARDIAC REHABILITATION | | | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | |
| 90 CLINIC | 1.759606 | 2,965 | 5,217 | 90 |
| 90.01 CARDIAC REHABILITATION | 1.454166 | 162,052 | 235,651 | 90.01 |
| 90.02 CANCER CENTER | 0.368276 | 661,043 | 243,446 | 90.02 |
| 90.03 PSYCH SOCIAL REHAB | 1.600905 | | | 90.03 |
| 90.04 WELLNESS ASSESSMENT | | | | 90.04 |
| 90.06 HEART FAILURE CLINIC | | | | 90.06 |
| 90.07 LOC OUTPATIENT CENTER | 0.517862 | 1,027,352 | 532,027 | 90.07 |
| 90.08 OBT OUTPATIENT CENTER | 0.400161 | 41,623 | 16,656 | 90.08 |
| 90.09 ELMHURST IMMEDIATE CARE | 0.628060 | 2,139 | 1,343 | 90.09 |
| 90.10 LAGRANGE FAMILY PCC | 0.526218 | 5,476 | 2,882 | 90.10 |
| 90.12 NORTH RIVERSIDE PCC | 0.588566 | 5,672 | 3,338 | 90.12 |
| 90.13 GLENDALE HEIGHTS PCC | | | | 90.13 |
| 90.14 WHEATON PCC | 0.703896 | 2,303 | 1,621 | 90.14 |
| 90.15 OBT II PCC | 0.501412 | 5,120 | 2,567 | 90.15 |
| 90.16 HICKORY HILLS PCC | 0.496130 | 5,979 | 2,966 | 90.16 |
| 90.18 DARIEN PCC | 0.537990 | 3,720 | 2,001 | 90.18 |
| 90.20 ORLANAD PARK - FP | 0.687667 | 1,663 | 1,144 | 90.20 |
| 90.21 FAMILY PRACTICE MAYWOOD PCC | 0.493269 | 5,457 | 2,692 | 90.21 |
| 90.22 HOMER GLEN PCC | 0.489172 | 11,684 | 5,715 | 90.22 |
| 90.23 OAK PARK PCC | 0.567478 | 1,448 | 822 | 90.23 |
| 90.24 PARK RIDGE PCC | 0.487321 | 12,688 | 6,183 | 90.24 |
| 90.25 LOYOLA CLINIC AT GOTTLIEB | 0.702209 | 149 | 105 | 90.25 |
| 90.26 WOODRIDGE PCC | | | | 90.26 |

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
 PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 01/31/2012 09:12

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0276) [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

| COST CENTER DESCRIPTION | RATIO OF COST TO CHARGES 1 | INPATIENT PROGRAM CHARGES 2 | INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3 | | |
|---|----------------------------------|-----------------------------------|--|--|-------|
| | | | | | |
| 90.27 NEUROLOGY - NILES | 0.907445 | | | | 90.27 |
| 90.28 MARJORIE WEINBERG CANCER CENTER | 0.526354 | 12,459 | 6,558 | | 90.28 |
| 90.29 BURR RIDGE PCC | 1.289865 | 793 | 1,023 | | 90.29 |
| 91 EMERGENCY | 0.161358 | 12,047,201 | 1,943,912 | | 91 |
| 92 OBSERVATION BEDS | | | | | 92 |
| 92.01 OBSERVATION BEDS-DISTINCT | 0.074031 | 27,037 | 2,002 | | 92.01 |
| OTHER REIMBURSABLE COST CENTERS | | | | | |
| 95 AMBULANCE SERVICES | | | | | 95 |
| 97 DURABLE MEDICAL EQUIP-SOLD | 1.044226 | | | | 97 |
| 200 TOTAL (SUM OF LINES 50-94 AND 96-98) | | 238,529,977 | 68,153,736 | | 200 |
| 201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES | | | | | 201 |
| 202 NET CHARGES (LINE 200 MINUS LINE 201) | | 238,529,977 | | | 202 |

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S276) [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

| COST CENTER DESCRIPTION | RATIO OF COST TO CHARGES 1 | INPATIENT PROGRAM CHARGES 2 | INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3 | |
|--|----------------------------------|-----------------------------------|--|-------|
| | | | | |
| INPATIENT ROUTINE SERVICE COST CENTERS | | | | |
| 30 ADULTS & PEDIATRICS | | | | 30 |
| 31 INTENSIVE CARE UNIT | | | | 31 |
| 33 BURN INTENSIVE CARE UNIT | | | | 33 |
| 35 NEONATAL INTENSIVE CARE | | | | 35 |
| 35.01 PEDIATRIC INTENSIVE CARE | | | | 35.01 |
| 35.03 HEART TRANSPLANT ICU | | | | 35.03 |
| 35.04 BONE INTENSIVE CARE | | | | 35.04 |
| 41 SUBPROVIDER - IRF | | | | 41 |
| ANCILLARY SERVICE COST CENTERS | | | | |
| 50 OPERATING ROOM | 0.501511 | | | 50 |
| 50.01 AMBULATORY SURGERY CENTER | 0.292510 | | | 50.01 |
| 51 RECOVERY ROOM | 0.153180 | | | 51 |
| 52 DELIVERY ROOM & LABOR ROOM | 0.434075 | | | 52 |
| 53 ANESTHESIOLOGY | 0.122090 | | | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | 0.337603 | | | 54 |
| 54.01 RADIOLOGY-ULTRASOUND | 0.149052 | | | 54.01 |
| 55 RADIOLOGY-THERAPEUTIC | | | | 55 |
| 56 RADIOISOTOPE | 0.235726 | | | 56 |
| 57 COMPUTED TOMOGRAPHY (CT) SCAN | 0.092139 | | | 57 |
| 58 MAGNETIC RESONANCE IMAGING (MRI) | 0.137374 | | | 58 |
| 59 CARDIAC CATHETERIZATION | 0.306026 | | | 59 |
| 60 LABORATORY | 0.164607 | | | 60 |
| 60.01 LABORATORY-SURGICAL PATHOLOGY | 0.320094 | | | 60.01 |
| 60.02 LABORATORY-NEUROSURGICAL | | | | 60.02 |
| 60.03 LABORATORY-HLA | 21.784423 | | | 60.03 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & TRA | 0.447168 | | | 63 |
| 65 RESPIRATORY THERAPY | 0.234239 | | | 65 |
| 66 PHYSICAL THERAPY | 0.350970 | | | 66 |
| 67 OCCUPATIONAL THERAPY | 0.288311 | | | 67 |
| 68 SPEECH PATHOLOGY | 0.342187 | | | 68 |
| 69 ELECTROCARDIOLOGY | 0.254390 | | | 69 |
| 70 ELECTROENCEPHALOGRAPHY | 0.394617 | | | 70 |
| 71 MEDICAL SUPPLIES CHRGED TO PATI | 1.054244 | | | 71 |
| 73 DRUGS CHARGED TO PATIENTS | 0.329859 | | | 73 |
| 74 RENAL DIALYSIS | 0.175763 | | | 74 |
| 76 PULMONARY LABS | 0.543114 | | | 76 |
| 76.01 OCCUPATIONAL HEALTH | 1.062153 | | | 76.01 |
| 76.03 HYPERALIMENTATION | | | | 76.03 |
| 76.04 PERIPHERAL VASCULAR | 0.183582 | | | 76.04 |
| 76.05 PEDIATRIC ENDO NUTRITION | | | | 76.05 |
| 76.07 GASTROINTESTINAL SERVICE | 0.294861 | | | 76.07 |
| 76.09 BONE MARROW PROCUREMENT | 0.893730 | | | 76.09 |
| 76.97 CARDIAC REHABILITATION | | | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | |
| 90 CLINIC | 1.759606 | | | 90 |
| 90.01 CARDIAC REHABILITATION | 1.454166 | | | 90.01 |
| 90.02 CANCER CENTER | 0.368276 | | | 90.02 |
| 90.03 PSYCH SOCIAL REHAB | 1.600905 | | | 90.03 |
| 90.04 WELLNESS ASSESSMENT | | | | 90.04 |
| 90.06 HEART FAILURE CLINIC | | | | 90.06 |
| 90.07 LOC OUTPATIENT CENTER | 0.517862 | | | 90.07 |
| 90.08 OB T OUTPATIENT CENTER | 0.400161 | | | 90.08 |
| 90.09 ELMHURST IMMEDIATE CARE | 0.628060 | | | 90.09 |
| 90.10 LAGRANGE FAMILY PCC | 0.526218 | | | 90.10 |
| 90.12 NORTH RIVERSIDE PCC | 0.588566 | | | 90.12 |
| 90.13 GLENDALE HEIGHTS PCC | | | | 90.13 |
| 90.14 WHEATON PCC | 0.703896 | | | 90.14 |
| 90.15 OB T II PCC | 0.501412 | | | 90.15 |
| 90.16 HICKORY HILLS PCC | 0.496130 | | | 90.16 |
| 90.18 DARIEN PCC | 0.537990 | | | 90.18 |
| 90.20 ORLANAD PARK - FP | 0.687667 | | | 90.20 |
| 90.21 FAMILY PRACTICE MAYWOOD PCC | 0.493269 | | | 90.21 |
| 90.22 HOMER GLEN PCC | 0.489172 | | | 90.22 |
| 90.23 OAK PARK PCC | 0.567478 | | | 90.23 |
| 90.24 PARK RIDGE PCC | 0.487321 | | | 90.24 |
| 90.25 LOYOLA CLINIC AT GOTTLIEB | 0.702209 | | | 90.25 |
| 90.26 WOODRIDGE PCC | | | | 90.26 |

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
 PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 01/31/2012 09:12

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

| | | | | | | | | | | |
|------------|-------------------------------------|------------------|-------------------------------------|---------------|--------------------------|-------------|--------------------------|---------|-------------------------------------|-------|
| CHECK | <input type="checkbox"/> | TITLE V | <input type="checkbox"/> | HOSPITAL | <input type="checkbox"/> | SUB (OTHER) | <input type="checkbox"/> | S/B SNF | <input checked="" type="checkbox"/> | PPS |
| APPLICABLE | <input checked="" type="checkbox"/> | TITLE XVIII-PT A | <input checked="" type="checkbox"/> | IPF (14-S276) | <input type="checkbox"/> | SNF | <input type="checkbox"/> | S/B NF | <input type="checkbox"/> | TEFRA |
| BOXES | <input type="checkbox"/> | TITLE XIX | <input type="checkbox"/> | IRF | <input type="checkbox"/> | NF | <input type="checkbox"/> | ICF/MR | <input type="checkbox"/> | OTHER |

| COST CENTER DESCRIPTION | RATIO OF COST TO CHARGES 1 | INPATIENT PROGRAM CHARGES 2 | INPATIENT PROGRAM COSTS (COL.1 x COL.2) | | |
|---|----------------------------------|-----------------------------------|---|--|-------|
| | | | 3 | | |
| 90.27 NEUROLOGY - NILES | 0.907445 | | | | 90.27 |
| 90.28 MARJORIE WEINBERG CANCER CENTER | 0.526354 | | | | 90.28 |
| 90.29 BURR RIDGE PCC | 1.289865 | | | | 90.29 |
| 91 EMERGENCY | 0.161358 | | | | 91 |
| 92 OBSERVATION BEDS | | | | | 92 |
| 92.01 OBSERVATION BEDS-DISTINCT | 0.074031 | | | | 92.01 |
| OTHER REIMBURSABLE COST CENTERS | | | | | |
| 95 AMBULANCE SERVICES | | | | | 95 |
| 97 DURABLE MEDICAL EQUIP-SOLD | 1.044226 | | | | 97 |
| 200 TOTAL (SUM OF LINES 50-94 AND 96-98) | | | | | 200 |
| 201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES | | | | | 201 |
| 202 NET CHARGES (LINE 200 MINUS LINE 201) | | | | | 202 |

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [XX] IRF (14-T276) [] NF [] ICF/MR [] OTHER

| COST CENTER DESCRIPTION | RATIO OF COST TO CHARGES 1 | INPATIENT PROGRAM CHARGES 2 | INPATIENT PROGRAM COSTS (COL.1 x COL.2) | | |
|--|-------------------------------|--------------------------------|--|---|-------|
| | | | 3 | 3 | |
| INPATIENT ROUTINE SERVICE COST CENTERS | | | | | |
| 30 ADULTS & PEDIATRICS | | | | | 30 |
| 31 INTENSIVE CARE UNIT | | | | | 31 |
| 33 BURN INTENSIVE CARE UNIT | | | | | 33 |
| 35 NEONATAL INTENSIVE CARE | | | | | 35 |
| 35.01 PEDIATRIC INTENSIVE CARE | | | | | 35.01 |
| 35.03 HEART TRANSPLANT ICU | | | | | 35.03 |
| 35.04 BONE INTENSIVE CARE | | | | | 35.04 |
| 41 SUBPROVIDER - IRF | | 6,202,711 | | | 41 |
| ANCILLARY SERVICE COST CENTERS | | | | | |
| 50 OPERATING ROOM | 0.501511 | 12,680 | 6,359 | | 50 |
| 50.01 AMBULATORY SURGERY CENTER | 0.292510 | | | | 50.01 |
| 51 RECOVERY ROOM | 0.153180 | 5,414 | 829 | | 51 |
| 52 DELIVERY ROOM & LABOR ROOM | 0.434075 | | | | 52 |
| 53 ANESTHESIOLOGY | 0.122090 | 11,151 | 1,361 | | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | 0.337603 | 125,258 | 42,287 | | 54 |
| 54.01 RADIOLOGY-ULTRASOUND | 0.149052 | 13,975 | 2,083 | | 54.01 |
| 55 RADIOLOGY-THERAPEUTIC | | | | | 55 |
| 56 RADIOISOTOPE | 0.235726 | 7,937 | 1,871 | | 56 |
| 57 COMPUTED TOMOGRAPHY (CT) SCAN | 0.092139 | 135,111 | 12,449 | | 57 |
| 58 MAGNETIC RESONANCE IMAGING (MRI) | 0.137374 | 34,249 | 4,705 | | 58 |
| 59 CARDIAC CATHETERIZATION | 0.306026 | 4,013 | 1,228 | | 59 |
| 60 LABORATORY | 0.164607 | 834,081 | 137,296 | | 60 |
| 60.01 LABORATORY-SURGICAL PATHOLOGY | 0.320094 | 5,331 | 1,706 | | 60.01 |
| 60.02 LABORATORY-NEUROSURGICAL | | | | | 60.02 |
| 60.03 LABORATORY-HLA | 21.784423 | | | | 60.03 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS | | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & TRA | 0.447168 | 49,230 | 22,014 | | 63 |
| 65 RESPIRATORY THERAPY | 0.234239 | 530,048 | 124,158 | | 65 |
| 66 PHYSICAL THERAPY | 0.350970 | 1,471,773 | 516,548 | | 66 |
| 67 OCCUPATIONAL THERAPY | 0.288311 | 1,775,483 | 511,891 | | 67 |
| 68 SPEECH PATHOLOGY | 0.342187 | 550,165 | 188,259 | | 68 |
| 69 ELECTROCARDIOLOGY | 0.254390 | 40,179 | 10,221 | | 69 |
| 70 ELECTROENCEPHALOGRAPHY | 0.394617 | 11,873 | 4,685 | | 70 |
| 71 MEDICAL SUPPLIES CHRGED TO PATI | 1.054244 | 52,981 | 55,855 | | 71 |
| 73 DRUGS CHARGED TO PATIENTS | 0.329859 | 1,313,314 | 433,208 | | 73 |
| 74 RENAL DIALYSIS | 0.175763 | 75,328 | 13,240 | | 74 |
| 76 PULMONARY LABS | 0.543114 | 633 | 344 | | 76 |
| 76.01 OCCUPATIONAL HEALTH | 1.062153 | | | | 76.01 |
| 76.03 HYPERALIMENTATION | | | | | 76.03 |
| 76.04 PERIPHERAL VASCULAR | 0.183582 | 50,253 | 9,226 | | 76.04 |
| 76.05 PEDIATRIC ENDO NUTRITION | | | | | 76.05 |
| 76.07 GASTROINTESTINAL SERVICE | 0.294861 | 14,149 | 4,172 | | 76.07 |
| 76.09 BONE MARROW PROCUREMENT | 0.893730 | | | | 76.09 |
| 76.97 CARDIAC REHABILITATION | | | | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | |
| 90 CLINIC | 1.759606 | | | | 90 |
| 90.01 CARDIAC REHABILITATION | 1.454166 | 70 | 102 | | 90.01 |
| 90.02 CANCER CENTER | 0.368276 | | | | 90.02 |
| 90.03 PSYCH SOCIAL REHAB | 1.600905 | | | | 90.03 |
| 90.04 WELLNESS ASSESSMENT | | | | | 90.04 |
| 90.06 HEART FAILURE CLINIC | | | | | 90.06 |
| 90.07 LOC OUTPATIENT CENTER | 0.517862 | 228,926 | 118,552 | | 90.07 |
| 90.08 OBT OUTPATIENT CENTER | 0.400161 | | | | 90.08 |
| 90.09 ELMHURST IMMEDIATE CARE | 0.628060 | | | | 90.09 |
| 90.10 LAGRANGE FAMILY PCC | 0.526218 | | | | 90.10 |
| 90.12 NORTH RIVERSIDE PCC | 0.588566 | | | | 90.12 |
| 90.13 GLENDALE HEIGHTS PCC | | | | | 90.13 |
| 90.14 WHEATON PCC | 0.703896 | | | | 90.14 |
| 90.15 OBT II PCC | 0.501412 | | | | 90.15 |
| 90.16 HICKORY HILLS PCC | 0.496130 | | | | 90.16 |
| 90.18 DARIEN PCC | 0.537990 | | | | 90.18 |
| 90.20 ORLANAD PARK - FP | 0.687667 | | | | 90.20 |
| 90.21 FAMILY PRACTICE MAYWOOD PCC | 0.493269 | | | | 90.21 |
| 90.22 HOMER GLEN PCC | 0.489172 | | | | 90.22 |
| 90.23 OAK PARK PCC | 0.567478 | | | | 90.23 |
| 90.24 PARK RIDGE PCC | 0.487321 | | | | 90.24 |
| 90.25 LOYOLA CLINIC AT GOTTLIEB | 0.702209 | | | | 90.25 |
| 90.26 WOODRIDGE PCC | | | | | 90.26 |

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
 PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 01/31/2012 09:12

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

| | | | | | | | | | | |
|------------|-------------------------------------|------------------|-------------------------------------|---------------|--------------------------|-------------|--------------------------|---------|-------------------------------------|-------|
| CHECK | <input type="checkbox"/> | TITLE V | <input type="checkbox"/> | HOSPITAL | <input type="checkbox"/> | SUB (OTHER) | <input type="checkbox"/> | S/B SNF | <input checked="" type="checkbox"/> | PPS |
| APPLICABLE | <input checked="" type="checkbox"/> | TITLE XVIII-PT A | <input type="checkbox"/> | IPF | <input type="checkbox"/> | SNF | <input type="checkbox"/> | S/B NF | <input type="checkbox"/> | TEFRA |
| BOXES | <input type="checkbox"/> | TITLE XIX | <input checked="" type="checkbox"/> | IRF (14-T276) | <input type="checkbox"/> | NF | <input type="checkbox"/> | ICF/MR | <input type="checkbox"/> | OTHER |

| COST CENTER DESCRIPTION | RATIO OF COST TO CHARGES 1 | INPATIENT PROGRAM CHARGES 2 | INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3 | | |
|---|----------------------------------|-----------------------------------|--|--|-------|
| | | | | | |
| 90.27 NEUROLOGY - NILES | 0.907445 | | | | 90.27 |
| 90.28 MARJORIE WEINBERG CANCER CENTER | 0.526354 | | | | 90.28 |
| 90.29 BURR RIDGE PCC | 1.289865 | | | | 90.29 |
| 91 EMERGENCY | 0.161358 | 27,068 | 4,368 | | 91 |
| 92 OBSERVATION BEDS | | | | | 92 |
| 92.01 OBSERVATION BEDS-DISTINCT | 0.074031 | | | | 92.01 |
| OTHER REIMBURSABLE COST CENTERS | | | | | |
| 95 AMBULANCE SERVICES | | | | | 95 |
| 97 DURABLE MEDICAL EQUIP-SOLD | 1.044226 | | | | 97 |
| 200 TOTAL (SUM OF LINES 50-94 AND 96-98) | | 7,380,673 | 2,229,017 | | 200 |
| 201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES | | | | | 201 |
| 202 NET CHARGES (LINE 200 MINUS LINE 201) | | 7,380,673 | | | 202 |

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0276) [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

| COST CENTER DESCRIPTION | RATIO OF COST | INPATIENT | INPATIENT |
|--|---------------|-----------------|----------------------|
| | TO CHARGES | PROGRAM CHARGES | PROGRAM COSTS |
| | 1 | 2 | (COL.1 x COL.2) 3 |
| INPATIENT ROUTINE SERVICE COST CENTERS | | | |
| 30 ADULTS & PEDIATRICS | | | 30 |
| 31 INTENSIVE CARE UNIT | | | 31 |
| 33 BURN INTENSIVE CARE UNIT | | | 33 |
| 35 NEONATAL INTENSIVE CARE | | | 35 |
| 35.01 PEDIATRIC INTENSIVE CARE | | | 35.01 |
| 35.03 HEART TRANSPLANT ICU | | | 35.03 |
| 35.04 BONE INTENSIVE CARE | | | 35.04 |
| 41 SUBPROVIDER - IRF | | | 41 |
| 43 NURSERY | | | 43 |
| ANCILLARY SERVICE COST CENTERS | | | |
| 50 OPERATING ROOM | 0.501511 | | 50 |
| 50.01 AMBULATORY SURGERY CENTER | 0.292510 | | 50.01 |
| 51 RECOVERY ROOM | 0.153180 | | 51 |
| 52 DELIVERY ROOM & LABOR ROOM | 0.434075 | | 52 |
| 53 ANESTHESIOLOGY | 0.122090 | | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | 0.337603 | | 54 |
| 54.01 RADIOLOGY-ULTRASOUND | 0.149052 | | 54.01 |
| 55 RADIOLOGY-THERAPEUTIC | | | 55 |
| 56 RADIOISOTOPE | 0.235726 | | 56 |
| 57 COMPUTED TOMOGRAPHY (CT) SCAN | 0.092139 | | 57 |
| 58 MAGNETIC RESONANCE IMAGING (MRI) | 0.137374 | | 58 |
| 59 CARDIAC CATHETERIZATION | 0.306026 | | 59 |
| 60 LABORATORY | 0.164607 | | 60 |
| 60.01 LABORATORY-SURGICAL PATHOLOGY | 0.320094 | | 60.01 |
| 60.02 LABORATORY-NEUROSURGICAL | | | 60.02 |
| 60.03 LABORATORY-HLA | 21.784423 | | 60.03 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & TRA | 0.447168 | | 63 |
| 65 RESPIRATORY THERAPY | 0.234239 | | 65 |
| 66 PHYSICAL THERAPY | 0.350970 | | 66 |
| 67 OCCUPATIONAL THERAPY | 0.288311 | | 67 |
| 68 SPEECH PATHOLOGY | 0.342187 | | 68 |
| 69 ELECTROCARDIOLOGY | 0.254390 | | 69 |
| 70 ELECTROENCEPHALOGRAPHY | 0.394617 | | 70 |
| 71 MEDICAL SUPPLIES CHRGED TO PATI | 1.054244 | | 71 |
| 73 DRUGS CHARGED TO PATIENTS | 0.329859 | | 73 |
| 74 RENAL DIALYSIS | 0.175763 | | 74 |
| 76 PULMONARY LABS | 0.543114 | | 76 |
| 76.01 OCCUPATIONAL HEALTH | 1.062153 | | 76.01 |
| 76.03 HYPERALIMENTATION | | | 76.03 |
| 76.04 PERIPHERAL VASCULAR | 0.183582 | | 76.04 |
| 76.05 PEDIATRIC ENDO NUTRITION | | | 76.05 |
| 76.07 GASTROINTESTINAL SERVICE | 0.294861 | | 76.07 |
| 76.09 BONE MARROW PROCUREMENT | 0.893730 | | 76.09 |
| 76.97 CARDIAC REHABILITATION | | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | 76.98 |
| 76.99 LITHOTRIPSY | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | |
| 90 CLINIC | 1.759606 | | 90 |
| 90.01 CARDIAC REHABILITATION | 1.454166 | | 90.01 |
| 90.02 CANCER CENTER | 0.368276 | | 90.02 |
| 90.03 PSYCH SOCIAL REHAB | 1.600905 | | 90.03 |
| 90.04 WELLNESS ASSESSMENT | | | 90.04 |
| 90.06 HEART FAILURE CLINIC | | | 90.06 |
| 90.07 LOC OUTPATIENT CENTER | 0.517862 | | 90.07 |
| 90.08 OBT OUTPATIENT CENTER | 0.400161 | | 90.08 |
| 90.09 ELMHURST IMMEDIATE CARE | 0.628060 | | 90.09 |
| 90.10 LAGRANGE FAMILY PCC | 0.526218 | | 90.10 |
| 90.12 NORTH RIVERSIDE PCC | 0.588566 | | 90.12 |
| 90.13 GLENDALE HEIGHTS PCC | | | 90.13 |
| 90.14 WHEATON PCC | 0.703896 | | 90.14 |
| 90.15 OBT II PCC | 0.501412 | | 90.15 |
| 90.16 HICKORY HILLS PCC | 0.496130 | | 90.16 |
| 90.18 DARIEN PCC | 0.537990 | | 90.18 |
| 90.20 ORLANAD PARK - FP | 0.687667 | | 90.20 |
| 90.21 FAMILY PRACTICE MAYWOOD PCC | 0.493269 | | 90.21 |
| 90.22 HOMER GLEN PCC | 0.489172 | | 90.22 |
| 90.23 OAK PARK PCC | 0.567478 | | 90.23 |
| 90.24 PARK RIDGE PCC | 0.487321 | | 90.24 |
| 90.25 LOYOLA CLINIC AT GOTTLIEB | 0.702209 | | 90.25 |

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
 PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 01/31/2012 09:12

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

| | | | | | | | | | | |
|------------|-------------------------------------|------------------|-------------------------------------|--------------------|--------------------------|-------------|--------------------------|---------|-------------------------------------|-------|
| CHECK | <input type="checkbox"/> | TITLE V | <input checked="" type="checkbox"/> | HOSPITAL (14-0276) | <input type="checkbox"/> | SUB (OTHER) | <input type="checkbox"/> | S/B SNF | <input checked="" type="checkbox"/> | PPS |
| APPLICABLE | <input type="checkbox"/> | TITLE XVIII-PT A | <input type="checkbox"/> | IPF | <input type="checkbox"/> | SNF | <input type="checkbox"/> | S/B NF | <input type="checkbox"/> | TEFRA |
| BOXES | <input checked="" type="checkbox"/> | TITLE XIX | <input type="checkbox"/> | IRF | <input type="checkbox"/> | NF | <input type="checkbox"/> | ICF/MR | <input type="checkbox"/> | OTHER |

| COST CENTER DESCRIPTION | RATIO OF COST TO CHARGES 1 | INPATIENT PROGRAM CHARGES 2 | INPATIENT PROGRAM COSTS (COL.1 x COL.2) | | |
|---|----------------------------------|-----------------------------------|---|--|-------|
| | | | 3 | | |
| 90.26 WOODRIDGE PCC | | | | | 90.26 |
| 90.27 NEUROLOGY - NILES | 0.907445 | | | | 90.27 |
| 90.28 MARJORIE WEINBERG CANCER CENTER | 0.526354 | | | | 90.28 |
| 90.29 BURR RIDGE PCC | 1.289865 | | | | 90.29 |
| 91 EMERGENCY | 0.161358 | | | | 91 |
| 92 OBSERVATION BEDS | | | | | 92 |
| 92.01 OBSERVATION BEDS-DISTINCT | 0.074031 | | | | 92.01 |
| OTHER REIMBURSABLE COST CENTERS | | | | | |
| 95 AMBULANCE SERVICES | | | | | 95 |
| 97 DURABLE MEDICAL EQUIP-SOLD | 1.044226 | | | | 97 |
| 200 TOTAL (SUM OF LINES 50-94 AND 96-98) | | | | | 200 |
| 201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES | | | | | 201 |
| 202 NET CHARGES (LINE 200 MINUS LINE 201) | | | | | 202 |

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] IPF (14-S276) [] SNF [] S/B NF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [] ICF/MR [XX] OTHER

| COST CENTER DESCRIPTION | RATIO OF COST TO CHARGES 1 | INPATIENT PROGRAM CHARGES 2 | INPATIENT PROGRAM COSTS (COL.1 x COL.2) | |
|--|-------------------------------|--------------------------------|--|-------|
| | | | 3 | 4 |
| INPATIENT ROUTINE SERVICE COST CENTERS | | | | |
| 30 ADULTS & PEDIATRICS | | | | 30 |
| 31 INTENSIVE CARE UNIT | | | | 31 |
| 33 BURN INTENSIVE CARE UNIT | | | | 33 |
| 35 NEONATAL INTENSIVE CARE | | | | 35 |
| 35.01 PEDIATRIC INTENSIVE CARE | | | | 35.01 |
| 35.03 HEART TRANSPLANT ICU | | | | 35.03 |
| 35.04 BONE INTENSIVE CARE | | | | 35.04 |
| 41 SUBPROVIDER - IRF | | | | 41 |
| ANCILLARY SERVICE COST CENTERS | | | | |
| 50 OPERATING ROOM | 0.501511 | | | 50 |
| 50.01 AMBULATORY SURGERY CENTER | 0.292510 | | | 50.01 |
| 51 RECOVERY ROOM | 0.153180 | | | 51 |
| 52 DELIVERY ROOM & LABOR ROOM | 0.434075 | | | 52 |
| 53 ANESTHESIOLOGY | 0.122090 | | | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | 0.337603 | | | 54 |
| 54.01 RADIOLOGY-ULTRASOUND | 0.149052 | | | 54.01 |
| 55 RADIOLOGY-THERAPEUTIC | | | | 55 |
| 56 RADIOISOTOPE | 0.235726 | | | 56 |
| 57 COMPUTED TOMOGRAPHY (CT) SCAN | 0.092139 | | | 57 |
| 58 MAGNETIC RESONANCE IMAGING (MRI) | 0.137374 | | | 58 |
| 59 CARDIAC CATHETERIZATION | 0.306026 | | | 59 |
| 60 LABORATORY | 0.164607 | | | 60 |
| 60.01 LABORATORY-SURGICAL PATHOLOGY | 0.320094 | | | 60.01 |
| 60.02 LABORATORY-NEUROSURGICAL | | | | 60.02 |
| 60.03 LABORATORY-HLA | 21.784423 | | | 60.03 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & TRA | 0.447168 | | | 63 |
| 65 RESPIRATORY THERAPY | 0.234239 | | | 65 |
| 66 PHYSICAL THERAPY | 0.350970 | | | 66 |
| 67 OCCUPATIONAL THERAPY | 0.288311 | | | 67 |
| 68 SPEECH PATHOLOGY | 0.342187 | | | 68 |
| 69 ELECTROCARDIOLOGY | 0.254390 | | | 69 |
| 70 ELECTROENCEPHALOGRAPHY | 0.394617 | | | 70 |
| 71 MEDICAL SUPPLIES CHRGD TO PATI | 1.054244 | | | 71 |
| 73 DRUGS CHARGED TO PATIENTS | 0.329859 | | | 73 |
| 74 RENAL DIALYSIS | 0.175763 | | | 74 |
| 76 PULMONARY LABS | 0.543114 | | | 76 |
| 76.01 OCCUPATIONAL HEALTH | 1.062153 | | | 76.01 |
| 76.03 HYPERALIMENTATION | | | | 76.03 |
| 76.04 PERIPHERAL VASCULAR | 0.183582 | | | 76.04 |
| 76.05 PEDIATRIC ENDO NUTRITION | | | | 76.05 |
| 76.07 GASTROINTESTINAL SERVICE | 0.294861 | | | 76.07 |
| 76.09 BONE MARROW PROCUREMENT | 0.893730 | | | 76.09 |
| 76.97 CARDIAC REHABILITATION | | | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | |
| 90 CLINIC | 1.759606 | | | 90 |
| 90.01 CARDIAC REHABILITATION | 1.454166 | | | 90.01 |
| 90.02 CANCER CENTER | 0.368276 | | | 90.02 |
| 90.03 PSYCH SOCIAL REHAB | 1.600905 | | | 90.03 |
| 90.04 WELLNESS ASSESSMENT | | | | 90.04 |
| 90.06 HEART FAILURE CLINIC | | | | 90.06 |
| 90.07 LOC OUTPATIENT CENTER | 0.517862 | | | 90.07 |
| 90.08 OB T OUTPATIENT CENTER | 0.400161 | | | 90.08 |
| 90.09 ELMHURST IMMEDIATE CARE | 0.628060 | | | 90.09 |
| 90.10 LAGRANGE FAMILY PCC | 0.526218 | | | 90.10 |
| 90.12 NORTH RIVERSIDE PCC | 0.588566 | | | 90.12 |
| 90.13 GLENDALE HEIGHTS PCC | | | | 90.13 |
| 90.14 WHEATON PCC | 0.703896 | | | 90.14 |
| 90.15 OB T II PCC | 0.501412 | | | 90.15 |
| 90.16 HICKORY HILLS PCC | 0.496130 | | | 90.16 |
| 90.18 DARIEN PCC | 0.537990 | | | 90.18 |
| 90.20 ORLANAD PARK - FP | 0.687667 | | | 90.20 |
| 90.21 FAMILY PRACTICE MAYWOOD PCC | 0.493269 | | | 90.21 |
| 90.22 HOMER GLEN PCC | 0.489172 | | | 90.22 |
| 90.23 OAK PARK PCC | 0.567478 | | | 90.23 |
| 90.24 PARK RIDGE PCC | 0.487321 | | | 90.24 |
| 90.25 LOYOLA CLINIC AT GOTTLIEB | 0.702209 | | | 90.25 |
| 90.26 WOODRIDGE PCC | | | | 90.26 |

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
 PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 01/31/2012 09:12

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

| | | | | | | | | | | |
|------------|-------------------------------------|------------------|-------------------------------------|---------------|--------------------------|-------------|--------------------------|---------|-------------------------------------|-------|
| CHECK | <input type="checkbox"/> | TITLE V | <input type="checkbox"/> | HOSPITAL | <input type="checkbox"/> | SUB (OTHER) | <input type="checkbox"/> | S/B SNF | <input type="checkbox"/> | PPS |
| APPLICABLE | <input type="checkbox"/> | TITLE XVIII-PT A | <input checked="" type="checkbox"/> | IPF (14-S276) | <input type="checkbox"/> | SNF | <input type="checkbox"/> | S/B NF | <input type="checkbox"/> | TEFRA |
| BOXES | <input checked="" type="checkbox"/> | TITLE XIX | <input type="checkbox"/> | IRF | <input type="checkbox"/> | NF | <input type="checkbox"/> | ICF/MR | <input checked="" type="checkbox"/> | OTHER |

| COST CENTER DESCRIPTION | RATIO OF COST TO CHARGES 1 | INPATIENT PROGRAM CHARGES 2 | INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3 | |
|---|----------------------------------|-----------------------------------|--|-------|
| | | | | |
| 90.27 NEUROLOGY - NILES | 0.907445 | | | 90.27 |
| 90.28 MARJORIE WEINBERG CANCER CENTER | 0.526354 | | | 90.28 |
| 90.29 BURR RIDGE PCC | 1.289865 | | | 90.29 |
| 91 EMERGENCY | 0.161358 | | | 91 |
| 92 OBSERVATION BEDS | | | | 92 |
| 92.01 OBSERVATION BEDS-DISTINCT | 0.074031 | | | 92.01 |
| OTHER REIMBURSABLE COST CENTERS | | | | |
| 95 AMBULANCE SERVICES | | | | 95 |
| 97 DURABLE MEDICAL EQUIP-SOLD | 1.044226 | | | 97 |
| 200 TOTAL (SUM OF LINES 50-94 AND 96-98) | | | | 200 |
| 201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES | | | | 201 |
| 202 NET CHARGES (LINE 200 MINUS LINE 201) | | | | 202 |

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [XX] TITLE XIX [XX] IRF (14-T276) [] NF [] ICF/MR [XX] OTHER

| COST CENTER DESCRIPTION | RATIO OF COST TO CHARGES 1 | INPATIENT PROGRAM CHARGES 2 | INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3 | |
|--|-------------------------------|--------------------------------|---|-------|
| | | | | |
| INPATIENT ROUTINE SERVICE COST CENTERS | | | | |
| 30 ADULTS & PEDIATRICS | | | | 30 |
| 31 INTENSIVE CARE UNIT | | | | 31 |
| 33 BURN INTENSIVE CARE UNIT | | | | 33 |
| 35 NEONATAL INTENSIVE CARE | | | | 35 |
| 35.01 PEDIATRIC INTENSIVE CARE | | | | 35.01 |
| 35.03 HEART TRANSPLANT ICU | | | | 35.03 |
| 35.04 BONE INTENSIVE CARE | | | | 35.04 |
| 41 SUBPROVIDER - IRF | | | | 41 |
| ANCILLARY SERVICE COST CENTERS | | | | |
| 50 OPERATING ROOM | 0.501511 | | | 50 |
| 50.01 AMBULATORY SURGERY CENTER | 0.292510 | | | 50.01 |
| 51 RECOVERY ROOM | 0.153180 | | | 51 |
| 52 DELIVERY ROOM & LABOR ROOM | 0.434075 | | | 52 |
| 53 ANESTHESIOLOGY | 0.122090 | | | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | 0.337603 | | | 54 |
| 54.01 RADIOLOGY-ULTRASOUND | 0.149052 | | | 54.01 |
| 55 RADIOLOGY-THERAPEUTIC | | | | 55 |
| 56 RADIOISOTOPE | 0.235726 | | | 56 |
| 57 COMPUTED TOMOGRAPHY (CT) SCAN | 0.092139 | | | 57 |
| 58 MAGNETIC RESONANCE IMAGING (MRI) | 0.137374 | | | 58 |
| 59 CARDIAC CATHETERIZATION | 0.306026 | | | 59 |
| 60 LABORATORY | 0.164607 | | | 60 |
| 60.01 LABORATORY-SURGICAL PATHOLOGY | 0.320094 | | | 60.01 |
| 60.02 LABORATORY-NEUROSURGICAL | | | | 60.02 |
| 60.03 LABORATORY-HLA | 21.784423 | | | 60.03 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & TRA | 0.447168 | | | 63 |
| 65 RESPIRATORY THERAPY | 0.234239 | | | 65 |
| 66 PHYSICAL THERAPY | 0.350970 | | | 66 |
| 67 OCCUPATIONAL THERAPY | 0.288311 | | | 67 |
| 68 SPEECH PATHOLOGY | 0.342187 | | | 68 |
| 69 ELECTROCARDIOLOGY | 0.254390 | | | 69 |
| 70 ELECTROENCEPHALOGRAPHY | 0.394617 | | | 70 |
| 71 MEDICAL SUPPLIES CHRGD TO PATI | 1.054244 | | | 71 |
| 73 DRUGS CHARGED TO PATIENTS | 0.329859 | | | 73 |
| 74 RENAL DIALYSIS | 0.175763 | | | 74 |
| 76 PULMONARY LABS | 0.543114 | | | 76 |
| 76.01 OCCUPATIONAL HEALTH | 1.062153 | | | 76.01 |
| 76.03 HYPERALIMENTATION | | | | 76.03 |
| 76.04 PERIPHERAL VASCULAR | 0.183582 | | | 76.04 |
| 76.05 PEDIATRIC ENDO NUTRITION | | | | 76.05 |
| 76.07 GASTROINTESTINAL SERVICE | 0.294861 | | | 76.07 |
| 76.09 BONE MARROW PROCUREMENT | 0.893730 | | | 76.09 |
| 76.97 CARDIAC REHABILITATION | | | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | |
| 90 CLINIC | 1.759606 | | | 90 |
| 90.01 CARDIAC REHABILITATION | 1.454166 | | | 90.01 |
| 90.02 CANCER CENTER | 0.368276 | | | 90.02 |
| 90.03 PSYCH SOCIAL REHAB | 1.600905 | | | 90.03 |
| 90.04 WELLNESS ASSESSMENT | | | | 90.04 |
| 90.06 HEART FAILURE CLINIC | | | | 90.06 |
| 90.07 LOC OUTPATIENT CENTER | 0.517862 | | | 90.07 |
| 90.08 OB T OUTPATIENT CENTER | 0.400161 | | | 90.08 |
| 90.09 ELMHURST IMMEDIATE CARE | 0.628060 | | | 90.09 |
| 90.10 LAGRANGE FAMILY PCC | 0.526218 | | | 90.10 |
| 90.12 NORTH RIVERSIDE PCC | 0.588566 | | | 90.12 |
| 90.13 GLENDALE HEIGHTS PCC | | | | 90.13 |
| 90.14 WHEATON PCC | 0.703896 | | | 90.14 |
| 90.15 OB T II PCC | 0.501412 | | | 90.15 |
| 90.16 HICKORY HILLS PCC | 0.496130 | | | 90.16 |
| 90.18 DARIEN PCC | 0.537990 | | | 90.18 |
| 90.20 ORLANAD PARK - FP | 0.687667 | | | 90.20 |
| 90.21 FAMILY PRACTICE MAYWOOD PCC | 0.493269 | | | 90.21 |
| 90.22 HOMER GLEN PCC | 0.489172 | | | 90.22 |
| 90.23 OAK PARK PCC | 0.567478 | | | 90.23 |
| 90.24 PARK RIDGE PCC | 0.487321 | | | 90.24 |
| 90.25 LOYOLA CLINIC AT GOTTLIEB | 0.702209 | | | 90.25 |
| 90.26 WOODRIDGE PCC | | | | 90.26 |

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
 PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 01/31/2012 09:12

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

| | | | | | | | | | | |
|------------|-------------------------------------|------------------|-------------------------------------|---------------|--------------------------|-------------|--------------------------|---------|-------------------------------------|-------|
| CHECK | <input type="checkbox"/> | TITLE V | <input type="checkbox"/> | HOSPITAL | <input type="checkbox"/> | SUB (OTHER) | <input type="checkbox"/> | S/B SNF | <input type="checkbox"/> | PPS |
| APPLICABLE | <input type="checkbox"/> | TITLE XVIII-PT A | <input type="checkbox"/> | IPF | <input type="checkbox"/> | SNF | <input type="checkbox"/> | S/B NF | <input type="checkbox"/> | TEFRA |
| BOXES | <input checked="" type="checkbox"/> | TITLE XIX | <input checked="" type="checkbox"/> | IRF (14-T276) | <input type="checkbox"/> | NF | <input type="checkbox"/> | ICF/MR | <input checked="" type="checkbox"/> | OTHER |

| COST CENTER DESCRIPTION | RATIO OF COST TO CHARGES 1 | INPATIENT PROGRAM CHARGES 2 | INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3 | |
|---|----------------------------------|-----------------------------------|--|-------|
| | | | | |
| 90.27 NEUROLOGY - NILES | 0.907445 | | | 90.27 |
| 90.28 MARJORIE WEINBERG CANCER CENTER | 0.526354 | | | 90.28 |
| 90.29 BURR RIDGE PCC | 1.289865 | | | 90.29 |
| 91 EMERGENCY | 0.161358 | | | 91 |
| 92 OBSERVATION BEDS | | | | 92 |
| 92.01 OBSERVATION BEDS-DISTINCT | 0.074031 | | | 92.01 |
| OTHER REIMBURSABLE COST CENTERS | | | | |
| 95 AMBULANCE SERVICES | | | | 95 |
| 97 DURABLE MEDICAL EQUIP-SOLD | 1.044226 | | | 97 |
| 200 TOTAL (SUM OF LINES 50-94 AND 96-98) | | | | 200 |
| 201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES | | | | 201 |
| 202 NET CHARGES (LINE 200 MINUS LINE 201) | | | | 202 |

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART I

CHECK [] HEART [] LIVER [] PANCREAS [] ISLET
 APPLICABLE BOX [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 | | PER DIEM COSTS (FROM WKST D-1, PT. II) | ORGAN ACQUISITION DAYS | COST (COL. 2 x COL. 3) | |
|--|---------------------------|-------|--|------------------------|------------------------|------|
| | 1 | D | | | | |
| | 2 | 3 | | | | |
| 1 ADULTS & PEDIATRICS | 112,868 | 38 | 769.46 | 61 | 46,937 | 1 |
| 2 INTENSIVE CARE UNIT | 16,283 | 43 | 1,480.26 | 11 | 16,283 | 2 |
| 3 CORONARY CARE UNIT | | 44 | | | | 3 |
| 4 BURN INTENSIVE CARE UNIT | | 45 | 2,166.09 | | | 4 |
| 5 SURGICAL INTENSIVE CARE UNIT | | 46 | | | | 5 |
| 6 NEONATAL INTENSIVE CARE | | 47 | 1,119.40 | | | 6 |
| 6.01 PEDIATRIC INTENSIVE CARE | | 47.01 | 1,465.38 | | | 6.01 |
| 6.03 HEART TRANSPLANT ICU | | 47.03 | 1,475.10 | | | 6.03 |
| 6.04 BONE INTENSIVE CARE | | 47.04 | 1,155.59 | | | 6.04 |
| 7 TOTAL (SUM OF LINES 1-6) | 129,151 | | | 72 | 63,220 | 7 |

| COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION | C | RATIO OF COST TO CHARGES (FROM WKST C) | | ORGAN ACQUISITION ANCILLARY CHARGES | ORGAN ACQUISITION ANCILLARY COSTS | |
|--|-------|--|---|-------------------------------------|-----------------------------------|-------|
| | | 1 | 2 | | | |
| | | 3 | 4 | | | |
| 8 OPERATING ROOM | 50 | 0.501511 | | 498,052 | 249,779 | 8 |
| 8.01 AMBULATORY SURGERY CENTER | 50.01 | 0.292510 | | | | 8.01 |
| 9 RECOVERY ROOM | 51 | 0.153180 | | 85,826 | 13,147 | 9 |
| 10 DELIVERY ROOM & LABOR ROOM | 52 | 0.434075 | | | | 10 |
| 11 ANESTHESIOLOGY | 53 | 0.122090 | | 117,076 | 14,294 | 11 |
| 12 RADIOLOGY-DIAGNOSTIC | 54 | 0.337603 | | 70,076 | 23,658 | 12 |
| 12.01 RADIOLOGY-ULTRASOUND | 54.01 | 0.149052 | | 32,183 | 4,797 | 12.01 |
| 13 RADIOLOGY-THERAPEUTIC | 55 | | | | | 13 |
| 14 RADIOISOTOPE | 56 | 0.235726 | | 213,061 | 50,224 | 14 |
| 15 COMPUTED TOMOGRAPHY (CT) SCAN | 57 | 0.092139 | | 207,119 | 19,084 | 15 |
| 16 MAGNETIC RESONANCE IMAGING (MRI) | 58 | 0.137374 | | 10,425 | 1,432 | 16 |
| 17 CARDIAC CATHETERIZATION | 59 | 0.306026 | | | | 17 |
| 18 LABORATORY | 60 | 0.164607 | | 1,081,066 | 177,951 | 18 |
| 18.01 LABORATORY-SURGICAL PATHOLOGY | 60.01 | 0.320094 | | | | 18.01 |
| 18.02 LABORATORY-NEUROSURGICAL | 60.02 | | | | | 18.02 |
| 18.03 LABORATORY-HLA | 60.03 | 21.784423 | | | | 18.03 |
| 19 PBP CLINICAL LAB SERVICES-PRGM | 61 | | | | | 19 |
| 20 WHOLE BLOOD & PACKED RED BLOOD | 62 | | | | | 20 |
| 20.30 BLOOD CLOTTING FOR HEMOPHILIACS | 62.30 | | | | | 20.30 |
| 21 BLOOD STORING, PROCESSING & TRA | 63 | 0.447168 | | 466,557 | 208,629 | 21 |
| 22 INTRAVENOUS THERAPY | 64 | | | | | 22 |
| 23 RESPIRATORY THERAPY | 65 | 0.234239 | | 76,662 | 17,957 | 23 |
| 24 PHYSICAL THERAPY | 66 | 0.350970 | | 908 | 319 | 24 |
| 25 OCCUPATIONAL THERAPY | 67 | 0.288311 | | 502 | 145 | 25 |
| 26 SPEECH PATHOLOGY | 68 | 0.342187 | | | | 26 |
| 27 ELECTROCARDIOLOGY | 69 | 0.254390 | | 145,006 | 36,888 | 27 |
| 28 ELECTROENCEPHALOGRAPHY | 70 | 0.394617 | | 1,798 | 710 | 28 |
| 29 MEDICAL SUPPLIES CHRGD TO PATI | 71 | 1.054244 | | 70,397 | 74,216 | 29 |
| 30 IMPL. DEV. CHARGED TO PATIENT | 72 | | | | | 30 |
| 31 DRUGS CHARGED TO PATIENTS | 73 | 0.329859 | | 169,414 | 55,883 | 31 |
| 32 RENAL DIALYSIS | 74 | 0.175763 | | 23,554 | 4,140 | 32 |
| 33 ASC (NON-DISTINCT PART) | 75 | | | | | 33 |
| 34 PULMONARY LABS | 76 | 0.543114 | | 494 | 268 | 34 |
| 34.01 OCCUPATIONAL HEALTH | 76.01 | 1.062153 | | | | 34.01 |
| 34.03 HYPERALIMENTATION | 76.03 | | | | | 34.03 |
| 34.04 PERIPHERAL VASCULAR | 76.04 | 0.183582 | | 17,784 | 3,265 | 34.04 |
| 34.05 PEDIATRIC ENDO NUTRITION | 76.05 | | | | | 34.05 |
| 34.07 GASTROINTESTINAL SERVICE | 76.07 | 0.294861 | | 44,992 | 13,266 | 34.07 |
| 34.09 BONE MARROW PROCUREMENT | 76.09 | 0.893730 | | | | 34.09 |
| 34.97 CARDIAC REHABILITATION | 76.97 | | | | | 34.97 |
| 34.98 HYPERBARIC OXYGEN THERAPY | 76.98 | | | | | 34.98 |
| 34.99 LITHOTRIPSY | 76.99 | | | | | 34.99 |
| 35 RURAL HEALTH CLINIC (RHC) | 88 | | | | | 35 |
| 36 FEDERALLY QUALIFIED HLTH CTR (F | 89 | | | | | 36 |
| 37 CLINIC | 90 | 1.759606 | | 11,469 | 20,181 | 37 |
| 37.01 CARDIAC REHABILITATION | 90.01 | 1.454166 | | 101,954 | 148,258 | 37.01 |
| 37.02 CANCER CENTER | 90.02 | 0.368276 | | | | 37.02 |
| 37.03 PSYCH SOCIAL REHAB | 90.03 | 1.600905 | | | | 37.03 |
| 37.04 WELLNESS ASSESSMENT | 90.04 | | | | | 37.04 |
| 37.06 HEART FAILURE CLINIC | 90.06 | | | | | 37.06 |
| 37.07 LOC OUTPATIENT CENTER | 90.07 | 0.517862 | | 186,634 | 96,651 | 37.07 |
| 37.08 OB OUTPATIENT CENTER | 90.08 | 0.400161 | | 9,243 | 3,699 | 37.08 |
| 37.09 ELMHURST IMMEDIATE CARE | 90.09 | 0.628060 | | 47 | 30 | 37.09 |
| 37.10 LAGRANGE FAMILY PCC | 90.10 | 0.526218 | | | | 37.10 |
| 37.12 NORTH RIVERSIDE PCC | 90.12 | 0.588566 | | 409 | 241 | 37.12 |
| 37.13 GLENDALE HEIGHTS PCC | 90.13 | | | | | 37.13 |

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART I

CHECK [] HEART [] LIVER [] PANCREAS [] ISLET
 APPLICABLE BOX [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 TO CHARGES (FROM WKST C) 1 | ORGAN ACQUISITION ANCILLARY CHARGES 2 | ORGAN ACQUISITION ANCILLARY COSTS 3 | |
|--|-------|--|---------------------------------------|-------------------------------------|-------|
| 37.14 WHEATON PCC | 90.14 | 0.703896 | | | 37.14 |
| 37.15 OBST II PCC | 90.15 | 0.501412 | 18 | 9 | 37.15 |
| 37.16 HICKORY HILLS PCC | 90.16 | 0.496130 | 895 | 444 | 37.16 |
| 37.18 DARIEN PCC | 90.18 | 0.537990 | 109 | 59 | 37.18 |
| 37.20 ORLANAD PARK - FP | 90.20 | 0.687667 | | | 37.20 |
| 37.21 FAMILY PRACTICE MAYWOOD PCC | 90.21 | 0.493269 | 441 | 218 | 37.21 |
| 37.22 HOMER GLEN PCC | 90.22 | 0.489172 | | | 37.22 |
| 37.23 OAK PARK PCC | 90.23 | 0.567478 | | | 37.23 |
| 37.24 PARK RIDGE PCC | 90.24 | 0.487321 | 528 | 257 | 37.24 |
| 37.25 LOYOLA CLINIC AT GOTTLIEB | 90.25 | 0.702209 | 789 | 554 | 37.25 |
| 37.26 WOODRIDGE PCC | 90.26 | | | | 37.26 |
| 37.27 NEUROLOGY - NILES | 90.27 | 0.907445 | | | 37.27 |
| 37.28 MARJORIE WEINBERG CANCER CENTER | 90.28 | 0.526354 | | | 37.28 |
| 37.29 BURR RIDGE PCC | 90.29 | 1.289865 | | | 37.29 |
| 38 EMERGENCY | 91 | 0.161358 | 1,276 | 206 | 38 |
| 39 OBSERVATION BEDS | 92 | | | | 39 |
| 39.01 OBSERVATION BEDS-DISTINCT | 92.01 | 0.074031 | 1,146 | 85 | 39.01 |
| 40 OTHER OUTPATIENT SERV (SPECIFY) | 93 | | | | 40 |
| 41 TOTAL (SUM OF LINES 8-40) | | | 3,647,910 | 1,240,944 | 41 |

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART II

CHECK [] HEART [] LIVER [] PANCREAS [] ISLET
 APPLICABLE BOX [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 | AVERAGE COST PER DAY (FROM WKST D-2, PART I, COL. 4) | | ORGAN ACQUISITION DAYS | ORGAN ACQUISITION COSTS (COL.1 x COL.2) | |
|---|--|---|------------------------|---|-------|
| | D | 1 | | | |
| 42 ADULTS & PEDIATRICS | 2 | | 61 | | 42 |
| 43 INTENSIVE CARE UNIT | 3 | | 11 | | 43 |
| 44 CORONARY CARE UNIT | 4 | | | | 44 |
| 45 BURN INTENSIVE CARE UNIT | 5 | | | | 45 |
| 46 SURGICAL INTENSIVE CARE UNIT | 6 | | | | 46 |
| 47 NEONATAL INTENSIVE CARE | 7 | | | | 47 |
| 47.01 PEDIATRIC INTENSIVE CARE | 7.01 | | | | 47.01 |
| 47.03 HEART TRANSPLANT ICU | 7.03 | | | | 47.03 |
| 47.04 BONE INTENSIVE CARE | 7.04 | | | | 47.04 |
| 48 TOTAL (SUM OF LINES 42-47) | | | 72 | | 48 |

| COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM | ORGAN CHARGES (SEE INSTR.) | RATIO OF COST TO CHARGES (FROM WKST D-2, PART I, COL. 4) | | ORGAN ACQUISITION COSTS (COL.1 x COL.2) | |
|--|----------------------------|--|----|---|-------|
| | | 1 | D | | |
| 49 RURAL HEALTH CLINIC (RHC) | | | 21 | | 49 |
| 50 FEDERALLY QUALIFIED HLTH CTR (F CLINIC | | | 22 | | 50 |
| 51 CLINIC | | | 23 | | 51 |
| 51.01 CARDIAC REHABILITATION | 11,469 | 23.01 | | | 51.01 |
| 51.02 CANCER CENTER | | 23.02 | | | 51.02 |
| 51.03 PSYCH SOCIAL REHAB | | 23.03 | | | 51.03 |
| 51.04 WELLNESS ASSESSMENT | | 23.04 | | | 51.04 |
| 51.06 HEART FAILURE CLINIC | | 23.06 | | | 51.06 |
| 51.07 LOC OUTPATIENT CENTER | 186,634 | 23.07 | | | 51.07 |
| 51.08 OBT OUTPATIENT CENTER | 9,243 | 23.08 | | | 51.08 |
| 51.09 ELMHURST IMMEDIATE CARE | 47 | 23.09 | | | 51.09 |
| 51.10 LAGRANGE FAMILY PCC | | 23.10 | | | 51.10 |
| 51.12 NORTH RIVERSIDE PCC | 409 | 23.12 | | | 51.12 |
| 51.13 GLENDALE HEIGHTS PCC | | 23.13 | | | 51.13 |
| 51.14 WHEATON PCC | | 23.14 | | | 51.14 |
| 51.15 OBT II PCC | 18 | 23.15 | | | 51.15 |
| 51.16 HICKORY HILLS PCC | 895 | 23.16 | | | 51.16 |
| 51.18 DARIEN PCC | 109 | 23.18 | | | 51.18 |
| 51.20 ORLANAD PARK - FP | | 23.20 | | | 51.20 |
| 51.21 FAMILY PRACTICE MAYWOOD PCC | 441 | 23.21 | | | 51.21 |
| 51.22 HOMER GLEN PCC | | 23.22 | | | 51.22 |
| 51.23 OAK PARK PCC | | 23.23 | | | 51.23 |
| 51.24 PARK RIDGE PCC | 528 | 23.24 | | | 51.24 |
| 51.25 LOYOLA CLINIC AT GOTTLIEB | 789 | 23.25 | | | 51.25 |
| 51.26 WOODRIDGE PCC | | 23.26 | | | 51.26 |
| 51.27 NEUROLOGY - NILES | | 23.27 | | | 51.27 |
| 51.28 MARJORIE WEINBERG CANCER CENTER | | 23.28 | | | 51.28 |
| 51.29 BURR RIDGE PCC | | 23.29 | | | 51.29 |
| 52 EMERGENCY | 1,276 | 24 | | | 52 |
| 53 OBSERVATION BEDS | | 25 | | | 53 |
| 53.01 OBSERVATION BEDS-DISTINCT | 1,146 | 25.01 | | | 53.01 |
| 54 OTHER OUTPATIENT SERV (SPECIFY) | | 26 | | | 54 |
| 55 TOTAL (SUM OF LINES 49-54) | 314,958 | | | | 55 |

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PARTS III & IV

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

PART III - SUMMARY OF COSTS AND CHARGES

| | ----- COST ----- | | ----- CHARGES ----- | | |
|--|------------------|-------------|---------------------|-------------|----|
| | PART A 1 | PART B 2 | PART A 3 | PART B 4 | |
| 56 ROUTINE & ANCILLARY FROM PART I | 1,304,164 | | 3,777,061 | | 56 |
| 57 INTERNS & RESIDENTS (INPATIENT) | | | | | 57 |
| 58 INTERNS & RESIDENTS (OUTPATIENT) | | | | | 58 |
| 59 DIRECT ORGAN ACQUISITION | 1,774,395 | | 1,774,395 | | 59 |
| 60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II) | | | | | 60 |
| 61 TOTAL (SUM OF LINES 56-60) | 3,078,559 | | 5,551,456 | | 61 |
| 62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS) | | 82 | | | 62 |
| 63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS) | | 62 | | | 63 |
| 64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62) | | 0.756098 | | | 64 |
| 65 MEDICARE COST/CHARGES | 2,327,692 | | 4,197,445 | | 65 |
| 66 REVENUE FOR ORGANS SOLD | 170,511 | | | | 66 |
| 67 SUBTOTAL (LINE 65 MINUS LINE 66) | 2,157,181 | | 4,197,445 | | 67 |
| 68 ORGANS FURNISHED PART B | | | | | 68 |
| 69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS) | 2,157,181 | | 4,197,445 | | 69 |

PART IV - STATISTICS

| | LIVING RELATED | CADAVERIC | REVENUE | |
|---|----------------|-----------|-----------|----|
| | 1 | 2 | 3 | |
| 70 ORGANS EXCISED IN PROVIDER | 26 | 22 | | 70 |
| 71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS | | | | 71 |
| 72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS | | | | 72 |
| 73 ORGANS PURCHASED FROM OPO'S | 9 | 25 | | 73 |
| 74 TOTAL (SUM OF LINES 70-73) | 35 | 47 | | 74 |
| 75 ORGANS TRANSPLANTED | 27 | 25 | 4,241,503 | 75 |
| 76 ORGANS SOLD TO OTHER HOSPITALS | | | | 76 |
| 77 ORGANS SOLD TO OPO'S | | 22 | 62,625 | 77 |
| 78 ORGANS SOLD TO TRANSPLANT HOSPITALS | 8 | | 107,886 | 78 |
| 79 ORGANS SOLD TO MILITARY OR VA HOSPITALS | | | | 79 |
| 80 ORGANS SOLD OUTSIDE THE U.S. | | | | 80 |
| 81 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD) | | | | 81 |
| 82 ORGANS USED FOR RESEARCH | | | | 82 |
| 83 UNUSABLE/DISCARDED ORGANS | | | | 83 |
| 84 TOTAL (SUM OF LINES 75-83 SHOULD EQUAL LINE 74) | 35 | 47 | | 84 |

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART I

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

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

| 1 | ADULTS & PEDIATRICS | INPATIENT ROUTINE CHARGES | | PER DIEM COSTS (FROM WKST D-1, PT. II) | ORGAN ACQUISITION DAYS | COST (COL.2 x COL.3) | 1 |
|--|----------------------------------|--|-----------|--|-----------------------------------|----------------------|------|
| | | 1 | D | | | | |
| | | 2 | 3 | | | | |
| 2 | INTENSIVE CARE UNIT | 5,409 | 43 | 1,480.26 | 2 | 2,961 | 2 |
| 3 | CORONARY CARE UNIT | | 44 | | | | 3 |
| 4 | BURN INTENSIVE CARE UNIT | | 45 | 2,166.09 | | | 4 |
| 5 | SURGICAL INTENSIVE CARE UNIT | | 46 | | | | 5 |
| 6 | NEONATAL INTENSIVE CARE | | 47 | 1,119.40 | | | 6 |
| 6.01 | PEDIATRIC INTENSIVE CARE | | 47.01 | 1,465.38 | | | 6.01 |
| 6.03 | HEART TRANSPLANT ICU | | 47.03 | 1,475.10 | | | 6.03 |
| 6.04 | BONE INTENSIVE CARE | | 47.04 | 1,155.59 | | | 6.04 |
| 7 | TOTAL (SUM OF LINES 1-6) | 5,409 | | | 2 | 2,961 | 7 |
| COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION | | RATIO OF COST TO CHARGES (FROM WKST C) | | ORGAN ACQUISITION ANCILLARY CHARGES | ORGAN ACQUISITION ANCILLARY COSTS | 8 | |
| C | | 1 | | | | | |
| 2 | | 3 | | | | | |
| 8 | OPERATING ROOM | 50 | 0.501511 | 3,910 | 1,961 | 8 | |
| 8.01 | AMBULATORY SURGERY CENTER | 50.01 | 0.292510 | | | 8.01 | |
| 9 | RECOVERY ROOM | 51 | 0.153180 | | | 9 | |
| 10 | DELIVERY ROOM & LABOR ROOM | 52 | 0.434075 | | | 10 | |
| 11 | ANESTHESIOLOGY | 53 | 0.122090 | 3,533 | 431 | 11 | |
| 12 | RADIOLOGY-DIAGNOSTIC | 54 | 0.337603 | 5,630 | 1,901 | 12 | |
| 12.01 | RADIOLOGY-ULTRASOUND | 54.01 | 0.149052 | | | 12.01 | |
| 13 | RADIOLOGY-THERAPEUTIC | 55 | | | | 13 | |
| 14 | RADIOISOTOPE | 56 | 0.235726 | 7,188 | 1,694 | 14 | |
| 15 | COMPUTED TOMOGRAPHY (CT) SCAN | 57 | 0.092139 | 6,563 | 605 | 15 | |
| 16 | MAGNETIC RESONANCE IMAGING (MRI) | 58 | 0.137374 | | | 16 | |
| 17 | CARDIAC CATHETERIZATION | 59 | 0.306026 | | | 17 | |
| 18 | LABORATORY | 60 | 0.164607 | 89,335 | 14,705 | 18 | |
| 18.01 | LABORATORY-SURGICAL PATHOLOGY | 60.01 | 0.320094 | | | 18.01 | |
| 18.02 | LABORATORY-NEUROSURGICAL | 60.02 | | | | 18.02 | |
| 18.03 | LABORATORY-HLA | 60.03 | 21.784423 | | | 18.03 | |
| 19 | PBP CLINICAL LAB SERVICES-PRGM | 61 | | | | 19 | |
| 20 | WHOLE BLOOD & PACKED RED BLOOD | 62 | | | | 20 | |
| 20.30 | BLOOD CLOTTING FOR HEMOPHILIACS | 62.30 | | | | 20.30 | |
| 21 | BLOOD STORING, PROCESSING & TRA | 63 | 0.447168 | 25,450 | 11,380 | 21 | |
| 22 | INTRAVENOUS THERAPY | 64 | | | | 22 | |
| 23 | RESPIRATORY THERAPY | 65 | 0.234239 | 514 | 120 | 23 | |
| 24 | PHYSICAL THERAPY | 66 | 0.350970 | | | 24 | |
| 25 | OCCUPATIONAL THERAPY | 67 | 0.288311 | | | 25 | |
| 26 | SPEECH PATHOLOGY | 68 | 0.342187 | | | 26 | |
| 27 | ELECTROCARDIOLOGY | 69 | 0.254390 | 64,816 | 16,489 | 27 | |
| 28 | ELECTROENCEPHALOGRAPHY | 70 | 0.394617 | | | 28 | |
| 29 | MEDICAL SUPPLIES CHRGD TO PATI | 71 | 1.054244 | 3,482 | 3,671 | 29 | |
| 30 | IMPL. DEV. CHARGED TO PATIENT | 72 | | | | 30 | |
| 31 | DRUGS CHARGED TO PATIENTS | 73 | 0.329859 | 3,192 | 1,053 | 31 | |
| 32 | RENAL DIALYSIS | 74 | 0.175763 | | | 32 | |
| 33 | ASC (NON-DISTINCT PART) | 75 | | | | 33 | |
| 34 | PULMONARY LABS | 76 | 0.543114 | | | 34 | |
| 34.01 | OCCUPATIONAL HEALTH | 76.01 | 1.062153 | | | 34.01 | |
| 34.03 | HYPERALIMENTATION | 76.03 | | | | 34.03 | |
| 34.04 | PERIPHERAL VASCULAR | 76.04 | 0.183582 | 3,190 | 586 | 34.04 | |
| 34.05 | PEDIATRIC ENDO NUTRITION | 76.05 | | | | 34.05 | |
| 34.07 | GASTROINTESTINAL SERVICE | 76.07 | 0.294861 | 4,508 | 1,329 | 34.07 | |
| 34.09 | BONE MARROW PROCUREMENT | 76.09 | 0.893730 | | | 34.09 | |
| 34.97 | CARDIAC REHABILITATION | 76.97 | | | | 34.97 | |
| 34.98 | HYPERBARIC OXYGEN THERAPY | 76.98 | | | | 34.98 | |
| 34.99 | LITHOTRIPSY | 76.99 | | | | 34.99 | |
| 35 | RURAL HEALTH CLINIC (RHC) | 88 | | | | 35 | |
| 36 | FEDERALLY QUALIFIED HLTH CTR (F | 89 | | | | 36 | |
| 37 | CLINIC | 90 | 1.759606 | | | 37 | |
| 37.01 | CARDIAC REHABILITATION | 90.01 | 1.454166 | 32,483 | 47,236 | 37.01 | |
| 37.02 | CANCER CENTER | 90.02 | 0.368276 | | | 37.02 | |
| 37.03 | PSYCH SOCIAL REHAB | 90.03 | 1.600905 | | | 37.03 | |
| 37.04 | WELLNESS ASSESSMENT | 90.04 | | | | 37.04 | |
| 37.06 | HEART FAILURE CLINIC | 90.06 | | | | 37.06 | |
| 37.07 | LOC OUTPATIENT CENTER | 90.07 | 0.517862 | 13,336 | 6,906 | 37.07 | |
| 37.08 | OBT OUTPATIENT CENTER | 90.08 | 0.400161 | 2,042 | 817 | 37.08 | |
| 37.09 | ELMHURST IMMEDIATE CARE | 90.09 | 0.628060 | | | 37.09 | |
| 37.10 | LAGRANGE FAMILY PCC | 90.10 | 0.526218 | | | 37.10 | |
| 37.12 | NORTH RIVERSIDE PCC | 90.12 | 0.588566 | | | 37.12 | |
| 37.13 | GLENDALE HEIGHTS PCC | 90.13 | | | | 37.13 | |

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART I

CHECK [XX] HEART [] 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 TO CHARGES (FROM WKST C) 1 | ORGAN ACQUISITION ANCILLARY CHARGES 2 | ORGAN ACQUISITION ANCILLARY COSTS 3 | |
|--|-------|--|---|---|-------|
| 37.14 WHEATON PCC | 90.14 | 0.703896 | | | 37.14 |
| 37.15 OBST II PCC | 90.15 | 0.501412 | | | 37.15 |
| 37.16 HICKORY HILLS PCC | 90.16 | 0.496130 | 2,042 | 1,013 | 37.16 |
| 37.18 DARIEN PCC | 90.18 | 0.537990 | 90 | 48 | 37.18 |
| 37.20 ORLANAD PARK - FP | 90.20 | 0.687667 | | | 37.20 |
| 37.21 FAMILY PRACTICE MAYWOOD PCC | 90.21 | 0.493269 | | | 37.21 |
| 37.22 HOMER GLEN PCC | 90.22 | 0.489172 | 1,031 | 504 | 37.22 |
| 37.23 OAK PARK PCC | 90.23 | 0.567478 | | | 37.23 |
| 37.24 PARK RIDGE PCC | 90.24 | 0.487321 | 58 | 28 | 37.24 |
| 37.25 LOYOLA CLINIC AT GOTTLIEB | 90.25 | 0.702209 | | | 37.25 |
| 37.26 WOODRIDGE PCC | 90.26 | | | | 37.26 |
| 37.27 NEUROLOGY - NILES | 90.27 | 0.907445 | | | 37.27 |
| 37.28 MARJORIE WEINBERG CANCER CENTER | 90.28 | 0.526354 | | | 37.28 |
| 37.29 BURR RIDGE PCC | 90.29 | 1.289865 | | | 37.29 |
| 38 EMERGENCY | 91 | 0.161358 | | | 38 |
| 39 OBSERVATION BEDS | 92 | | | | 39 |
| 39.01 OBSERVATION BEDS-DISTINCT | 92.01 | 0.074031 | 186 | 14 | 39.01 |
| 40 OTHER OUTPATIENT SERV (SPECIFY) | 93 | | | | 40 |
| 41 TOTAL (SUM OF LINES 8-40) | | | 272,579 | 112,491 | 41 |

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART II

CHECK [XX] HEART [] LIVER [] PANCREAS [] ISLET
 APPLICABLE BOX [] 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 (FROM WKST D-2, PART I, COL. 4) | | ORGAN ACQUISITION DAYS | ORGAN ACQUISITION COSTS (COL.1 x COL.2) | |
|---|--|---|------------------------|---|-------|
| | D | 1 | | | |
| 42 ADULTS & PEDIATRICS | 2 | | | | 42 |
| 43 INTENSIVE CARE UNIT | 3 | | 2 | | 43 |
| 44 CORONARY CARE UNIT | 4 | | | | 44 |
| 45 BURN INTENSIVE CARE UNIT | 5 | | | | 45 |
| 46 SURGICAL INTENSIVE CARE UNIT | 6 | | | | 46 |
| 47 NEONATAL INTENSIVE CARE | 7 | | | | 47 |
| 47.01 PEDIATRIC INTENSIVE CARE | 7.01 | | | | 47.01 |
| 47.03 HEART TRANSPLANT ICU | 7.03 | | | | 47.03 |
| 47.04 BONE INTENSIVE CARE | 7.04 | | | | 47.04 |
| 48 TOTAL (SUM OF LINES 42-47) | | | 2 | | 48 |

| COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM | ORGAN CHARGES (SEE INSTR.) | RATIO OF COST TO CHARGES (FROM WKST D-2, PART I, COL. 4) | | ORGAN ACQUISITION COSTS (COL.1 x COL.2) | |
|--|----------------------------|--|---|---|-------|
| | | D | 2 | | |
| 49 RURAL HEALTH CLINIC (RHC) | | 21 | | | 49 |
| 50 FEDERALLY QUALIFIED HLTH CTR (F CLINIC | | 22 | | | 50 |
| 51 CLINIC | | 23 | | | 51 |
| 51.01 CARDIAC REHABILITATION | 32,483 | 23.01 | | | 51.01 |
| 51.02 CANCER CENTER | | 23.02 | | | 51.02 |
| 51.03 PSYCH SOCIAL REHAB | | 23.03 | | | 51.03 |
| 51.04 WELLNESS ASSESSMENT | | 23.04 | | | 51.04 |
| 51.06 HEART FAILURE CLINIC | | 23.06 | | | 51.06 |
| 51.07 LOC OUTPATIENT CENTER | 13,336 | 23.07 | | | 51.07 |
| 51.08 OB OUTPATIENT CENTER | 2,042 | 23.08 | | | 51.08 |
| 51.09 ELMHURST IMMEDIATE CARE | | 23.09 | | | 51.09 |
| 51.10 LAGRANGE FAMILY PCC | | 23.10 | | | 51.10 |
| 51.12 NORTH RIVERSIDE PCC | | 23.12 | | | 51.12 |
| 51.13 GLENDALE HEIGHTS PCC | | 23.13 | | | 51.13 |
| 51.14 WHEATON PCC | | 23.14 | | | 51.14 |
| 51.15 OB II PCC | | 23.15 | | | 51.15 |
| 51.16 HICKORY HILLS PCC | 2,042 | 23.16 | | | 51.16 |
| 51.18 DARIEN PCC | 90 | 23.18 | | | 51.18 |
| 51.20 ORLANAD PARK - FP | | 23.20 | | | 51.20 |
| 51.21 FAMILY PRACTICE MAYWOOD PCC | | 23.21 | | | 51.21 |
| 51.22 HOMER GLEN PCC | 1,031 | 23.22 | | | 51.22 |
| 51.23 OAK PARK PCC | | 23.23 | | | 51.23 |
| 51.24 PARK RIDGE PCC | 58 | 23.24 | | | 51.24 |
| 51.25 LOYOLA CLINIC AT GOTTLIEB | | 23.25 | | | 51.25 |
| 51.26 WOODRIDGE PCC | | 23.26 | | | 51.26 |
| 51.27 NEUROLOGY - NILES | | 23.27 | | | 51.27 |
| 51.28 MARJORIE WEINBERG CANCER CENTER | | 23.28 | | | 51.28 |
| 51.29 BURR RIDGE PCC | | 23.29 | | | 51.29 |
| 52 EMERGENCY | | 24 | | | 52 |
| 53 OBSERVATION BEDS | | 25 | | | 53 |
| 53.01 OBSERVATION BEDS-DISTINCT | 186 | 25.01 | | | 53.01 |
| 54 OTHER OUTPATIENT SERV (SPECIFY) | | 26 | | | 54 |
| 55 TOTAL (SUM OF LINES 49-54) | 51,268 | | | | 55 |

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PARTS III & IV

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

PART III - SUMMARY OF COSTS AND CHARGES

| | ----- COST ----- | | ----- CHARGES ----- | | |
|--|------------------|-------------|---------------------|-------------|----|
| | PART A 1 | PART B 2 | PART A 3 | PART B 4 | |
| 56 ROUTINE & ANCILLARY FROM PART I | 115,452 | | 277,988 | | 56 |
| 57 INTERNS & RESIDENTS (INPATIENT) | | | | | 57 |
| 58 INTERNS & RESIDENTS (OUTPATIENT) | | | | | 58 |
| 59 DIRECT ORGAN ACQUISITION | 1,084,967 | | 1,084,967 | | 59 |
| 60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II) | | | | | 60 |
| 61 TOTAL (SUM OF LINES 56-60) | 1,200,419 | | 1,362,955 | | 61 |
| 62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS) | | 18 | | | 62 |
| 63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS) | | 12 | | | 63 |
| 64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62) | | 0.666667 | | | 64 |
| 65 MEDICARE COST/CHARGES | 800,280 | | 908,637 | | 65 |
| 66 REVENUE FOR ORGANS SOLD | 22,773 | | | | 66 |
| 67 SUBTOTAL (LINE 65 MINUS LINE 66) | 777,507 | | 908,637 | | 67 |
| 68 ORGANS FURNISHED PART B | | | | | 68 |
| 69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS) | 777,507 | | 908,637 | | 69 |

PART IV - STATISTICS

| | LIVING RELATED | CADAVERIC | REVENUE | |
|---|----------------|-----------|-----------|----|
| | 1 | 2 | 3 | |
| 70 ORGANS EXCISED IN PROVIDER | | 8 | | 70 |
| 71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS | | | | 71 |
| 72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS | | | | 72 |
| 73 ORGANS PURCHASED FROM OPO'S | | 10 | | 73 |
| 74 TOTAL (SUM OF LINES 70-73) | | 18 | | 74 |
| 75 ORGANS TRANSPLANTED | | 10 | 1,015,200 | 75 |
| 76 ORGANS SOLD TO OTHER HOSPITALS | | | | 76 |
| 77 ORGANS SOLD TO OPO'S | | 8 | 22,773 | 77 |
| 78 ORGANS SOLD TO TRANSPLANT HOSPITALS | | | | 78 |
| 79 ORGANS SOLD TO MILITARY OR VA HOSPITALS | | | | 79 |
| 80 ORGANS SOLD OUTSIDE THE U.S. | | | | 80 |
| 81 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD) | | | | 81 |
| 82 ORGANS USED FOR RESEARCH | | | | 82 |
| 83 UNUSABLE/DISCARDED ORGANS | | | | 83 |
| 84 TOTAL (SUM OF LINES 75-83 SHOULD EQUAL LINE 74) | | 18 | | 84 |

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 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)

| 1 | COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION | INPATIENT ROUTINE CHARGES | | PER DIEM COSTS (FROM WKST D-1, PT. II) | | ORGAN ACQUISITION DAYS | COST (COL.2 x COL.3) | 7 |
|-------|--|---------------------------|--|--|-------------------------------------|------------------------|-----------------------------------|-------|
| | | 1 | D | 2 | 3 | | | |
| | | | | | | | | |
| 1 | ADULTS & PEDIATRICS | | 38 | 769.46 | | | | 1 |
| 2 | INTENSIVE CARE UNIT | 10,038 | 43 | 1,480.26 | | 3 | 4,441 | 2 |
| 3 | CORONARY CARE UNIT | | 44 | | | | | 3 |
| 4 | BURN INTENSIVE CARE UNIT | | 45 | 2,166.09 | | | | 4 |
| 5 | SURGICAL INTENSIVE CARE UNIT | | 46 | | | | | 5 |
| 6 | NEONATAL INTENSIVE CARE | | 47 | 1,119.40 | | | | 6 |
| 6.01 | PEDIATRIC INTENSIVE CARE | | 47.01 | 1,465.38 | | | | 6.01 |
| 6.03 | HEART TRANSPLANT ICU | | 47.03 | 1,475.10 | | | | 6.03 |
| 6.04 | BONE INTENSIVE CARE | | 47.04 | 1,155.59 | | | | 6.04 |
| 7 | TOTAL (SUM OF LINES 1-6) | 10,038 | | | | 3 | 4,441 | 7 |
| | COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION | | RATIO OF COST TO CHARGES (FROM WKST C) | | ORGAN ACQUISITION ANCILLARY CHARGES | | ORGAN ACQUISITION ANCILLARY COSTS | |
| | | C | 1 | 2 | 3 | | | |
| 8 | OPERATING ROOM | 50 | 0.501511 | 15,785 | 7,916 | | | 8 |
| 8.01 | AMBULATORY SURGERY CENTER | 50.01 | 0.292510 | | | | | 8.01 |
| 9 | RECOVERY ROOM | 51 | 0.153180 | | | | | 9 |
| 10 | DELIVERY ROOM & LABOR ROOM | 52 | 0.434075 | | | | | 10 |
| 11 | ANESTHESIOLOGY | 53 | 0.122090 | 12,062 | 1,473 | | | 11 |
| 12 | RADIOLOGY-DIAGNOSTIC | 54 | 0.337603 | 94,008 | 31,737 | | | 12 |
| 12.01 | RADIOLOGY-ULTRASOUND | 54.01 | 0.149052 | 36,349 | 5,418 | | | 12.01 |
| 13 | RADIOLOGY-THERAPEUTIC | 55 | | | | | | 13 |
| 14 | RADIOISOTOPE | 56 | 0.235726 | 22,933 | 5,406 | | | 14 |
| 15 | COMPUTED TOMOGRAPHY (CT) SCAN | 57 | 0.092139 | 130,370 | 12,012 | | | 15 |
| 16 | MAGNETIC RESONANCE IMAGING (MRI) | 58 | 0.137374 | 19,017 | 2,612 | | | 16 |
| 17 | CARDIAC CATHETERIZATION | 59 | 0.306026 | | | | | 17 |
| 18 | LABORATORY | 60 | 0.164607 | 669,050 | 110,130 | | | 18 |
| 18.01 | LABORATORY-SURGICAL PATHOLOGY | 60.01 | 0.320094 | 40,028 | 12,813 | | | 18.01 |
| 18.02 | LABORATORY-NEUROSURGICAL | 60.02 | | | | | | 18.02 |
| 18.03 | LABORATORY-HLA | 60.03 | 21.784423 | | | | | 18.03 |
| 19 | PBP CLINICAL LAB SERVICES-PRGM | 61 | | | | | | 19 |
| 20 | WHOLE BLOOD & PACKED RED BLOOD | 62 | | | | | | 20 |
| 20.30 | BLOOD CLOTTING FOR HEMOPHILIACS | 62.30 | | | | | | 20.30 |
| 21 | BLOOD STORING, PROCESSING & TRA | 63 | 0.447168 | 147,010 | 65,738 | | | 21 |
| 22 | INTRAVENOUS THERAPY | 64 | | | | | | 22 |
| 23 | RESPIRATORY THERAPY | 65 | 0.234239 | 11,394 | 2,669 | | | 23 |
| 24 | PHYSICAL THERAPY | 66 | 0.350970 | | | | | 24 |
| 25 | OCCUPATIONAL THERAPY | 67 | 0.288311 | | | | | 25 |
| 26 | SPEECH PATHOLOGY | 68 | 0.342187 | | | | | 26 |
| 27 | ELECTROCARDIOLOGY | 69 | 0.254390 | 133,355 | 33,924 | | | 27 |
| 28 | ELECTROENCEPHALOGRAPHY | 70 | 0.394617 | 2,520 | 994 | | | 28 |
| 29 | MEDICAL SUPPLIES CHRGD TO PATI | 71 | 1.054244 | 7,106 | 7,491 | | | 29 |
| 30 | IMPL. DEV. CHARGED TO PATIENT | 72 | | | | | | 30 |
| 31 | DRUGS CHARGED TO PATIENTS | 73 | 0.329859 | 9,571 | 3,157 | | | 31 |
| 32 | RENAL DIALYSIS | 74 | 0.175763 | | | | | 32 |
| 33 | ASC (NON-DISTINCT PART) | 75 | | | | | | 33 |
| 34 | PULMONARY LABS | 76 | 0.543114 | | | | | 34 |
| 34.01 | OCCUPATIONAL HEALTH | 76.01 | 1.062153 | | | | | 34.01 |
| 34.03 | HYPERALIMENTATION | 76.03 | | | | | | 34.03 |
| 34.04 | PERIPHERAL VASCULAR | 76.04 | 0.183582 | 9,831 | 1,805 | | | 34.04 |
| 34.05 | PEDIATRIC ENDO NUTRITION | 76.05 | | | | | | 34.05 |
| 34.07 | GASTROINTESTINAL SERVICE | 76.07 | 0.294861 | 110,342 | 32,536 | | | 34.07 |
| 34.09 | BONE MARROW PROCUREMENT | 76.09 | 0.893730 | | | | | 34.09 |
| 34.97 | CARDIAC REHABILITATION | 76.97 | | | | | | 34.97 |
| 34.98 | HYPERBARIC OXYGEN THERAPY | 76.98 | | | | | | 34.98 |
| 34.99 | LITHOTRIPSY | 76.99 | | | | | | 34.99 |
| 35 | RURAL HEALTH CLINIC (RHC) | 88 | | | | | | 35 |
| 36 | FEDERALLY QUALIFIED HLTH CTR (F | 89 | | | | | | 36 |
| 37 | CLINIC | 90 | 1.759606 | | | | | 37 |
| 37.01 | CARDIAC REHABILITATION | 90.01 | 1.454166 | 2,186 | 3,179 | | | 37.01 |
| 37.02 | CANCER CENTER | 90.02 | 0.368276 | | | | | 37.02 |
| 37.03 | PSYCH SOCIAL REHAB | 90.03 | 1.600905 | 226 | 362 | | | 37.03 |
| 37.04 | WELLNESS ASSESSMENT | 90.04 | | | | | | 37.04 |
| 37.06 | HEART FAILURE CLINIC | 90.06 | | | | | | 37.06 |
| 37.07 | LOC OUTPATIENT CENTER | 90.07 | 0.517862 | 61,575 | 31,887 | | | 37.07 |
| 37.08 | OBT OUTPATIENT CENTER | 90.08 | 0.400161 | 2,532 | 1,013 | | | 37.08 |
| 37.09 | ELMHURST IMMEDIATE CARE | 90.09 | 0.628060 | | | | | 37.09 |
| 37.10 | LAGRANGE FAMILY PCC | 90.10 | 0.526218 | | | | | 37.10 |
| 37.12 | NORTH RIVERSIDE PCC | 90.12 | 0.588566 | | | | | 37.12 |
| 37.13 | GLENDALE HEIGHTS PCC | 90.13 | | | | | | 37.13 |

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 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 TO CHARGES (FROM WKST C) 1 | ORGAN ACQUISITION ANCILLARY CHARGES 2 | ORGAN ACQUISITION ANCILLARY COSTS 3 | |
|--|-------|--|---|---|-------|
| 37.14 WHEATON PCC | 90.14 | 0.703896 | | | 37.14 |
| 37.15 OBST II PCC | 90.15 | 0.501412 | 254 | 127 | 37.15 |
| 37.16 HICKORY HILLS PCC | 90.16 | 0.496130 | | | 37.16 |
| 37.18 DARIEN PCC | 90.18 | 0.537990 | 47 | 25 | 37.18 |
| 37.20 ORLANAD PARK - FP | 90.20 | 0.687667 | | | 37.20 |
| 37.21 FAMILY PRACTICE MAYWOOD PCC | 90.21 | 0.493269 | | | 37.21 |
| 37.22 HOMER GLEN PCC | 90.22 | 0.489172 | 633 | 310 | 37.22 |
| 37.23 OAK PARK PCC | 90.23 | 0.567478 | | | 37.23 |
| 37.24 PARK RIDGE PCC | 90.24 | 0.487321 | 3,463 | 1,688 | 37.24 |
| 37.25 LOYOLA CLINIC AT GOTTLIEB | 90.25 | 0.702209 | | | 37.25 |
| 37.26 WOODRIDGE PCC | 90.26 | | | | 37.26 |
| 37.27 NEUROLOGY - NILES | 90.27 | 0.907445 | | | 37.27 |
| 37.28 MARJORIE WEINBERG CANCER CENTER | 90.28 | 0.526354 | | | 37.28 |
| 37.29 BURR RIDGE PCC | 90.29 | 1.289865 | | | 37.29 |
| 38 EMERGENCY | 91 | 0.161358 | | | 38 |
| 39 OBSERVATION BEDS | 92 | | | | 39 |
| 39.01 OBSERVATION BEDS-DISTINCT | 92.01 | 0.074031 | 587 | 43 | 39.01 |
| 40 OTHER OUTPATIENT SERV (SPECIFY) | 93 | | | | 40 |
| 41 TOTAL (SUM OF LINES 8-40) | | | 1,542,234 | 376,465 | 41 |

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART II

CHECK [] HEART [XX] LIVER [] PANCREAS [] ISLET
 APPLICABLE BOX [] 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 (FROM WKST D-2, PART I, COL. 4) | | ORGAN ACQUISITION DAYS | ORGAN ACQUISITION COSTS (COL.1 x COL.2) | |
|---|--|---|------------------------|---|-------|
| | D | 1 | | | |
| 42 ADULTS & PEDIATRICS | 2 | | | | 42 |
| 43 INTENSIVE CARE UNIT | 3 | | 3 | | 43 |
| 44 CORONARY CARE UNIT | 4 | | | | 44 |
| 45 BURN INTENSIVE CARE UNIT | 5 | | | | 45 |
| 46 SURGICAL INTENSIVE CARE UNIT | 6 | | | | 46 |
| 47 NEONATAL INTENSIVE CARE | 7 | | | | 47 |
| 47.01 PEDIATRIC INTENSIVE CARE | 7.01 | | | | 47.01 |
| 47.03 HEART TRANSPLANT ICU | 7.03 | | | | 47.03 |
| 47.04 BONE INTENSIVE CARE | 7.04 | | | | 47.04 |
| 48 TOTAL (SUM OF LINES 42-47) | | | 3 | | 48 |

| COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM | ORGAN CHARGES (SEE INSTR.) | RATIO OF COST TO CHARGES (FROM WKST D-2, PART I, COL. 4) | | ORGAN ACQUISITION COSTS (COL.1 x COL.2) | |
|--|----------------------------|--|---|---|-------|
| | | 1 | D | | |
| 49 RURAL HEALTH CLINIC (RHC) | | 21 | | | 49 |
| 50 FEDERALLY QUALIFIED HLTH CTR (F CLINIC | | 22 | | | 50 |
| 51 CLINIC | | 23 | | | 51 |
| 51.01 CARDIAC REHABILITATION | 2,186 | 23.01 | | | 51.01 |
| 51.02 CANCER CENTER | | 23.02 | | | 51.02 |
| 51.03 PSYCH SOCIAL REHAB | 226 | 23.03 | | | 51.03 |
| 51.04 WELLNESS ASSESSMENT | | 23.04 | | | 51.04 |
| 51.06 HEART FAILURE CLINIC | | 23.06 | | | 51.06 |
| 51.07 LOC OUTPATIENT CENTER | 61,575 | 23.07 | | | 51.07 |
| 51.08 OB OUTPATIENT CENTER | 2,532 | 23.08 | | | 51.08 |
| 51.09 ELMHURST IMMEDIATE CARE | | 23.09 | | | 51.09 |
| 51.10 LAGRANGE FAMILY PCC | | 23.10 | | | 51.10 |
| 51.12 NORTH RIVERSIDE PCC | | 23.12 | | | 51.12 |
| 51.13 GLENDALE HEIGHTS PCC | | 23.13 | | | 51.13 |
| 51.14 WHEATON PCC | | 23.14 | | | 51.14 |
| 51.15 OB II PCC | 254 | 23.15 | | | 51.15 |
| 51.16 HICKORY HILLS PCC | | 23.16 | | | 51.16 |
| 51.18 DARIEN PCC | 47 | 23.18 | | | 51.18 |
| 51.20 ORLANAD PARK - FP | | 23.20 | | | 51.20 |
| 51.21 FAMILY PRACTICE MAYWOOD PCC | | 23.21 | | | 51.21 |
| 51.22 HOMER GLEN PCC | 633 | 23.22 | | | 51.22 |
| 51.23 OAK PARK PCC | | 23.23 | | | 51.23 |
| 51.24 PARK RIDGE PCC | 3,463 | 23.24 | | | 51.24 |
| 51.25 LOYOLA CLINIC AT GOTTLIEB | | 23.25 | | | 51.25 |
| 51.26 WOODRIDGE PCC | | 23.26 | | | 51.26 |
| 51.27 NEUROLOGY - NILES | | 23.27 | | | 51.27 |
| 51.28 MARJORIE WEINBERG CANCER CENTER | | 23.28 | | | 51.28 |
| 51.29 BURR RIDGE PCC | | 23.29 | | | 51.29 |
| 52 EMERGENCY | | 24 | | | 52 |
| 53 OBSERVATION BEDS | | 25 | | | 53 |
| 53.01 OBSERVATION BEDS-DISTINCT | 587 | 25.01 | | | 53.01 |
| 54 OTHER OUTPATIENT SERV (SPECIFY) | | 26 | | | 54 |
| 55 TOTAL (SUM OF LINES 49-54) | 71,503 | | | | 55 |

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PARTS III & IV

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

PART III - SUMMARY OF COSTS AND CHARGES

| | ----- COST ----- | | ----- CHARGES ----- | | |
|--|------------------|-------------|---------------------|-------------|----|
| | PART A 1 | PART B 2 | PART A 3 | PART B 4 | |
| 56 ROUTINE & ANCILLARY FROM PART I | 380,906 | | 1,552,272 | | 56 |
| 57 INTERNS & RESIDENTS (INPATIENT) | | | | | 57 |
| 58 INTERNS & RESIDENTS (OUTPATIENT) | | | | | 58 |
| 59 DIRECT ORGAN ACQUISITION | 859,197 | | 859,197 | | 59 |
| 60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II) | | | | | 60 |
| 61 TOTAL (SUM OF LINES 56-60) | 1,240,103 | | 2,411,469 | | 61 |
| 62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS) | | 24 | | | 62 |
| 63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS) | | 17 | | | 63 |
| 64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62) | | 0.708333 | | | 64 |
| 65 MEDICARE COST/CHARGES | 878,406 | | 1,708,123 | | 65 |
| 66 REVENUE FOR ORGANS SOLD | 28,466 | | | | 66 |
| 67 SUBTOTAL (LINE 65 MINUS LINE 66) | 849,940 | | 1,708,123 | | 67 |
| 68 ORGANS FURNISHED PART B | | | | | 68 |
| 69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS) | 849,940 | | 1,708,123 | | 69 |

PART IV - STATISTICS

| | LIVING RELATED 1 | CADAVERIC 2 | REVENUE 3 | |
|---|---------------------|----------------|--------------|----|
| 70 ORGANS EXCISED IN PROVIDER | | 14 | | 70 |
| 71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS | | | | 71 |
| 72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS | | | | 72 |
| 73 ORGANS PURCHASED FROM OPO'S | | 10 | | 73 |
| 74 TOTAL (SUM OF LINES 70-73) | | 24 | | 74 |
| 75 ORGANS TRANSPLANTED | | 14 | 1,481,312 | 75 |
| 76 ORGANS SOLD TO OTHER HOSPITALS | | | | 76 |
| 77 ORGANS SOLD TO OPO'S | | 10 | 28,466 | 77 |
| 78 ORGANS SOLD TO TRANSPLANT HOSPITALS | | | | 78 |
| 79 ORGANS SOLD TO MILITARY OR VA HOSPITALS | | | | 79 |
| 80 ORGANS SOLD OUTSIDE THE U.S. | | | | 80 |
| 81 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD) | | | | 81 |
| 82 ORGANS USED FOR RESEARCH | | | | 82 |
| 83 UNUSABLE/DISCARDED ORGANS | | | | 83 |
| 84 TOTAL (SUM OF LINES 75-83 SHOULD EQUAL LINE 74) | | 24 | | 84 |

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART I

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

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

| 1 | COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION | INPATIENT ROUTINE CHARGES | | PER DIEM COSTS (FROM WKST D-1, PT. II) | ORGAN ACQUISITION DAYS | COST (COL. 2 x COL. 3) | |
|-------|--|---------------------------|--|--|-------------------------------------|-----------------------------------|-------|
| | | 1 | D | | | | |
| 1 | ADULTS & PEDIATRICS | | 38 | 769.46 | | | 1 |
| 2 | INTENSIVE CARE UNIT | 7,018 | 43 | 1,480.26 | 2 | 2,961 | 2 |
| 3 | CORONARY CARE UNIT | | 44 | | | | 3 |
| 4 | BURN INTENSIVE CARE UNIT | | 45 | 2,166.09 | | | 4 |
| 5 | SURGICAL INTENSIVE CARE UNIT | | 46 | | | | 5 |
| 6 | NEONATAL INTENSIVE CARE | | 47 | 1,119.40 | | | 6 |
| 6.01 | PEDIATRIC INTENSIVE CARE | | 47.01 | 1,465.38 | | | 6.01 |
| 6.03 | HEART TRANSPLANT ICU | | 47.03 | 1,475.10 | | | 6.03 |
| 6.04 | BONE INTENSIVE CARE | | 47.04 | 1,155.59 | | | 6.04 |
| 7 | TOTAL (SUM OF LINES 1-6) | 7,018 | | | 2 | 2,961 | 7 |
| | COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION | | RATIO OF COST TO CHARGES (FROM WKST C) | | ORGAN ACQUISITION ANCILLARY CHARGES | ORGAN ACQUISITION ANCILLARY COSTS | |
| | | C | 1 | | 2 | 3 | |
| 8 | OPERATING ROOM | 50 | 0.501511 | | 12,938 | 6,489 | 8 |
| 8.01 | AMBULATORY SURGERY CENTER | 50.01 | 0.292510 | | | | 8.01 |
| 9 | RECOVERY ROOM | 51 | 0.153180 | | | | 9 |
| 10 | DELIVERY ROOM & LABOR ROOM | 52 | 0.434075 | | | | 10 |
| 11 | ANESTHESIOLOGY | 53 | 0.122090 | 3,717 | | 454 | 11 |
| 12 | RADIOLOGY-DIAGNOSTIC | 54 | 0.337603 | 659 | | 222 | 12 |
| 12.01 | RADIOLOGY-ULTRASOUND | 54.01 | 0.149052 | 620 | | 92 | 12.01 |
| 13 | RADIOLOGY-THERAPEUTIC | 55 | | | | | 13 |
| 14 | RADIOISOTOPE | 56 | 0.235726 | 49,646 | | 11,703 | 14 |
| 15 | COMPUTED TOMOGRAPHY (CT) SCAN | 57 | 0.092139 | 7,902 | | 728 | 15 |
| 16 | MAGNETIC RESONANCE IMAGING (MRI) | 58 | 0.137374 | 5,274 | | 725 | 16 |
| 17 | CARDIAC CATHETERIZATION | 59 | 0.306026 | | | | 17 |
| 18 | LABORATORY | 60 | 0.164607 | 63,066 | | 10,381 | 18 |
| 18.01 | LABORATORY-SURGICAL PATHOLOGY | 60.01 | 0.320094 | 868 | | 278 | 18.01 |
| 18.02 | LABORATORY-NEUROSURGICAL | 60.02 | | | | | 18.02 |
| 18.03 | LABORATORY-HLA | 60.03 | 21.784423 | | | | 18.03 |
| 19 | PBP CLINICAL LAB SERVICES-PRGM | 61 | | | | | 19 |
| 20 | WHOLE BLOOD & PACKED RED BLOOD | 62 | | | | | 20 |
| 20.30 | BLOOD CLOTTING FOR HEMOPHILIACS | 62.30 | | | | | 20.30 |
| 21 | BLOOD STORING, PROCESSING & TRA | 63 | 0.447168 | 58,282 | | 26,062 | 21 |
| 22 | INTRAVENOUS THERAPY | 64 | | | | | 22 |
| 23 | RESPIRATORY THERAPY | 65 | 0.234239 | 363 | | 85 | 23 |
| 24 | PHYSICAL THERAPY | 66 | 0.350970 | | | | 24 |
| 25 | OCCUPATIONAL THERAPY | 67 | 0.288311 | | | | 25 |
| 26 | SPEECH PATHOLOGY | 68 | 0.342187 | | | | 26 |
| 27 | ELECTROCARDIOLOGY | 69 | 0.254390 | 181,391 | | 46,144 | 27 |
| 28 | ELECTROENCEPHALOGRAPHY | 70 | 0.394617 | 630 | | 249 | 28 |
| 29 | MEDICAL SUPPLIES CHRGD TO PATI | 71 | 1.054244 | 4,264 | | 4,495 | 29 |
| 30 | IMPL. DEV. CHARGED TO PATIENT | 72 | | | | | 30 |
| 31 | DRUGS CHARGED TO PATIENTS | 73 | 0.329859 | 2,778 | | 916 | 31 |
| 32 | RENAL DIALYSIS | 74 | 0.175763 | | | | 32 |
| 33 | ASC (NON-DISTINCT PART) | 75 | | | | | 33 |
| 34 | PULMONARY LABS | 76 | 0.543114 | 9,169 | | 4,980 | 34 |
| 34.01 | OCCUPATIONAL HEALTH | 76.01 | 1.062153 | | | | 34.01 |
| 34.03 | HYPERALIMENTATION | 76.03 | | | | | 34.03 |
| 34.04 | PERIPHERAL VASCULAR | 76.04 | 0.183582 | 24,980 | | 4,586 | 34.04 |
| 34.05 | PEDIATRIC ENDO NUTRITION | 76.05 | | | | | 34.05 |
| 34.07 | GASTROINTESTINAL SERVICE | 76.07 | 0.294861 | 19,270 | | 5,682 | 34.07 |
| 34.09 | BONE MARROW PROCUREMENT | 76.09 | 0.893730 | | | | 34.09 |
| 34.97 | CARDIAC REHABILITATION | 76.97 | | | | | 34.97 |
| 34.98 | HYPERBARIC OXYGEN THERAPY | 76.98 | | | | | 34.98 |
| 34.99 | LITHOTRIPSY | 76.99 | | | | | 34.99 |
| 35 | RURAL HEALTH CLINIC (RHC) | 88 | | | | | 35 |
| 36 | FEDERALLY QUALIFIED HLTH CTR (F | 89 | | | | | 36 |
| 37 | CLINIC | 90 | 1.759606 | | | | 37 |
| 37.01 | CARDIAC REHABILITATION | 90.01 | 1.454166 | 62,008 | | 90,170 | 37.01 |
| 37.02 | CANCER CENTER | 90.02 | 0.368276 | 183 | | 67 | 37.02 |
| 37.03 | PSYCH SOCIAL REHAB | 90.03 | 1.600905 | | | | 37.03 |
| 37.04 | WELLNESS ASSESSMENT | 90.04 | | | | | 37.04 |
| 37.06 | HEART FAILURE CLINIC | 90.06 | | | | | 37.06 |
| 37.07 | LOC OUTPATIENT CENTER | 90.07 | 0.517862 | 13,428 | | 6,954 | 37.07 |
| 37.08 | OBT OUTPATIENT CENTER | 90.08 | 0.400161 | 6,290 | | 2,517 | 37.08 |
| 37.09 | ELMHURST IMMEDIATE CARE | 90.09 | 0.628060 | | | | 37.09 |
| 37.10 | LAGRANGE FAMILY PCC | 90.10 | 0.526218 | | | | 37.10 |
| 37.12 | NORTH RIVERSIDE PCC | 90.12 | 0.588566 | | | | 37.12 |
| 37.13 | GLENDALE HEIGHTS PCC | 90.13 | | | | | 37.13 |

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART I

CHECK [] HEART [] LIVER [] PANCREAS [] ISLET
 APPLICABLE BOX [] 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 TO CHARGES (FROM WKST C) 1 | ORGAN ACQUISITION ANCILLARY CHARGES 2 | ORGAN ACQUISITION ANCILLARY COSTS 3 | |
|--|-------|--|---|---|-------|
| 37.14 WHEATON PCC | 90.14 | 0.703896 | | | 37.14 |
| 37.15 OBST II PCC | 90.15 | 0.501412 | 89 | 45 | 37.15 |
| 37.16 HICKORY HILLS PCC | 90.16 | 0.496130 | | | 37.16 |
| 37.18 DARIEN PCC | 90.18 | 0.537990 | | | 37.18 |
| 37.20 ORLANAD PARK - FP | 90.20 | 0.687667 | | | 37.20 |
| 37.21 FAMILY PRACTICE MAYWOOD PCC | 90.21 | 0.493269 | | | 37.21 |
| 37.22 HOMER GLEN PCC | 90.22 | 0.489172 | 1,031 | 504 | 37.22 |
| 37.23 OAK PARK PCC | 90.23 | 0.567478 | | | 37.23 |
| 37.24 PARK RIDGE PCC | 90.24 | 0.487321 | | | 37.24 |
| 37.25 LOYOLA CLINIC AT GOTTLIEB | 90.25 | 0.702209 | | | 37.25 |
| 37.26 WOODRIDGE PCC | 90.26 | | | | 37.26 |
| 37.27 NEUROLOGY - NILES | 90.27 | 0.907445 | | | 37.27 |
| 37.28 MARJORIE WEINBERG CANCER CENTER | 90.28 | 0.526354 | | | 37.28 |
| 37.29 BURR RIDGE PCC | 90.29 | 1.289865 | | | 37.29 |
| 38 EMERGENCY | 91 | 0.161358 | | | 38 |
| 39 OBSERVATION BEDS | 92 | | | | 39 |
| 39.01 OBSERVATION BEDS-DISTINCT | 92.01 | 0.074031 | 373 | 28 | 39.01 |
| 40 OTHER OUTPATIENT SERV (SPECIFY) | 93 | | | | 40 |
| 41 TOTAL (SUM OF LINES 8-40) | | | 529,219 | 224,556 | 41 |

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART II

CHECK [] HEART [] LIVER [] PANCREAS [] ISLET
 APPLICABLE BOX [] 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 | AVERAGE COST PER DAY (FROM WKST D-2, PART I, COL. 4) | | ORGAN ACQUISITION DAYS | ORGAN ACQUISITION COSTS (COL.1 x COL.2) | |
|---|--|---|------------------------|---|-------|
| | D | 1 | | | |
| 42 ADULTS & PEDIATRICS | 2 | | | | 42 |
| 43 INTENSIVE CARE UNIT | 3 | | 2 | | 43 |
| 44 CORONARY CARE UNIT | 4 | | | | 44 |
| 45 BURN INTENSIVE CARE UNIT | 5 | | | | 45 |
| 46 SURGICAL INTENSIVE CARE UNIT | 6 | | | | 46 |
| 47 NEONATAL INTENSIVE CARE | 7 | | | | 47 |
| 47.01 PEDIATRIC INTENSIVE CARE | 7.01 | | | | 47.01 |
| 47.03 HEART TRANSPLANT ICU | 7.03 | | | | 47.03 |
| 47.04 BONE INTENSIVE CARE | 7.04 | | | | 47.04 |
| 48 TOTAL (SUM OF LINES 42-47) | | | 2 | | 48 |

| COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM | ORGAN CHARGES (SEE INSTR.) | RATIO OF COST TO CHARGES (FROM WKST D-2, PART I, COL. 4) | | ORGAN ACQUISITION COSTS (COL.1 x COL.2) | |
|--|----------------------------|--|---|---|-------|
| | | 1 | D | | |
| 49 RURAL HEALTH CLINIC (RHC) | | 21 | | | 49 |
| 50 FEDERALLY QUALIFIED HLTH CTR (F CLINIC | | 22 | | | 50 |
| 51 CLINIC | | 23 | | | 51 |
| 51.01 CARDIAC REHABILITATION | 62,008 | 23.01 | | | 51.01 |
| 51.02 CANCER CENTER | 183 | 23.02 | | | 51.02 |
| 51.03 PSYCH SOCIAL REHAB | | 23.03 | | | 51.03 |
| 51.04 WELLNESS ASSESSMENT | | 23.04 | | | 51.04 |
| 51.06 HEART FAILURE CLINIC | | 23.06 | | | 51.06 |
| 51.07 LOC OUTPATIENT CENTER | 13,428 | 23.07 | | | 51.07 |
| 51.08 OB OUTPATIENT CENTER | 6,290 | 23.08 | | | 51.08 |
| 51.09 ELMHURST IMMEDIATE CARE | | 23.09 | | | 51.09 |
| 51.10 LAGRANGE FAMILY PCC | | 23.10 | | | 51.10 |
| 51.12 NORTH RIVERSIDE PCC | | 23.12 | | | 51.12 |
| 51.13 GLENDALE HEIGHTS PCC | | 23.13 | | | 51.13 |
| 51.14 WHEATON PCC | | 23.14 | | | 51.14 |
| 51.15 OB II PCC | 89 | 23.15 | | | 51.15 |
| 51.16 HICKORY HILLS PCC | | 23.16 | | | 51.16 |
| 51.18 DARIEN PCC | | 23.18 | | | 51.18 |
| 51.20 ORLANAD PARK - FP | | 23.20 | | | 51.20 |
| 51.21 FAMILY PRACTICE MAYWOOD PCC | | 23.21 | | | 51.21 |
| 51.22 HOMER GLEN PCC | 1,031 | 23.22 | | | 51.22 |
| 51.23 OAK PARK PCC | | 23.23 | | | 51.23 |
| 51.24 PARK RIDGE PCC | | 23.24 | | | 51.24 |
| 51.25 LOYOLA CLINIC AT GOTTLIEB | | 23.25 | | | 51.25 |
| 51.26 WOODRIDGE PCC | | 23.26 | | | 51.26 |
| 51.27 NEUROLOGY - NILES | | 23.27 | | | 51.27 |
| 51.28 MARJORIE WEINBERG CANCER CENTER | | 23.28 | | | 51.28 |
| 51.29 BURR RIDGE PCC | | 23.29 | | | 51.29 |
| 52 EMERGENCY | | 24 | | | 52 |
| 53 OBSERVATION BEDS | | 25 | | | 53 |
| 53.01 OBSERVATION BEDS-DISTINCT | 373 | 25.01 | | | 53.01 |
| 54 OTHER OUTPATIENT SERV (SPECIFY) | | 26 | | | 54 |
| 55 TOTAL (SUM OF LINES 49-54) | 83,402 | | | | 55 |

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PARTS III & IV

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

PART III - SUMMARY OF COSTS AND CHARGES

| | ----- COST ----- | | ----- CHARGES ----- | | |
|--|------------------|-------------|---------------------|-------------|----|
| | PART A 1 | PART B 2 | PART A 3 | PART B 4 | |
| 56 ROUTINE & ANCILLARY FROM PART I | 227,517 | | 536,237 | | 56 |
| 57 INTERNS & RESIDENTS (INPATIENT) | | | | | 57 |
| 58 INTERNS & RESIDENTS (OUTPATIENT) | | | | | 58 |
| 59 DIRECT ORGAN ACQUISITION | 1,228,025 | | 1,228,025 | | 59 |
| 60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II) | | | | | 60 |
| 61 TOTAL (SUM OF LINES 56-60) | 1,455,542 | | 1,764,262 | | 61 |
| 62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS) | | 43 | | | 62 |
| 63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS) | | 22 | | | 63 |
| 64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62) | | 0.511628 | | | 64 |
| 65 MEDICARE COST/CHARGES | 744,696 | | 902,646 | | 65 |
| 66 REVENUE FOR ORGANS SOLD | 34,159 | | | | 66 |
| 67 SUBTOTAL (LINE 65 MINUS LINE 66) | 710,537 | | 902,646 | | 67 |
| 68 ORGANS FURNISHED PART B | | | | | 68 |
| 69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS) | 710,537 | | 902,646 | | 69 |

PART IV - STATISTICS

| | LIVING RELATED | CADAVERIC | REVENUE | |
|---|----------------|-----------|-----------|----|
| | 1 | 2 | 3 | |
| 70 ORGANS EXCISED IN PROVIDER | | 12 | | 70 |
| 71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS | | | | 71 |
| 72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS | | | | 72 |
| 73 ORGANS PURCHASED FROM OPO'S | | 31 | | 73 |
| 74 TOTAL (SUM OF LINES 70-73) | | 43 | | 74 |
| 75 ORGANS TRANSPLANTED | | 31 | 3,145,832 | 75 |
| 76 ORGANS SOLD TO OTHER HOSPITALS | | | | 76 |
| 77 ORGANS SOLD TO OPO'S | | 12 | 34,159 | 77 |
| 78 ORGANS SOLD TO TRANSPLANT HOSPITALS | | | | 78 |
| 79 ORGANS SOLD TO MILITARY OR VA HOSPITALS | | | | 79 |
| 80 ORGANS SOLD OUTSIDE THE U.S. | | | | 80 |
| 81 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD) | | | | 81 |
| 82 ORGANS USED FOR RESEARCH | | | | 82 |
| 83 UNUSABLE/DISCARDED ORGANS | | | | 83 |
| 84 TOTAL (SUM OF LINES 75-83 SHOULD EQUAL LINE 74) | | 43 | | 84 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL (14-0276)
APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

| | | | |
|------|---|-------------|------|
| 1 | DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS | 81,525,709 | 1 |
| 2 | OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS) | 4,791,713 | 2 |
| 3 | MANAGED CARE SIMULATED PAYMENTS | 4,150,561 | 3 |
| 4 | BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS) | 486.56 | 4 |
| | INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS | | |
| 5 | FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS) | 300.59 | 5 |
| 6 | FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e) | 6.18 | 6 |
| 7 | MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(1) | | 7 |
| 7.01 | ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS. | | 7.01 |
| 8 | ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002. | | 8 |
| 8.01 | THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS. | | 8.01 |
| 8.02 | THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS) | | 8.02 |
| 9 | SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS) | 306.77 | 9 |
| 10 | FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS | 355.95 | 10 |
| 11 | FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS | 16.04 | 11 |
| 12 | CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS) | 322.81 | 12 |
| 13 | TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR | 321.40 | 13 |
| 14 | TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO | 319.74 | 14 |
| 15 | SUM OF LINES 12 THROUGH 14 DIVIDED BY 3 | 321.32 | 15 |
| 16 | ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM | | 16 |
| 17 | ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE | | 17 |
| 18 | ADJUSTED ROLLING AVERAGE FTE COUNT | 321.32 | 18 |
| 19 | CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4) | 0.660391 | 19 |
| 20 | PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS) | 0.655303 | 20 |
| 21 | ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS) | 0.655303 | 21 |
| 22 | IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS) | 26,190,379 | 22 |
| | INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON | | |
| 23 | NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C) | | 23 |
| 24 | IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS) | 49.18 | 24 |
| 25 | IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS) | | 25 |
| 26 | RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4) | | 26 |
| 27 | IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS) | | 27 |
| 28 | IME ADJUSTMENT (SEE INSTRUCTIONS) | | 28 |
| 29 | TOTAL IME PAYMENT (SUM OF LINES 22 AND 28) | 26,190,379 | 29 |
| | DISPROPORTIONATE SHARE ADJUSTMENT | | |
| 30 | PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS) | 0.0477 | 30 |
| 31 | PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS) | 0.2614 | 31 |
| 32 | SUM OF LINES 30 AND 31 | 0.3091 | 32 |
| 33 | ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS) | 0.1472 | 33 |
| 34 | DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS) | 12,000,584 | 34 |
| | ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES | | |
| 40 | TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS) | | 40 |
| 41 | TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS) | | 41 |
| 42 | DIVIDE LINE 41 BY LINE 40 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT) | | 42 |
| 43 | TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS) | | 43 |
| 44 | RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (LINE 43 DIVIDED BY LINE 41 DIVIDED BY 7 DAYS) | | 44 |
| 45 | AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS) | | 45 |
| 46 | TOTAL ADDITIONAL PAYMENT (LINE 45 TIMES LINE 44 TIMES LINE 41) | | 46 |
| 47 | SUBTOTAL (SEE INSTRUCTIONS) | 124,508,385 | 47 |
| 48 | HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY (SEE INSTRUCTIONS) | | 48 |
| 49 | TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS) | 124,508,385 | 49 |
| 50 | PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE) | 9,599,049 | 50 |
| 51 | EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS) | | 51 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL (14-0276)
APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

| | | | |
|-------------------------------|---|-------------|----|
| 52 | DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS) | 7,832,309 | 52 |
| 53 | NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT | | 53 |
| 54 | SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES | | 54 |
| 55 | NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69) | 4,495,165 | 55 |
| 56 | COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20) | | 56 |
| 57 | ROUTINE SERVICE OTHER PASS THROUGH COSTS | | 57 |
| 58 | ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200) | 123,399 | 58 |
| 59 | TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58) | 146,558,307 | 59 |
| 60 | PRIMARY PAYER PAYMENTS | 83,039 | 60 |
| 61 | TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60) | 146,475,268 | 61 |
| 62 | DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES | 5,613,732 | 62 |
| 63 | COINSURANCE BILLED TO PROGRAM BENEFICIARIES | 587,771 | 63 |
| 64 | ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS) | 1,915,039 | 64 |
| 65 | ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | 1,340,527 | 65 |
| 66 | ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS) | 1,265,798 | 66 |
| 67 | SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63) | 141,614,292 | 67 |
| 68 | CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS) | | 68 |
| 69 | OUTLIER PAYMENTS RECONCILIATION | | 69 |
| 70 | OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS) | | 70 |
| 71 | AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70) | 141,614,292 | 71 |
| 72 | INTERIM PAYMENTS | 140,388,413 | 72 |
| 73 | TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY) | | 73 |
| 74 | BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73) | 1,225,879 | 74 |
| 75 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2 | | 75 |
| TO BE COMPLETED BY CONTRACTOR | | | |
| 90 | OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2 | | 90 |
| 91 | CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2 | | 91 |
| 92 | OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS) | | 92 |
| 93 | CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS) | | 93 |
| 94 | THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS) | | 94 |
| 95 | TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS) | | 95 |
| 96 | TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS) | | 96 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

CHECK APPLICABLE BOX: HOSPITAL (14-0276) IPF IRF
 SUB (OTHER) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

| | | | |
|----|--|------------|----|
| 1 | MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS) | | 1 |
| 2 | MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS) | 67,368,444 | 2 |
| 3 | PPS PAYMENTS | 63,461,813 | 3 |
| 4 | OUTLIER PAYMENT (SEE INSTRUCTIONS) | 1,262,174 | 4 |
| 5 | ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS) | | 5 |
| 6 | LINE 2 TIMES LINE 5 | | 6 |
| 7 | SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6 | | 7 |
| 8 | TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS) | | 8 |
| 9 | ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200 | 69,081 | 9 |
| 10 | ORGAN ACQUISITION | | 10 |
| 11 | TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS) | | 11 |
| | COMPUTATION OF LESSER OF COST OR CHARGES | | |
| | REASONABLE CHARGES | | |
| 12 | ANCILLARY SERVICE CHARGES | | 12 |
| 13 | ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4) | | 13 |
| 14 | TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13) | | 14 |
| | CUSTOMARY CHARGES | | |
| 15 | AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS | | 15 |
| 16 | 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) | | 16 |
| 17 | RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000) | 1.000000 | 17 |
| 18 | TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS) | | 18 |
| 19 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS)) | | 19 |
| 20 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS)) | | 20 |
| 21 | LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS) | | 21 |
| 22 | INTERNS AND RESIDENTS (SEE INSTRUCTIONS) | | 22 |
| 23 | COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148) | | 23 |
| 24 | TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9) | 64,793,068 | 24 |
| | COMPUTATION OF REIMBURSEMENT SETTLEMENT | | |
| 25 | DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS) | | 25 |
| 26 | DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS) | 14,001,624 | 26 |
| 27 | SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS) | 50,791,444 | 27 |
| 28 | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50) | 4,457,117 | 28 |
| 29 | ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36) | | 29 |
| 30 | SUBTOTAL (SUM OF LINES 27 THROUGH 29) | 55,248,561 | 30 |
| 31 | PRIMARY PAYER PAYMENTS | 13,912 | 31 |
| 32 | SUBTOTAL (LINE 30 MINUS LINE 31) | 55,234,649 | 32 |
| | ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) | | |
| 33 | COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11) | 13,456 | 33 |
| 34 | ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS) | 1,555,099 | 34 |
| 35 | ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | 1,088,569 | 35 |
| 36 | ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS) | 1,034,953 | 36 |
| 37 | SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY) | 56,336,674 | 37 |
| 38 | MSP-LCC RECONCILIATION AMOUNT FROM PS&R | | 38 |
| 39 | OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS) | | 39 |
| 40 | SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38) | 56,336,674 | 40 |
| 41 | INTERIM PAYMENTS | 56,035,931 | 41 |
| 42 | TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY) | | 42 |
| 43 | BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42) | 300,743 | 43 |
| 44 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2 | | 44 |
| | TO BE COMPLETED BY CONTRACTOR | | |
| 90 | ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS) | | 90 |
| 91 | OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS) | | 91 |
| 92 | THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY | | 92 |
| 93 | TIME VALUE OF MONEY (SEE INSTRUCTIONS) | | 93 |
| 94 | TOTAL (SUM OF LINES 91 AND 93) | | 94 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

CHECK APPLICABLE BOX: [] HOSPITAL [XX] IPF (14-S276) [] IRF
 [] SUB (OTHER) [] SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

| | | | |
|----|--|----------|----|
| 1 | MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS) | | 1 |
| 2 | MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS) | | 2 |
| 3 | PPS PAYMENTS | | 3 |
| 4 | OUTLIER PAYMENT (SEE INSTRUCTIONS) | | 4 |
| 5 | ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS) | | 5 |
| 6 | LINE 2 TIMES LINE 5 | | 6 |
| 7 | SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6 | | 7 |
| 8 | TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS) | | 8 |
| 9 | ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200 | | 9 |
| 10 | ORGAN ACQUISITION | | 10 |
| 11 | TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS) | | 11 |
| | COMPUTATION OF LESSER OF COST OR CHARGES | | |
| | REASONABLE CHARGES | | |
| 12 | ANCILLARY SERVICE CHARGES | | 12 |
| 13 | ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4) | | 13 |
| 14 | TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13) | | 14 |
| | CUSTOMARY CHARGES | | |
| 15 | AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS | | 15 |
| 16 | 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) | | 16 |
| 17 | RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000) | 1.000000 | 17 |
| 18 | TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS) | | 18 |
| 19 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS)) | | 19 |
| 20 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS)) | | 20 |
| 21 | LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS) | | 21 |
| 22 | INTERNS AND RESIDENTS (SEE INSTRUCTIONS) | | 22 |
| 23 | COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148) | | 23 |
| 24 | TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9) | | 24 |
| | COMPUTATION OF REIMBURSEMENT SETTLEMENT | | |
| 25 | DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS) | | 25 |
| 26 | DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS) | | 26 |
| 27 | SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS) | | 27 |
| 28 | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50) | | 28 |
| 29 | ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36) | | 29 |
| 30 | SUBTOTAL (SUM OF LINES 27 THROUGH 29) | | 30 |
| 31 | PRIMARY PAYER PAYMENTS | | 31 |
| 32 | SUBTOTAL (LINE 30 MINUS LINE 31) | | 32 |
| | ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) | | |
| 33 | COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11) | | 33 |
| 34 | ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS) | | 34 |
| 35 | ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | | 35 |
| 36 | ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS) | | 36 |
| 37 | SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY) | | 37 |
| 38 | MSP-LCC RECONCILIATION AMOUNT FROM PS&R | | 38 |
| 39 | OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS) | | 39 |
| 40 | SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38) | | 40 |
| 41 | INTERIM PAYMENTS | | 41 |
| 42 | TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY) | | 42 |
| 43 | BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42) | | 43 |
| 44 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2 | | 44 |
| | TO BE COMPLETED BY CONTRACTOR | | |
| 90 | ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS) | | 90 |
| 91 | OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS) | | 91 |
| 92 | THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY | | 92 |
| 93 | TIME VALUE OF MONEY (SEE INSTRUCTIONS) | | 93 |
| 94 | TOTAL (SUM OF LINES 91 AND 93) | | 94 |

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [XX] HOSPITAL (14-0276) [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A

PART B

| DESCRIPTION | INPATIENT PART A | | PART B | |
|---|------------------|-------------|-----------------|-------------|
| | MM/DD/YYYY 1 | AMOUNT 2 | MM/DD/YYYY 3 | AMOUNT 4 |
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER | | 137,056,429 | | 56,109,198 |
| 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 |
| 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 01/28/2011 | 558,975 | | NONE |
| | .02 06/30/2011 | 2,773,009 | | |
| | PROGRAM .03 | | | 3.01 |
| | TO .04 | | | 3.02 |
| | PROVIDER .05 | | | 3.03 |
| | .06 | | | 3.04 |
| | .07 | | | 3.05 |
| | .08 | | | 3.06 |
| | .09 | | | 3.07 |
| | .50 | NONE | | 3.08 |
| | .51 | | 06/03/2011 | 3.09 |
| | PROVIDER .52 | | 73,267 | 3.50 |
| | TO .53 | | | 3.51 |
| | PROGRAM .54 | | | 3.52 |
| | .55 | | | 3.53 |
| | .56 | | | 3.54 |
| | .57 | | | 3.55 |
| | .58 | | | 3.56 |
| | .59 | | | 3.57 |
| | .99 | | | 3.58 |
| SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98) | | 3,331,984 | | -73,267 |
| 4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE) | | 140,388,413 | | 56,035,931 |

TO BE COMPLETED BY CONTRACTOR

| | | | | |
|--|--------------|--|--|------|
| 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 |
| | .04 | | | 5.04 |
| | .05 | | | 5.05 |
| | .06 | | | 5.06 |
| | .07 | | | 5.07 |
| | .08 | | | 5.08 |
| | .09 | | | 5.09 |
| | PROVIDER .50 | | | 5.50 |
| | TO .51 | | | 5.51 |
| | PROGRAM .52 | | | 5.52 |
| | .53 | | | 5.53 |
| | .54 | | | 5.54 |
| | .55 | | | 5.55 |
| | .56 | | | 5.56 |
| | .57 | | | 5.57 |
| | .58 | | | 5.58 |
| | .59 | | | 5.59 |
| | .99 | | | 5.99 |
| SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98) | | | | |
| 6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT | PROGRAM .01 | | | 6.01 |
| | TO .01 | | | |
| | PROVIDER .02 | | | 6.02 |
| | TO .02 | | | |
| | PROGRAM .02 | | | |
| 7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.) | | | | 7 |

8 NAME OF CONTRACTOR: _____ CONTRACTOR NUMBER: _____ DATE: _____

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [XX] IRF (14-T276) [] SWING BED SNF

INPATIENT
 PART A PART B

| DESCRIPTION | MM/DD/YYYY 1 | AMOUNT 2 | MM/DD/YYYY 3 | AMOUNT 4 | |
|---|-----------------|-------------|-----------------|-------------|------|
| | | | | | |
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER | | 7,958,455 | | 3,052 | 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 06/30/2011 | 18,448 | | NONE | 3.01 |
| | .02 | | | | 3.02 |
| | .03 | | | | 3.03 |
| | .04 | | | | 3.04 |
| | .05 | | | | 3.05 |
| | .06 | | | | 3.06 |
| | .07 | | | | 3.07 |
| | .08 | | | | 3.08 |
| | .09 | | | | 3.09 |
| | .50 | | | | 3.50 |
| | .51 01/28/2011 | 8,050 | | NONE | 3.51 |
| | .52 | | | | 3.52 |
| | .53 | | | | 3.53 |
| | .54 | | | | 3.54 |
| | .55 | | | | 3.55 |
| | .56 | | | | 3.56 |
| | .57 | | | | 3.57 |
| | .58 | | | | 3.58 |
| | .59 | | | | 3.59 |
| | .99 | | | | 3.99 |
| SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98) | | 10,398 | | | |
| 4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE) | | 7,968,853 | | 3,052 | 4 |

TO BE COMPLETED BY CONTRACTOR

| | | | | | |
|--|--------------|--|--|--|------|
| 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 |
| | .04 | | | | 5.04 |
| | .05 | | | | 5.05 |
| | .06 | | | | 5.06 |
| | .07 | | | | 5.07 |
| | .08 | | | | 5.08 |
| | .09 | | | | 5.09 |
| | PROVIDER .50 | | | | 5.50 |
| | TO .51 | | | | 5.51 |
| | PROGRAM .52 | | | | 5.52 |
| | .53 | | | | 5.53 |
| | .54 | | | | 5.54 |
| | .55 | | | | 5.55 |
| | .56 | | | | 5.56 |
| | .57 | | | | 5.57 |
| | .58 | | | | 5.58 |
| | .59 | | | | 5.59 |
| | .99 | | | | 5.99 |
| SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98) | | | | | |
| 6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT | PROGRAM .01 | | | | 6.01 |
| | TO .01 | | | | 6.01 |
| | PROVIDER .02 | | | | 6.02 |
| | PROVIDER .02 | | | | 6.02 |
| | TO .02 | | | | 6.02 |
| | PROGRAM .02 | | | | 6.02 |
| 7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.) | | | | | 7 |

8 NAME OF CONTRACTOR: _____ CONTRACTOR NUMBER: _____ DATE: _____

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
01/31/2012 09:12

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK
APPLICABLE BOX

HOSPITAL (14-0276) CAH

| | | | |
|---|---|---------------|----|
| HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION | | | |
| 1 | TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14 | 24,151 | 1 |
| 2 | MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12 | 40,997 | 2 |
| 3 | MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2 | 2,087 | 3 |
| 4 | TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12 | 112,186 | 4 |
| 5 | TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200 | 1,735,111,744 | 5 |
| 6 | TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20 | 33,967,318 | 6 |
| 7 | CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168 | | 7 |
| 8 | CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS) | 2,495,258 | 8 |
| | | | |
| INPATIENT HOSPITAL SERVICES UNDER PPS & CAH | | | |
| 30 | INITIAL/INTERIM HIT PAYMENT(S) | 2,565,280 | 30 |
| 31 | OTHER ADJUSTMENTS (SPECIFY) | | 31 |
| 32 | BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31) | -70,022 | 32 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART II

CHECK [] HOSPITAL
APPLICABLE BOX: [XX] IPF (14-S276)

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

| | | |
|-------------------------------|--|----|
| 1 | NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS) | 1 |
| 2 | NET IPF PPS OUTLIER PAYMENT | 2 |
| 3 | NET IPF PPS ECT PAYMENT | 3 |
| 4 | UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004 (SEE INSTRUCTIONS) | 4 |
| 5 | NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS) | 5 |
| 6 | CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS) | 6 |
| 7 | CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS) | 7 |
| 8 | INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS) | 8 |
| 9 | AVERAGE DAILY CENSUS (SEE INSTRUCTIONS) | 9 |
| 10 | MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 8}/\text{LINE 9})) \text{ RAISED TO THE POWER OF } .5150 - 1\}$ | 10 |
| 11 | MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10) | 11 |
| 12 | ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11) | 12 |
| 13 | NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS) | 13 |
| 14 | ORGAN ACQUISITION | 14 |
| 15 | COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS) | 15 |
| 16 | SUBTOTAL (SEE INSTRUCTIONS) | 16 |
| 17 | PRIMARY PAYER PAYMENTS | 17 |
| 18 | SUBTOTAL (LINE 16 LESS LINE 17) | 18 |
| 19 | DEDUCTIBLES | 19 |
| 20 | SUBTOTAL (LINE 18 MINUS LINE 19) | 20 |
| 21 | COINSURANCE | 21 |
| 22 | SUBTOTAL (LINE 20 MINUS LINE 21) | 22 |
| 23 | ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS) | 23 |
| 24 | ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | 24 |
| 25 | ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS) | 25 |
| 26 | SUBTOTAL (SUM OF LINES 22 AND 24) | 26 |
| 27 | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) | 27 |
| 28 | OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS) | 28 |
| 29 | OUTLIER PAYMENTS RECONCILIATION | 29 |
| 30 | OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS) | 30 |
| 31 | TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS) | 31 |
| 32 | INTERIM PAYMENTS | 32 |
| 33 | TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY) | 33 |
| 34 | BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS THE SUM OF LINES 32 AND 33) | 34 |
| 35 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2 | 35 |
| TO BE COMPLETED BY CONTRACTOR | | |
| 50 | ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART II, LINE 2 (SEE INSTRUCTIONS) | 50 |
| 51 | OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS) | 51 |
| 52 | THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS) | 52 |
| 53 | TIME VALUE OF MONEY (SEE INSTRUCTIONS) | 53 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART III

CHECK [] HOSPITAL
APPLICABLE BOX: [XX] IRF (14-T276)

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

| | | | |
|----|--|-----------|----|
| 1 | NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS) | 6,963,731 | 1 |
| 2 | MEDICARE SSI RATIO (SEE INSTRUCTIONS) | 0.025200 | 2 |
| 3 | INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS) | 453,269 | 3 |
| 4 | OUTLIER PAYMENTS | 449,461 | 4 |
| 5 | UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS) | 2.37 | 5 |
| 6 | NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS) | | 6 |
| 7 | CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS) | 3.65 | 7 |
| 8 | CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS) | | 8 |
| 9 | INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS) | 2.37 | 9 |
| 10 | AVERAGE DAILY CENSUS (SEE INSTRUCTIONS) | 26.194521 | 10 |
| 11 | MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 9}/\text{LINE 10})) \text{ RAISED TO THE POWER OF } .6876 - 1\}$ | 0.061366 | 11 |
| 12 | MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 11) | 427,336 | 12 |
| 13 | TOTAL PPS PAYMENT (SUM OF LINES 1, 3, 4 AND 12) | 8,293,797 | 13 |
| 14 | NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS) | | 14 |
| 15 | ORGAN ACQUISITION | | 15 |
| 16 | COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS) | | 16 |
| 17 | SUBTOTAL (SEE INSTRUCTIONS) | 8,293,797 | 17 |
| 18 | PRIMARY PAYER PAYMENTS | 23,600 | 18 |
| 19 | SUBTOTAL LINE 17b LESS LINE 18) | 8,270,197 | 19 |
| 20 | DEDUCTIBLES | 59,132 | 20 |
| 21 | SUBTOTAL (LINE 19 MINUS LINE 20) | 8,211,065 | 21 |
| 22 | COINSURANCE | 112,663 | 22 |
| 23 | SUBTOTAL (LINE 21 MINUS LINE 22) | 8,098,402 | 23 |
| 24 | ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS) | 41,099 | 24 |
| 25 | ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | 28,769 | 25 |
| 26 | ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS) | 18,131 | 26 |
| 27 | SUBTOTAL (SUM OF LINES 23 AND 25) | 8,127,171 | 27 |
| 28 | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) | | 28 |
| 29 | OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS) | 277 | 29 |
| 30 | OUTLIER PAYMENTS RECONCILIATION | | 30 |
| 31 | OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS) | | 31 |
| 32 | TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS) | 8,127,448 | 32 |
| 33 | INTERIM PAYMENTS | 7,968,853 | 33 |
| 34 | TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY) | | 34 |
| 35 | BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS THE SUM OF LINES 33 AND 34) | 158,595 | 35 |
| 36 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2 | | 36 |

TO BE COMPLETED BY CONTRACTOR

| | | | |
|----|---|--|----|
| 50 | ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART III, LINE 4 (SEE INSTRUCTIONS) | | 50 |
| 51 | OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS) | | 51 |
| 52 | THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS) | | 52 |
| 53 | TIME VALUE OF MONEY (SEE INSTRUCTIONS) | | 53 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART VII

CHECK [] TITLE V [XX] HOSPITAL (14-0276) [] SNF [XX] PPS
APPLICABLE [XX] TITLE XIX [] IPF [] NF [] TEFRA
BOXES: [] IRF [] ICF/MR [] OTHER
[] SUB (OTHER)

PART VII - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR TITLE XIX SERVICES

| | | |
|---|--|-------------|
| COMPUTATION OF NET COST OF COVERED SERVICES | | |
| 1 | INPATIENT HOSPITAL SNF/NF SERVICES | 1 |
| 2 | MEDICAL AND OTHER SERVICES | 2 |
| 3 | ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY) | 3 |
| 4 | SUBTOTAL (SUM OF LINES 1, 2 AND 3) | 4 |
| 5 | INPATIENT PRIMARY PAYER PAYMENTS | 5 |
| 6 | OUTPATIENT PRIMARY PAYER PAYMENTS | 6 |
| 7 | SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6) | 7 |
| COMPUTATION OF LESSER OF COST OR CHARGES | | |
| REASONABLE CHARGES | | |
| 8 | ROUTINE SERVICE CHARGES | 8 |
| 9 | ANCILLARY SERVICE CHARGES | 9 |
| 10 | ORGAN ACQUISITION CHARGES, NET OF REVENUE | 10 |
| 11 | INCENTIVE FROM TARGET AMOUNT COMPUTATION | 11 |
| 12 | TOTAL REASONABLE CHARGES (SUM OF LINES 8-11) | 12 |
| CUSTOMARY CHARGES | | |
| 13 | AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS | 13 |
| 14 | 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) | 14 |
| 15 | RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000) | 1.000000 15 |
| 16 | TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS) | 16 |
| 17 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS)) | 17 |
| 18 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS)) | 18 |
| 19 | INTERNS AND RESIDENTS (SEE INSTRUCTIONS) | 19 |
| 20 | COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS) | 20 |
| 21 | COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) | 21 |
| PROSPECTIVE PAYMENT AMOUNT | | |
| 22 | OTHER THAN OUTLIER PAYMENTS | 22 |
| 23 | OUTLIER PAYMENTS | 23 |
| 24 | PROGRAM CAPITAL PAYMENTS | 24 |
| 25 | CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS) | 25 |
| 26 | ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS | 26 |
| 27 | SUBTOTAL (SUM OF LINES 22 THROUGH 26) | 27 |
| 28 | CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY) | 28 |
| 29 | SUM OF LINES 27 AND 21 | 29 |
| COMPUTATION OF REIMBURSEMENT SETTLEMENT | | |
| 30 | EXCESS OF REASONABLE COST (FROM LINE 18) | 30 |
| 31 | SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6) | 31 |
| 32 | DEDUCTIBLES | 32 |
| 33 | COINSURANCE | 33 |
| 34 | ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS) | 34 |
| 35 | UTILIZATION REVIEW | 35 |
| 36 | SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33) | 36 |
| 37 | OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS) | 37 |
| 38 | SUBTOTAL (LINE 36 ± LINE 37) | 38 |
| 39 | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4) | 39 |
| 40 | TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39) | 40 |
| 41 | INTERIM PAYMENTS | 41 |
| 42 | BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41) | 42 |
| 43 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2 | 43 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART VII

CHECK [] TITLE V [] HOSPITAL [] SNF [XX] PPS
APPLICABLE [XX] TITLE XIX [XX] IPF (14-S276) [] NF [] TEFRA
BOXES: [] IRF [] ICF/MR [XX] OTHER
[] SUB (OTHER)

PART VII - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR TITLE XIX SERVICES

| | | |
|---|--|-------------|
| COMPUTATION OF NET COST OF COVERED SERVICES | | |
| 1 | INPATIENT HOSPITAL SNF/NF SERVICES | 1 |
| 2 | MEDICAL AND OTHER SERVICES | 2 |
| 3 | ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY) | 3 |
| 4 | SUBTOTAL (SUM OF LINES 1, 2 AND 3) | 4 |
| 5 | INPATIENT PRIMARY PAYER PAYMENTS | 5 |
| 6 | OUTPATIENT PRIMARY PAYER PAYMENTS | 6 |
| 7 | SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6) | 7 |
| COMPUTATION OF LESSER OF COST OR CHARGES | | |
| REASONABLE CHARGES | | |
| 8 | ROUTINE SERVICE CHARGES | 8 |
| 9 | ANCILLARY SERVICE CHARGES | 9 |
| 10 | ORGAN ACQUISITION CHARGES, NET OF REVENUE | 10 |
| 11 | INCENTIVE FROM TARGET AMOUNT COMPUTATION | 11 |
| 12 | TOTAL REASONABLE CHARGES (SUM OF LINES 8-11) | 12 |
| CUSTOMARY CHARGES | | |
| 13 | AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS | 13 |
| 14 | 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) | 14 |
| 15 | RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000) | 1.000000 15 |
| 16 | TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS) | 16 |
| 17 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS)) | 17 |
| 18 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS)) | 18 |
| 19 | INTERNS AND RESIDENTS (SEE INSTRUCTIONS) | 19 |
| 20 | COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS) | 20 |
| 21 | COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) | 21 |
| PROSPECTIVE PAYMENT AMOUNT | | |
| 22 | OTHER THAN OUTLIER PAYMENTS | 22 |
| 23 | OUTLIER PAYMENTS | 23 |
| 24 | PROGRAM CAPITAL PAYMENTS | 24 |
| 25 | CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS) | 25 |
| 26 | ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS | 26 |
| 27 | SUBTOTAL (SUM OF LINES 22 THROUGH 26) | 27 |
| 28 | CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY) | 28 |
| 29 | SUM OF LINES 27 AND 21 | 29 |
| COMPUTATION OF REIMBURSEMENT SETTLEMENT | | |
| 30 | EXCESS OF REASONABLE COST (FROM LINE 18) | 30 |
| 31 | SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6) | 31 |
| 32 | DEDUCTIBLES | 32 |
| 33 | COINSURANCE | 33 |
| 34 | ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS) | 34 |
| 35 | UTILIZATION REVIEW | 35 |
| 36 | SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33) | 36 |
| 37 | OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS) | 37 |
| 38 | SUBTOTAL (LINE 36 ± LINE 37) | 38 |
| 39 | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4) | 39 |
| 40 | TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39) | 40 |
| 41 | INTERIM PAYMENTS | 41 |
| 42 | BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41) | 42 |
| 43 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2 | 43 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK TITLE V HOSPITAL SNF PPS
 APPLICABLE TITLE XIX IPF NF TEFRA
 BOXES: IRF (14-T276) ICF/MR OTHER
 SUB (OTHER)

PART VII - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR TITLE XIX SERVICES

| | | |
|---|--|-------------|
| COMPUTATION OF NET COST OF COVERED SERVICES | | |
| 1 | INPATIENT HOSPITAL SNF/NF SERVICES | 921,978 1 |
| 2 | MEDICAL AND OTHER SERVICES | 2 |
| 3 | ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY) | 3 |
| 4 | SUBTOTAL (SUM OF LINES 1, 2 AND 3) | 921,978 4 |
| 5 | INPATIENT PRIMARY PAYER PAYMENTS | 5 |
| 6 | OUTPATIENT PRIMARY PAYER PAYMENTS | 6 |
| 7 | SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6) | 921,978 7 |
| COMPUTATION OF LESSER OF COST OR CHARGES | | |
| REASONABLE CHARGES | | |
| 8 | ROUTINE SERVICE CHARGES | 8 |
| 9 | ANCILLARY SERVICE CHARGES | 9 |
| 10 | ORGAN ACQUISITION CHARGES, NET OF REVENUE | 10 |
| 11 | INCENTIVE FROM TARGET AMOUNT COMPUTATION | 11 |
| 12 | TOTAL REASONABLE CHARGES (SUM OF LINES 8-11) | 12 |
| CUSTOMARY CHARGES | | |
| 13 | AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS | 13 |
| 14 | 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) | 14 |
| 15 | RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000) | 1.000000 15 |
| 16 | TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS) | 16 |
| 17 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS)) | 17 |
| 18 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS)) | 921,978 18 |
| 19 | INTERNS AND RESIDENTS (SEE INSTRUCTIONS) | 19 |
| 20 | COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS) | 20 |
| 21 | COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) | 21 |
| PROSPECTIVE PAYMENT AMOUNT | | |
| 22 | OTHER THAN OUTLIER PAYMENTS | 22 |
| 23 | OUTLIER PAYMENTS | 23 |
| 24 | PROGRAM CAPITAL PAYMENTS | 24 |
| 25 | CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS) | 25 |
| 26 | ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS | 26 |
| 27 | SUBTOTAL (SUM OF LINES 22 THROUGH 26) | 27 |
| 28 | CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY) | 28 |
| 29 | SUM OF LINES 27 AND 21 | 29 |
| COMPUTATION OF REIMBURSEMENT SETTLEMENT | | |
| 30 | EXCESS OF REASONABLE COST (FROM LINE 18) | 30 |
| 31 | SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6) | 31 |
| 32 | DEDUCTIBLES | 32 |
| 33 | COINSURANCE | 33 |
| 34 | ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS) | 34 |
| 35 | UTILIZATION REVIEW | 35 |
| 36 | SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33) | 36 |
| 37 | OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS) | 37 |
| 38 | SUBTOTAL (LINE 36 ± LINE 37) | 38 |
| 39 | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4) | 39 |
| 40 | TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39) | 40 |
| 41 | INTERIM PAYMENTS | 41 |
| 42 | BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41) | 42 |
| 43 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2 | 43 |

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

WORKSHEET E-4

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

| | | | | |
|--|--|---------------------|-----------------|----------------|
| COMPUTATION OF TOTAL DIRECT GME AMOUNT | | | | |
| 1 | UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996 | | 322.44 1 | |
| 2 | UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS) | 6.18 | 2 | |
| 3 | AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA | | 3 | |
| 3.01 | DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011) | | 3.01 | |
| 4 | ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f)) | | 4 | |
| 4.01 | ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011) | | 4.01 | |
| 4.02 | ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011) | | 4.02 | |
| 5 | FTE ADJUSTMENT CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS) | 328.62 | 5 | |
| 6 | UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS) | 365.10 | 6 | |
| 7 | ENTER THE LESSER OF LINE 5 OR LINE 6 | 328.62 | 7 | |
| | | PRIMARY CARE 1 | OTHER 2 | TOTAL 3 |
| 8 | WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR | 111.58 | 216.95 | 328.53 8 |
| 9 | IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6 | 100.43 | 195.27 | 295.70 9 |
| 10 | WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR | | 15.51 | 10 |
| 11 | TOTAL WEIGHTED FTE COUNT | 100.43 | 210.78 | 11 |
| 12 | TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS) | 100.40 | 206.95 | 12 |
| 13 | TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS) | 116.57 | 204.94 | 13 |
| 14 | ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3) | 105.80 | 207.56 | 14 |
| 15 | ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS | | | 15 |
| 16 | ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE | | | 16 |
| 17 | ADJUSTED ROLLING AVERAGE FTE COUNT | 105.80 | 207.56 | 17 |
| 18 | PER RESIDENT AMOUNT | 101,258.47 | 95,882.86 | 18 |
| 19 | APPROVED AMOUNT FOR RESIDENT COSTS | 10,713,146 | 19,901,446 | 30,614,592 19 |
| 20 | ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4) | | | 20 |
| 21 | GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS) | | | 36.48 21 |
| 22 | ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS) | | | 22 |
| 23 | ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS) | | | 23 |
| 24 | MULTIPLY LINE 22 TIMES LINE 23 | | | 24 |
| 25 | TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24) | | | 30,614,592 25 |
| COMPUTATION OF PROGRAM PATIENT LOAD | | | | |
| | | INPATIENT PART A | MANAGED CARE | |
| 26 | INPATIENT DAYS | 47,080 | 2,087 | 26 |
| 27 | TOTAL INPATIENT DAYS | 121,747 | 121,747 | 27 |
| 28 | RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS | 0.386704 | 0.017142 | 28 |
| 29 | PROGRAM DIRECT GME AMOUNT | 11,838,785 | 524,795 | 29 |
| 30 | REDUCTION FOR NURSING/ALLIED HEALTH | | 74,154 | 30 |
| DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS) | | | | |
| 31 | NET PROGRAM DIRECT GME AMOUNT | | | 12,289,426 31 |
| 32 | RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94) | | | 32 |
| 33 | RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94) | | | 25,054,512 33 |
| 34 | RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33) | | | 34 |
| 35 | MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS) | | | 35 |
| 36 | MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35) | | | 36 |
| APPORTIONMENT OF MEDICARE REASONABLE COST OF GME | | | | |
| PART A REASONABLE COST | | | | |
| 37 | REASONABLE COST (SEE INSTRUCTIONS) | | | 114,102,378 37 |
| 38 | ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69) | | | 4,495,165 38 |
| 39 | COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20) | | | 39 |
| 40 | PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS) | | | 106,639 40 |
| 41 | TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40) | | | 118,490,904 41 |
| PART B REASONABLE COST | | | | |
| 42 | REASONABLE COST (SEE INSTRUCTIONS) | | | 67,443,426 42 |
| 43 | PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS) | | | 13,912 43 |
| 44 | TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43) | | | 67,429,514 44 |
| 45 | TOTAL REASONABLE COST (SUM OF LINES 41 AND 44) | | | 185,920,418 45 |
| 46 | RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45) | | | 0.637321 46 |
| 47 | RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45) | | | 0.362679 47 |
| ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B | | | | |
| 48 | TOTAL PROGRAM GME PAYMENT (LINE 31) | | | 12,289,426 48 |
| 49 | PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS) | | | 7,832,309 49 |
| 50 | PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS) | | | 4,457,117 50 |

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

WORKSHEET E-4

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

| | | | | | |
|------|--|--------------|---------|-------|------|
| 1 | COMPUTATION OF TOTAL DIRECT GME AMOUNT | | | | |
| 1 | UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996 | | | | 1 |
| 2 | UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS) | | | | 2 |
| 3 | AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA | | | | 3 |
| 3.01 | DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011) | | | | 3.01 |
| 4 | ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f)) | | | | 4 |
| 4.01 | ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011) | | | | 4.01 |
| 4.02 | ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011) | | | | 4.02 |
| 5 | FTE ADJUSTMENT CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS) | | | | 5 |
| 6 | UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS) | | | | 6 |
| 7 | ENTER THE LESSER OF LINE 5 OR LINE 6 | | | | 7 |
| | | PRIMARY CARE | OTHER | TOTAL | |
| | | 1 | 2 | 3 | |
| 8 | WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR | | | | 8 |
| 9 | IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6 | | | | 9 |
| 10 | WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR | | | | 10 |
| 11 | TOTAL WEIGHTED FTE COUNT | | | | 11 |
| 12 | TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS) | | | | 12 |
| 13 | TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS) | | | | 13 |
| 14 | ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3) | | | | 14 |
| 15 | ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS | | | | 15 |
| 16 | ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE | | | | 16 |
| 17 | ADJUSTED ROLLING AVERAGE FTE COUNT | | | | 17 |
| 18 | PER RESIDENT AMOUNT | | | | 18 |
| 19 | APPROVED AMOUNT FOR RESIDENT COSTS | | | | 19 |
| 20 | ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4) | | | | 20 |
| 21 | GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS) | | | | 21 |
| 22 | ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS) | | | | 22 |
| 23 | ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS) | | | | 23 |
| 24 | MULTIPLY LINE 22 TIMES LINE 23 | | | | 24 |
| 25 | TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24) | | | | 25 |
| | COMPUTATION OF PROGRAM PATIENT LOAD | INPATIENT | MANAGED | | |
| | | PART A | CARE | | |
| 26 | INPATIENT DAYS | 31,465 | | | 26 |
| 27 | TOTAL INPATIENT DAYS | 121,747 | | | 27 |
| 28 | RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS | 0.258446 | | | 28 |
| 29 | PROGRAM DIRECT GME AMOUNT | | | | 29 |
| 30 | REDUCTION FOR NURSING/ALLIED HEALTH | | | | 30 |
| | DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS) | | | | |
| 31 | NET PROGRAM DIRECT GME AMOUNT | | | | 31 |
| 32 | RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94) | | | | 32 |
| 33 | RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94) | | | | 33 |
| 34 | RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33) | | | | 34 |
| 35 | MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS) | | | | 35 |
| 36 | MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35) | | | | 36 |
| | APPORTIONMENT OF MEDICARE REASONABLE COST OF GME | | | | |
| | PART A REASONABLE COST | | | | |
| 37 | REASONABLE COST (SEE INSTRUCTIONS) | | | | 37 |
| 38 | ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69) | | | | 38 |
| 39 | COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20) | | | | 39 |
| 40 | PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS) | | | | 40 |
| 41 | TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40) | | | | 41 |
| | PART B REASONABLE COST | | | | |
| 42 | REASONABLE COST (SEE INSTRUCTIONS) | | | | 42 |
| 43 | PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS) | | | | 43 |
| 44 | TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43) | | | | 44 |
| 45 | TOTAL REASONABLE COST (SUM OF LINES 41 AND 44) | | | | 45 |
| 46 | RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45) | | | | 46 |
| 47 | RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45) | | | | 47 |
| | ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B | | | | |
| 48 | TOTAL PROGRAM GME PAYMENT (LINE 31) | | | | 48 |
| 49 | PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS) | | | | 49 |
| 50 | PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS) | | | | 50 |

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 | 55,690,000 | | | 1 |
| 2 | TEMPORARY INVESTMENTS | 958,000 | | | 2 |
| 3 | NOTES RECEIVABLE | | | | 3 |
| 4 | ACCOUNTS RECEIVABLE | 138,697,000 | | | 4 |
| 5 | OTHER RECEIVABLES | | | | 5 |
| 6 | ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE | | | | 6 |
| 7 | INVENTORY | 12,860,000 | | | 7 |
| 8 | PREPAID EXPENSES | | | | 8 |
| 9 | OTHER CURRENT ASSETS | 35,542,000 | | | 9 |
| 10 | DUE FROM OTHER FUNDS | 47,006,000 | | | 10 |
| 11 | TOTAL CURRENT ASSETS (SUM OF LINES 1-10) | 290,753,000 | | | 11 |
| FIXED ASSETS | | | | | |
| 12 | LAND | 1,349,446 | | | 12 |
| 13 | LAND IMPROVEMENTS | 6,845,446 | | | 13 |
| 14 | ACCUMULATED DEPRECIATION | | | | 14 |
| 15 | BUILDINGS | 466,363,759 | | | 15 |
| 16 | ACCUMULATED DEPRECIATION | -380,466,871 | | | 16 |
| 17 | LEASEHOLD IMPROVEMENTS | 24,143,169 | | | 17 |
| 18 | ACCUMULATED AMORTIZATION | | | | 18 |
| 19 | FIXED EQUIPMENT | 258,117,051 | | | 19 |
| 20 | ACCUMULATED DEPRECIATION | | | | 20 |
| 21 | AUTOMOBILES AND TRUCKS | | | | 21 |
| 22 | ACCUMULATED DEPRECIATION | | | | 22 |
| 23 | MAJOR MOVABLE EQUIPMENT | | | | 23 |
| 24 | ACCUMULATED DEPRECIATION | | | | 24 |
| 25 | MINOR EQUIPMENT DEPRECIABLE | | | | 25 |
| 26 | ACCUMULATED DEPRECIATION | | | | 26 |
| 27 | HIT DESIGNATED ASSETS | | | | 27 |
| 28 | ACCUMULATED DEPRECIATION | | | | 28 |
| 29 | MINOR EQUIPMENT-NONDEPRECIABLE | | | | 29 |
| 30 | TOTAL FIXED ASSETS (SUM OF LINES 12-29) | 376,352,000 | | | 30 |
| OTHER ASSETS | | | | | |
| 31 | INVESTMENTS | 137,714,000 | | | 31 |
| 32 | DEPOSITS ON LEASES | | | | 32 |
| 33 | DUE FROM OWNERS/OFFICERS | | | | 33 |
| 34 | OTHER ASSETS | 24,830,000 | | | 34 |
| 35 | TOTAL OTHER ASSETS (SUM OF LINES 31-34) | 162,544,000 | | | 35 |
| 36 | TOTAL ASSETS (SUM OF LINES 11, 30 AND 35) | 829,649,000 | | | 36 |
| LIABILITIES AND FUND BALANCES | | | | | |
| | | GENERAL FUND | SPECIFIC PURPOSE FUND | ENDOWMENT FUND | PLANT FUND |
| | | 1 | 2 | 3 | 4 |
| CURRENT LIABILITIES | | | | | |
| 37 | ACCOUNTS PAYABLE | 27,869,000 | | | 37 |
| 38 | SALARIES, WAGES & FEES PAYABLE | 63,901,000 | | | 38 |
| 39 | PAYROLL TAXES PAYABLE | | | | 39 |
| 40 | NOTES & LOANS PAYABLE (SHORT TERM) | 164,955,000 | | | 40 |
| 41 | DEFERRED INCOME | | | | 41 |
| 42 | ACCELERATED PAYMENTS | | | | 42 |
| 43 | DUE TO OTHER FUNDS | 54,271,000 | | | 43 |
| 44 | OTHER CURRENT LIABILITIES | | | | 44 |
| 45 | TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44) | 310,996,000 | | | 45 |
| LONG-TERM LIABILITIES | | | | | |
| 46 | MORTGAGE PAYABLE | | | | 46 |
| 47 | NOTES PAYABLE | 175,908,000 | | | 47 |
| 48 | UNSECURED LOANS | | | | 48 |
| 49 | OTHER LONG TERM LIABILITIES | 126,374,000 | | | 49 |
| 50 | TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49) | 302,282,000 | | | 50 |
| 51 | TOTAL LIABILITIES (SUM OF LINES 45 AND 50) | 613,278,000 | | | 51 |
| CAPITAL ACCOUNTS | | | | | |
| 52 | GENERAL FUND BALANCE | 216,371,000 | | | 52 |
| 53 | SPECIFIC PURPOSE FUND BALANCE | | | | 53 |
| 54 | DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED | | | | 54 |
| 55 | DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED | | | | 55 |
| 56 | GOVERNING BODY CREATED - ENDOWMENT FUND BAL | | | | 56 |
| 57 | PLANT FUND BALANCE - INVESTED IN PLANT | | | | 57 |
| 58 | PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION | | | | 58 |
| 59 | TOTAL FUND BALANCES (SUM OF LINES 52-58) | 216,371,000 | | | 59 |
| 60 | TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59) | 829,649,000 | | | 60 |

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

| | GENERAL FUND | | SPECIFIC PURPOSE FUND | | ENDOWMENT FUND | | PLANT FUND | | |
|--|--------------|-------------|-----------------------|---|----------------|---|------------|---|----|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| 1 FUND BALANCES AT BEGINNING OF PERIOD | | 149,696,000 | | | | | | | 1 |
| 2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29) | | 36,169,000 | | | | | | | 2 |
| 3 TOTAL (SUM OF LINE 1 AND LINE 2) | | 185,865,000 | | | | | | | 3 |
| 4 ADDITIONS (CREDIT ADJUSTMENTS) | | | | | | | | | 4 |
| 5 CONTRIBUTIONS | 2,653,000 | | | | | | | | 5 |
| 6 NET ASSETS RELEASED FROM RES | 1,661,000 | | | | | | | | 6 |
| 7 OTHER | 118,000 | | | | | | | | 7 |
| 8 NET UNRECOGNIZED GAIN/LOSS O | 41,256,000 | | | | | | | | 8 |
| 9 | | | | | | | | | 9 |
| 10 TOTAL ADDITIONS (SUM OF LINES 4-9) | | 45,688,000 | | | | | | | 10 |
| 11 SUBTOTAL (LINE 3 PLUS LINE 10) | | 231,553,000 | | | | | | | 11 |
| 12 DEDUCTIONS (DEBIT ADJUSTMENTS) | | | | | | | | | 12 |
| 13 NET UNREALIZED ACTUARIAL LOS | | | | | | | | | 13 |
| 14 TRANSFER (TO) / FROM AFFILIA | | | | | | | | | 14 |
| 15 OTHER ADJUSTMENT | 13,192,000 | | | | | | | | 15 |
| 16 NET ASSETS RELEASED FROM RE | 1,990,000 | | | | | | | | 16 |
| 17 | | | | | | | | | 17 |
| 18 TOTAL DEDUCTIONS (SUM OF LINES 12-17) | | 15,182,000 | | | | | | | 18 |
| 19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18) | | 216,371,000 | | | | | | | 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 | |
|--|----------------|-----------------|---------------|-------|
| 1 GENERAL INPATIENT ROUTINE CARE SERVICES | | | | 1 |
| 2 HOSPITAL | 128,413,683 | | 128,413,683 | 2 |
| 3 SUBPROVIDER IPF | | | | 3 |
| 5 SUBPROVIDER IRF | 9,820,845 | | 9,820,845 | 5 |
| 6 SWING BED - SNF | | | | 6 |
| 7 SWING BED - NF | | | | 7 |
| 8 SKILLED NURSING FACILITY | | | | 8 |
| 9 NURSING FACILITY | | | | 9 |
| 10 OTHER LONG TERM CARE | | | | 10 |
| TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9) | 138,234,528 | | 138,234,528 | 10 |
| 11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES | | | | 11 |
| 12 INTENSIVE CARE UNIT | 46,037,157 | | 46,037,157 | 12 |
| 13 CORONARY CARE UNIT | | | | 13 |
| 14 BURN INTENSIVE CARE UNIT | 16,935,591 | | 16,935,591 | 14 |
| 15 SURGICAL INTENSIVE CARE UNIT | | | | 15 |
| 15.01 NEONATAL INTENSIVE CARE | 30,229,457 | | 30,229,457 | 15.01 |
| 15.03 PEDIATRIC INTENSIVE CARE | 7,202,198 | | 7,202,198 | 15.03 |
| 15.04 HEART TRANSPLANT ICU | 9,565,717 | | 9,565,717 | 15.04 |
| 16 BONE INTENSIVE CARE | 12,214,723 | | 12,214,723 | 16 |
| TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15) | 122,184,843 | | 122,184,843 | 16 |
| 17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16) | 260,419,371 | | 260,419,371 | 17 |
| 18 ANCILLARY SERVICES | 675,490,453 | 804,650,205 | 1,480,140,658 | 18 |
| 19 OUTPATIENT SERVICES | | | | 19 |
| 20 RHC | | | | 20 |
| 21 FQHC | | | | 21 |
| 22 HOME HEALTH AGENCY | | 4,977,976 | 4,977,976 | 22 |
| 23 AMBULANCE | | | | 23 |
| 25 ASC | | | | 25 |
| 26 HOSPICE | | | | 26 |
| 27 OTHER PATIENT REVENUES | | 1,962,488 | 1,962,488 | 27 |
| 28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1) | 935,909,824 | 811,590,669 | 1,747,500,493 | 28 |

PART II - OPERATING EXPENSES

| | 1 | 2 | |
|---|-------------|-------------|----|
| 29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200) | | 886,821,981 | 29 |
| 30 ADD (SPECIFY) | | | 30 |
| 31 POST RETIREMENT & PENSION | 48,362,998 | | 31 |
| 32 OTHER EXPENSES | 8,527,613 | | 32 |
| 33 | | | 33 |
| 34 | | | 34 |
| 35 | | | 35 |
| 36 TOTAL ADDITIONS (SUM OF LINES 30-35) | | 56,890,611 | 36 |
| 37 DEDUCT (SPECIFY) | | | 37 |
| 38 ACCEDEMIC SUPPORT | -18,008,000 | | 38 |
| 39 OTHER EXPENSES | -10,709,592 | | 39 |
| 40 | | | 40 |
| 41 | | | 41 |
| 42 TOTAL DEDUCTIONS (SUM OF LINES 37-41) | -28,717,592 | | 42 |
| 43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4) | | 914,995,000 | 43 |

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

| DESCRIPTION | | | |
|--------------|---|---------------|-------|
| 1 | TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28) | 1,747,500,493 | 1 |
| 2 | LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS | 1,033,157,493 | 2 |
| 3 | NET PATIENT REVENUES (LINE 1 MINUS LINE 2) | 714,343,000 | 3 |
| 4 | LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43) | 914,995,000 | 4 |
| 5 | NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4) | -200,652,000 | 5 |
| OTHER INCOME | | | |
| 6 | CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC. | | 6 |
| 7 | INCOME FROM INVESTMENTS | 26,251,000 | 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 | | 12 |
| 13 | REVENUE FROM LAUNDRY AND LINEN SERVICE | | 13 |
| 14 | REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS | | 14 |
| 15 | REVENUE FROM RENTAL OF LIVING QUARTERS | | 15 |
| 16 | REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS | | 16 |
| 17 | REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS | | 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 | | 20 |
| 21 | RENTAL OF VENDING MACHINES | | 21 |
| 22 | RENTAL OF HOSPITAL SPACE | | 22 |
| 23 | GOVERNMENTAL APPROPRIATIONS | | 23 |
| 24 | OTHER (OTHER REVENUE) | 23,396,000 | 24 |
| 24.01 | OTHER (FACULTY PROFESSIONAL FEES) | 150,107,000 | 24.01 |
| 24.02 | OTHER (PHYSICIAN PROFESSIONAL FEES) | 29,160,000 | 24.02 |
| 24.03 | OTHER (FACULTY & STRATEGIC SUP CAPITATION) | 25,915,000 | 24.03 |
| 25 | TOTAL OTHER INCOME (SUM OF LINES 6-24) | 254,829,000 | 25 |
| 26 | TOTAL (LINE 5 PLUS LINE 25) | 54,177,000 | 26 |
| 27 | OTHER EXPENSES (OTHER EXPENSES) | | 27 |
| 27.01 | OTHER EXPENSES (ACADEMIC SUPPORT) | 18,008,000 | 27.01 |
| 28 | TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS) | 18,008,000 | 28 |
| 29 | NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28) | 36,169,000 | 29 |

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7257

WORKSHEET H

| | SALARIES 1 | EMPLOYEE BENEFITS 2 | TRANSPOR- TATION (SEE INSTR.) 3 | CONTRACTED/ PURCHASED SERVICES 4 | OTHER COSTS 5 | TOTAL (SUM OF COLS.1-5) 6 | |
|-------------------------------------|---------------|---------------------------|--|---|---------------------|------------------------------------|----|
| GENERAL SERVICE COST CENTER | | | | | | | |
| 1 CAPITAL RELATED-BLDGS & FIXTURES | | | | | | | 1 |
| 2 CAPITAL RELATED-MOVABLE EQUIPMENT | | | | | | | 2 |
| 3 PLANT OPERATION & MAINTENANCE | | | | | | | 3 |
| 4 TRANSPORTATION (SEE INSTRUCTIONS) | | | | | | | 4 |
| 5 ADMINISTRATIVE AND GENERAL | 759,253 | | 1,598 | 55,071 | 750,187 | 1,566,109 | 5 |
| HHA REIMBURSABLE SERVICES | | | | | | | |
| 6 SKILLED NURSING CARE | 1,867,434 | | 98,258 | | 224 | 1,965,916 | 6 |
| 7 PHYSICAL THERAPY | 442,549 | | 23,839 | 83,522 | 87,056 | 636,966 | 7 |
| 8 OCCUPATIONAL THERAPY | 103,939 | | 234 | 14,500 | 13,010 | 131,683 | 8 |
| 9 SPEECH PATHOLOGY | 2,555 | | | 7,090 | 5,390 | 15,035 | 9 |
| 10 MEDICAL SOCIAL SERVICES | 57,551 | | 1,119 | 2,247 | | 60,917 | 10 |
| 11 HOME HEALTH AIDE | 110,350 | | 11,324 | | | 121,674 | 11 |
| 12 SUPPLIES (SEE INSTRUCTIONS) | | | | 414 | 87,690 | 88,104 | 12 |
| 13 DRUGS | | | | | | | 13 |
| 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 |
| 24 TOTAL (SUM OF LINES 1-23) | 3,343,631 | | 136,372 | 162,844 | 943,557 | 4,586,404 | 24 |

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7257

WORKSHEET H
 (CONTINUED)

| | RECLASS- IFICATIONS 7 | RECLASSIFIED TRIAL BALANCE (COL.6 + COL.7) 8 | ADJUSTMENTS 9 | NET EXPENSES FOR ALLOCATION (COL.8 + COL.9) 10 | |
|----|-----------------------------|---|------------------|---|----|
| 1 | | | | | 1 |
| 2 | | | | | 2 |
| 3 | | | | | 3 |
| 4 | | | | | 4 |
| 5 | -69,684 | 1,496,425 | -217,972 | 1,278,453 | 5 |
| | | | | | |
| 6 | -88 | 1,965,828 | -104,167 | 1,861,661 | 6 |
| 7 | | 636,966 | -24,686 | 612,280 | 7 |
| 8 | | 131,683 | -5,798 | 125,885 | 8 |
| 9 | | 15,035 | -143 | 14,892 | 9 |
| 10 | | 60,917 | -3,210 | 57,707 | 10 |
| 11 | | 121,674 | -6,155 | 115,519 | 11 |
| 12 | | 88,104 | | 88,104 | 12 |
| 13 | | | | | 13 |
| 14 | | | | | 14 |
| | | | | | |
| 15 | | | | | 15 |
| 16 | | | | | 16 |
| 17 | | | | | 17 |
| 18 | | | | | 18 |
| 19 | | | | | 19 |
| 20 | | | | | 20 |
| 21 | | | | | 21 |
| 22 | | | | | 22 |
| 23 | | | | | 23 |
| 24 | -69,772 | 4,516,632 | -362,131 | 4,154,501 | 24 |

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7257

WORKSHEET H-1
 PART I

| | NET EXPENSES FOR COST ALLOCATION | CAP REL COSTS BLDG & FIXTURES | CAP REL COSTS MVBL EQUIPMENT | PLANT OPERATN MAINT | & TRANSPORT- ATION | SUBTOTAL (COLS.0-4) 4A | ADMIN & GENERAL 5 | TOTAL (COLS.4A+5) 6 | |
|---------------------------------|--|-------------------------------------|------------------------------------|---------------------------|-----------------------|------------------------------|-------------------------|---------------------------|----|
| GENERAL SERVICE COST CENTER | | | | | | | | | |
| 1 CAPITAL RELATED-BLDGS & FIXT | | | | | | | | | 1 |
| 2 CAPITAL RELATED-MOVABLE EQUIP | | | | | | | | | 2 |
| 3 PLANT OPERATION & MAINTENANCE | | | | | | | | | 3 |
| 4 TRANSPORTATION (SEE INSTR.) | | | | | | | | | 4 |
| 5 ADMINISTRATIVE AND GENERAL | 1,278,453 | | | | | 1,278,453 | 1,278,453 | | 5 |
| HHA REIMBURSABLE SERVICES | | | | | | | | | |
| 6 SKILLED NURSING CARE | 1,861,661 | | | | | 1,861,661 | 827,540 | 2,689,201 | 6 |
| 7 PHYSICAL THERAPY | 612,280 | | | | | 612,280 | 272,169 | 884,449 | 7 |
| 8 OCCUPATIONAL THERAPY | 125,885 | | | | | 125,885 | 55,958 | 181,843 | 8 |
| 9 SPEECH PATHOLOGY | 14,892 | | | | | 14,892 | 6,620 | 21,512 | 9 |
| 10 MEDICAL SOCIAL SERVICES | 57,707 | | | | | 57,707 | 25,652 | 83,359 | 10 |
| 11 HOME HEALTH AIDE | 115,519 | | | | | 115,519 | 51,350 | 166,869 | 11 |
| 12 SUPPLIES (SEE INSTRUCTIONS) | 88,104 | | | | | 88,104 | 39,164 | 127,268 | 12 |
| 13 DRUGS | | | | | | | | | 13 |
| 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 |
| 24 TOTAL (SUM OF LINES 1-23) | 4,154,501 | | | | | 4,154,501 | | 4,154,501 | 24 |

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7257

WORKSHEET H-1
 PART II

| | CAP REL COSTS BLDG & FIXTURES (SQUARE FEET) 1 | CAP REL COSTS MVBL EQUIPMENT (DOLLAR VALUE) 2 | PLANT OPERATN & MAINT (SQUARE FEET) 3 | TRANSPORT- ATION (MILEAGE) 4 | RECONCIL- IATION 5A | ADMIN & GENERAL (ACCUM COST) 5 | |
|-------|--|--|--|---------------------------------------|---------------------------|--|-------|
| 1 | | | | | | | 1 |
| 2 | 5,729 | | | | | | 2 |
| 3 | | | 5,729 | | | | 3 |
| 4 | | | | | | | 4 |
| 5 | | | | | -1,278,453 | 2,876,048 | 5 |
| 6 | 3,373 | | 3,373 | | | 1,861,661 | 6 |
| 7 | 1,698 | | 1,698 | | | 612,280 | 7 |
| 8 | 30 | | 30 | | | 125,885 | 8 |
| 9 | 172 | | 172 | | | 14,892 | 9 |
| 10 | 26 | | 26 | | | 57,707 | 10 |
| 11 | 430 | | 430 | | | 115,519 | 11 |
| 12 | | | | | | 88,104 | 12 |
| 13 | | | | | | | 13 |
| 14 | | | | | | | 14 |
| 15 | | | | | | | 15 |
| 16 | | | | | | | 16 |
| 17 | | | | | | | 17 |
| 18 | | | | | | | 18 |
| 19 | | | | | | | 19 |
| 20 | | | | | | | 20 |
| 21 | | | | | | | 21 |
| 22 | | | | | | | 22 |
| 23 | | | | | | | 23 |
| 23.50 | | | | | | | 23.50 |
| 24 | 5,729 | | 5,729 | | -1,278,453 | 2,876,048 | 24 |
| 25 | | | | | | 1,278,453 | 25 |
| 26 | | | | | | 0.444517 | 26 |

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7257

WORKSHEET H-2
 PART I

| HHA COST CENTER | PURCHASING | OPC | PATIENT | PATIENT | PATIENT | SUBTOTAL (COLS.0-4) 4A | ACCOUNTING | SUBTOTAL (COLS.0-4) | |
|---------------------------------|------------|----------------|-----------------|-------------------|------------------|------------------------------|------------|------------------------|----|
| | 5.03 | STORES 5.04 | AFFAIRS 5.05 | ADMITTING 5.06 | ACCOUNTS 5.07 | | 5.08 | | |
| 1 ADMINISTRATIVE AND GENERAL | | | | | | 150 | | 150 | 1 |
| 2 SKILLED NURSING CARE | 438 | | | | 12,123 | 2,765,228 | 8,867 | 2,774,095 | 2 |
| 3 PHYSICAL THERAPY | 222 | | | | 7,273 | 925,412 | 2,967 | 928,379 | 3 |
| 4 OCCUPATIONAL THERAPY | 3 | | | | 126 | 182,577 | 585 | 183,162 | 4 |
| 5 SPEECH PATHOLOGY | 25 | | | | 738 | 25,660 | 82 | 25,742 | 5 |
| 6 MEDICAL SOCIAL SERVICES | 3 | | | | 109 | 83,986 | 269 | 84,255 | 6 |
| 7 HOME HEALTH AIDE | 56 | | | | 1,841 | 177,242 | 568 | 177,810 | 7 |
| 8 SUPPLIES | | | | | | 127,268 | 408 | 127,676 | 8 |
| 9 DRUGS | | | | | | | | | 9 |
| 10 DME | | | | | | | | | 10 |
| 11 HOME DIALYSIS AIDE SERVICES | | | | | | | | | 11 |
| 12 RESPIRATORY THERAPY | | | | | | | | | 12 |
| 13 PRIVATE DUTY NURSING | | | | | | | | | 13 |
| 14 CLINIC | | | | | | | | | 14 |
| 15 HEALTH PROMOTION ACTIVITIES | | | | | | | | | 15 |
| 16 DAY CARE PROGRAM | | | | | | | | | 16 |
| 17 HOME DELIVERED MEALS PROGRAM | | | | | | | | | 17 |
| 18 HOMEMAKER SERVICE | | | | | | | | | 18 |
| 19 ALL OTHERS | | | | | | | | | 19 |
| 20 TOTAL (SUM OF LINES 1-19) | 747 | | | | 22,210 | 4,287,523 | 13,746 | 4,301,269 | 20 |

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7257

WORKSHEET H-2
 PART I

| HHA COST CENTER | EMPLOYEE | SUBTOTAL | PASTORAL | SUBTOTAL | HOSPITAL | SUBTOTAL | AMBULATORY | SUBTOTAL | |
|---------------------------------|-------------------------|------------|--------------|------------|--------------------|------------|---------------|------------|----|
| | HEALTH SERVICES 5.09 | (COLS.0-4) | CARE 5.10 | (COLS.0-4) | ADMINSTRIN 5.11 | (COLS.0-4) | ADMIN 5.12 | (COLS.0-4) | |
| 1 ADMINISTRATIVE AND GENERAL | | 150 | | 150 | 30 | 180 | 7 | 187 | 1 |
| 2 SKILLED NURSING CARE | 2,930 | 2,777,025 | 3,713 | 2,780,738 | 559,186 | 3,339,924 | 128,005 | 3,467,929 | 2 |
| 3 PHYSICAL THERAPY | 980 | 929,359 | 1,243 | 930,602 | 187,138 | 1,117,740 | 42,839 | 1,160,579 | 3 |
| 4 OCCUPATIONAL THERAPY | 193 | 183,355 | 245 | 183,600 | 36,921 | 220,521 | 8,452 | 228,973 | 4 |
| 5 SPEECH PATHOLOGY | 27 | 25,769 | 34 | 25,803 | 5,189 | 30,992 | 1,188 | 32,180 | 5 |
| 6 MEDICAL SOCIAL SERVICES | 89 | 84,344 | 113 | 84,457 | 16,984 | 101,441 | 3,888 | 105,329 | 6 |
| 7 HOME HEALTH AIDE | 188 | 177,998 | 238 | 178,236 | 35,842 | 214,078 | 8,205 | 222,283 | 7 |
| 8 SUPPLIES | 135 | 127,811 | 171 | 127,982 | 25,736 | 153,718 | 5,891 | 159,609 | 8 |
| 9 DRUGS | | | | | | | | | 9 |
| 10 DME | | | | | | | | | 10 |
| 11 HOME DIALYSIS AIDE SERVICES | | | | | | | | | 11 |
| 12 RESPIRATORY THERAPY | | | | | | | | | 12 |
| 13 PRIVATE DUTY NURSING | | | | | | | | | 13 |
| 14 CLINIC | | | | | | | | | 14 |
| 15 HEALTH PROMOTION ACTIVITIES | | | | | | | | | 15 |
| 16 DAY CARE PROGRAM | | | | | | | | | 16 |
| 17 HOME DELIVERED MEALS PROGRAM | | | | | | | | | 17 |
| 18 HOMEMAKER SERVICE | | | | | | | | | 18 |
| 19 ALL OTHERS | | | | | | | | | 19 |
| 20 TOTAL (SUM OF LINES 1-19) | 4,542 | 4,305,811 | 5,757 | 4,311,568 | 867,026 | 5,178,594 | 198,475 | 5,377,069 | 20 |

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7257

WORKSHEET H-2
 PART I

| HHA COST CENTER | SUBTOTAL (SUM OF COL.4A-23) 24 | I&R COST & POST STEP- DOWN ADJS 25 | SUBTOTAL (SUM OF COL.4A-23) 26 | ALLOCATED HHA A&G (SEE PT.2) 27 | TOTAL HHA COSTS 28 | |
|---|---|---|---|--|--------------------------|----|
| 1 ADMINISTRATIVE AND GENERAL | 188 | | 188 | | | 1 |
| 2 SKILLED NURSING CARE | 3,706,901 | | 3,706,901 | 123 | 3,707,024 | 2 |
| 3 PHYSICAL THERAPY | 1,281,297 | | 1,281,297 | 41 | 1,281,338 | 3 |
| 4 OCCUPATIONAL THERAPY | 232,156 | | 232,156 | 7 | 232,163 | 4 |
| 5 SPEECH PATHOLOGY | 43,983 | | 43,983 | 1 | 43,984 | 5 |
| 6 MEDICAL SOCIAL SERVICES | 107,613 | | 107,613 | 3 | 107,616 | 6 |
| 7 HOME HEALTH AIDE | 252,463 | | 252,463 | 8 | 252,471 | 7 |
| 8 SUPPLIES | 160,438 | | 160,438 | 5 | 160,443 | 8 |
| 9 DRUGS | | | | | | 9 |
| 10 DME | | | | | | 10 |
| 11 HOME DIALYSIS AIDE SERVICES | | | | | | 11 |
| 12 RESPIRATORY THERAPY | | | | | | 12 |
| 13 PRIVATE DUTY NURSING | | | | | | 13 |
| 14 CLINIC | | | | | | 14 |
| 15 HEALTH PROMOTION ACTIVITIES | | | | | | 15 |
| 16 DAY CARE PROGRAM | | | | | | 16 |
| 17 HOME DELIVERED MEALS PROGRAM | | | | | | 17 |
| 18 HOMEMAKER SERVICE | | | | | | 18 |
| 19 ALL OTHERS | | | | | | 19 |
| 20 TOTAL (SUM OF LINES 1-19) | 5,785,039 | | 5,785,039 | 188 | 5,785,039 | 20 |
| 21 UNIT COST MULTIPLIER: COL. 26, LINE 1 DIVIDED BY THE SUM OF COL. 26, LINE 20 MINUS COL. 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES. | | | | 0.000032 | | 21 |

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7257

WORKSHEET H-2
 PART II

| HHA COST CENTER | CAP BLDGS & FIXTURES SQUARE FEET | NEW CPTL BLG INTRST SQUARE FEET | CAP MOVABLE EQUIPMENT DOLLAR VALUE | OTHER CAP REL COSTS NOT USED | EMPLOYEE BENEFITS GROSS SALARIES | COMMUNICTN PHONE COST | SYSTEM + COMPUTERS GROSS REVENUE | PURCHASING NUMBER OF ISSUES |
|---------------------------------|----------------------------------|---------------------------------|------------------------------------|------------------------------|----------------------------------|-----------------------|----------------------------------|-----------------------------|
| | 1 | 1.01 | 2 | 3 | 4 | 5.01 | 5.02 | 5.03 |
| 1 ADMINISTRATIVE AND GENERAL | | | | | 759,253 | | | 1 |
| 2 SKILLED NURSING CARE | 3,373 | 3,373 | 1,362 | | 1,867,430 | 1,607 | 2,712,012 | 142 |
| 3 PHYSICAL THERAPY | 1,698 | 1,698 | 977 | | 442,549 | 809 | 1,627,116 | 72 |
| 4 OCCUPATIONAL THERAPY | 30 | 30 | 17 | | 103,939 | 14 | 28,228 | 1 |
| 5 SPEECH PATHOLOGY | 172 | 172 | 99 | | 2,555 | 82 | 165,053 | 8 |
| 6 MEDICAL SOCIAL SERVICES | 26 | 26 | 15 | | 57,551 | 12 | 24,409 | 1 |
| 7 HOME HEALTH AIDE | 430 | 430 | 248 | | 110,350 | 205 | 411,802 | 18 |
| 8 SUPPLIES | | | | | | | | 8 |
| 9 DRUGS | | | | | | | | 9 |
| 10 DME | | | | | | | | 10 |
| 11 HOME DIALYSIS AIDE SERVICES | | | | | | | | 11 |
| 12 RESPIRATORY THERAPY | | | | | | | | 12 |
| 13 PRIVATE DUTY NURSING | | | | | | | | 13 |
| 14 CLINIC | | | | | | | | 14 |
| 15 HEALTH PROMOTION ACTIVITIES | | | | | | | | 15 |
| 16 DAY CARE PROGRAM | | | | | | | | 16 |
| 17 HOME DELIVERED MEALS PROGRAM | | | | | | | | 17 |
| 18 HOMEMAKER SERVICE | | | | | | | | 18 |
| 19 ALL OTHERS | | | | | | | | 19 |
| 19.50 TELEMEDICINE | | | | | | | | 19.50 |
| 20 TOTAL (SUM OF LINES 1-19) | 5,729 | 5,729 | 2,718 | | 3,343,627 | 2,729 | 4,968,620 | 242 |
| 21 TOTAL COST TO BE ALLOCATED | 44,426 | 927 | 2,499 | | 662 | 35,973 | 25,578 | 747 |
| 22 UNIT COST MULTIPLIER | 7.754582 | | 0.919426 | | 0.000198 | | 0.005148 | 22 |
| 22 UNIT COST MULTIPLIER | | 0.161808 | | | | 13.181752 | | 3.086777 |

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7257

WORKSHEET H-2
 PART II

| HHA COST CENTER | OPC STORES | PATIENT AFFAIRS | PATIENT ADMITTING | PATIENT ACCOUNTS | RECON-CILIATION | ACCOUNTING ACCUM COST | RECON-CILIATION | EMPLOYEE HEALTH SERVICES ACCUM COST | |
|---------------------------------|------------|-----------------|-------------------|------------------|-----------------|-----------------------|-----------------|-------------------------------------|-------|
| | 5.04 | 5.05 | 5.06 | 5.07 | 4A.08 | 5.08 | | 5.09 | |
| 1 ADMINISTRATIVE AND GENERAL | | | | | | 150 | | 150 | 1 |
| 2 SKILLED NURSING CARE | | | | 2,712,012 | | 2,765,228 | | 2,774,095 | 2 |
| 3 PHYSICAL THERAPY | | | | 1,627,116 | | 925,412 | | 928,379 | 3 |
| 4 OCCUPATIONAL THERAPY | | | | 28,228 | | 182,577 | | 183,162 | 4 |
| 5 SPEECH PATHOLOGY | | | | 165,053 | | 25,660 | | 25,742 | 5 |
| 6 MEDICAL SOCIAL SERVICES | | | | 24,409 | | 83,986 | | 84,255 | 6 |
| 7 HOME HEALTH AIDE | | | | 411,802 | | 177,242 | | 177,810 | 7 |
| 8 SUPPLIES | | | | | | 127,268 | | 127,676 | 8 |
| 9 DRUGS | | | | | | | | | 9 |
| 10 DME | | | | | | | | | 10 |
| 11 HOME DIALYSIS AIDE SERVICES | | | | | | | | | 11 |
| 12 RESPIRATORY THERAPY | | | | | | | | | 12 |
| 13 PRIVATE DUTY NURSING | | | | | | | | | 13 |
| 14 CLINIC | | | | | | | | | 14 |
| 15 HEALTH PROMOTION ACTIVITIES | | | | | | | | | 15 |
| 16 DAY CARE PROGRAM | | | | | | | | | 16 |
| 17 HOME DELIVERED MEALS PROGRAM | | | | | | | | | 17 |
| 18 HOMEMAKER SERVICE | | | | | | | | | 18 |
| 19 ALL OTHERS | | | | | | | | | 19 |
| 19.50 TELEMEDICINE | | | | | | | | | 19.50 |
| 20 TOTAL (SUM OF LINES 1-19) | | | | 4,968,620 | | 4,287,523 | | 4,301,269 | 20 |
| 21 TOTAL COST TO BE ALLOCATED | | | | 22,210 | | 13,746 | | 4,542 | 21 |
| 22 UNIT COST MULTIPLIER | | | | 0.004470 | | 0.003206 | | 0.001056 | 22 |

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7257

WORKSHEET H-2
 PART II

| HHA COST CENTER | RECON- CILIATION | PASTORAL CARE ACCUM COST | RECON- CILIATION | HOSPITAL ADMINSTRTN ACCUM COST | RECON- CILIATION | AMBULATORY ADMIN ACCUM COST | RECON- CILIATION | PRIMARY CARE ADMIN ACCUM COST | |
|---------------------------------|---------------------|-----------------------------------|---------------------|---|---------------------|--------------------------------------|---------------------|---|-------|
| | | 5.10 | | 5.11 | | 5.12 | | 5.14 | |
| 1 ADMINISTRATIVE AND GENERAL | | 150 | | 150 | | 180 | | 187 | 1 |
| 2 SKILLED NURSING CARE | | 2,777,025 | | 2,780,738 | | 3,339,924 | | 3,467,929 | 2 |
| 3 PHYSICAL THERAPY | | 929,359 | | 930,602 | | 1,117,740 | | 1,160,579 | 3 |
| 4 OCCUPATIONAL THERAPY | | 183,355 | | 183,600 | | 220,521 | | 228,973 | 4 |
| 5 SPEECH PATHOLOGY | | 25,769 | | 25,803 | | 30,992 | | 32,180 | 5 |
| 6 MEDICAL SOCIAL SERVICES | | 84,344 | | 84,457 | | 101,441 | | 105,329 | 6 |
| 7 HOME HEALTH AIDE | | 177,998 | | 178,236 | | 214,078 | | 222,283 | 7 |
| 8 SUPPLIES | | 127,811 | | 127,982 | | 153,718 | | 159,609 | 8 |
| 9 DRUGS | | | | | | | | | 9 |
| 10 DME | | | | | | | | | 10 |
| 11 HOME DIALYSIS AIDE SERVICES | | | | | | | | | 11 |
| 12 RESPIRATORY THERAPY | | | | | | | | | 12 |
| 13 PRIVATE DUTY NURSING | | | | | | | | | 13 |
| 14 CLINIC | | | | | | | | | 14 |
| 15 HEALTH PROMOTION ACTIVITIES | | | | | | | | | 15 |
| 16 DAY CARE PROGRAM | | | | | | | | | 16 |
| 17 HOME DELIVERED MEALS PROGRAM | | | | | | | | | 17 |
| 18 HOMEMAKER SERVICE | | | | | | | | | 18 |
| 19 ALL OTHERS | | | | | | | | | 19 |
| 19.50 TELEMEDICINE | | | | | | | | | 19.50 |
| 20 TOTAL (SUM OF LINES 1-19) | | 4,305,811 | | 4,311,568 | | 5,178,594 | | 5,377,069 | 20 |
| 21 TOTAL COST TO BE ALLOCATED | | 5,757 | | 867,026 | | 198,475 | | 27,934 | 21 |
| 22 UNIT COST MULTIPLIER | | | | | | | | | 22 |
| 22 UNIT COST MULTIPLIER | | 0.001337 | | 0.201093 | | 0.038326 | | 0.005195 | 22 |

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7257

WORKSHEET H-2
 PART II

| HHA COST CENTER | MAIN- TENANCE & REPAIRS SQUARE FEET | OPERATION OF PLANT SQUARE FEET | SAFETY & SECURITY HOURS OF SERVICES | LAUNDRY + LINEN SERVICE LAUNDRY COST | HOUSE- KEEPING HOURS OF SERVICE | DIETARY MEALS SERVED | CAFETERIA PAID HOURS | MAIN- TENANCE OF PERSONNEL NUMBER HOUSED |
|---------------------------------|---|---|--|--|--|----------------------------|----------------------------|--|
| | 6 | 7 | 7.01 | 8 | 9 | 10 | 11 | 12 |
| 1 ADMINISTRATIVE AND GENERAL | | | | | | | | 1 |
| 2 SKILLED NURSING CARE | | 3,373 | 249 | | 222 | | 69,904 | 2 |
| 3 PHYSICAL THERAPY | | 1,698 | 126 | | 112 | | 35,173 | 3 |
| 4 OCCUPATIONAL THERAPY | | 30 | 2 | | 2 | | 610 | 4 |
| 5 SPEECH PATHOLOGY | | 172 | 13 | | 12 | | 3,568 | 5 |
| 6 MEDICAL SOCIAL SERVICES | | 26 | 2 | | 2 | | 528 | 6 |
| 7 HOME HEALTH AIDE | | 430 | 32 | | 28 | | 8,902 | 7 |
| 8 SUPPLIES | | | | | | | | 8 |
| 9 DRUGS | | | | | | | | 9 |
| 10 DME | | | | | | | | 10 |
| 11 HOME DIALYSIS AIDE SERVICES | | | | | | | | 11 |
| 12 RESPIRATORY THERAPY | | | | | | | | 12 |
| 13 PRIVATE DUTY NURSING | | | | | | | | 13 |
| 14 CLINIC | | | | | | | | 14 |
| 15 HEALTH PROMOTION ACTIVITIES | | | | | | | | 15 |
| 16 DAY CARE PROGRAM | | | | | | | | 16 |
| 17 HOME DELIVERED MEALS PROGRAM | | | | | | | | 17 |
| 18 HOMEMAKER SERVICE | | | | | | | | 18 |
| 19 ALL OTHERS | | | | | | | | 19 |
| 19.50 TELEMEDICINE | | | | | | | | 19.50 |
| 20 TOTAL (SUM OF LINES 1-19) | | 5,729 | 424 | | 378 | | 118,685 | 20 |
| 21 TOTAL COST TO BE ALLOCATED | | 91,348 | 17,694 | | 9,757 | | 6,173 | 21 |
| 22 UNIT COST MULTIPLIER | | | 41.731132 | | 25.812169 | | 0.052012 | 22 |
| 22 UNIT COST MULTIPLIER | | 15.944842 | | | | | | 22 |

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7257

WORKSHEET H-2
 PART II

| HHA COST CENTER | PATIENT TRANSPRTN NUMBER OF TRIPS 12.01 | NURSING ADMINIS- TRATION RN FTES 13 | CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14 | CENTRAL PROCESSING NUMBER OF INSTRUMENT 14.01 | PHARMACY COSTED REQUIS. 15 | MEDICAL RECORDS + LIBRARY GROSS REVENUE 16 | SOCIAL SERVICE TIME SPENT 17 | HOSPITAL MEDICAL ADMIN MED ADMIN COMPNSTN 17.01 | |
|-----------------|---|--|--|---|-------------------------------------|---|--|--|-------|
| 1 | ADMINISTRATIVE AND GENERAL | | | | | | | | 1 |
| 2 | SKILLED NURSING CARE | 1,487 | 2,072 | | 2,991 | 2,712,012 | | 39,857 | 2 |
| 3 | PHYSICAL THERAPY | 747 | 1,043 | | 1,504 | 1,627,116 | | 20,863 | 3 |
| 4 | OCCUPATIONAL THERAPY | 13 | 18 | | 26 | 28,228 | | 362 | 4 |
| 5 | SPEECH PATHOLOGY | 75 | 106 | | 153 | 165,053 | | 2,116 | 5 |
| 6 | MEDICAL SOCIAL SERVICES | 11 | 16 | | 23 | 24,409 | | 313 | 6 |
| 7 | HOME HEALTH AIDE | 189 | 264 | | 381 | 411,802 | | 5,280 | 7 |
| 8 | SUPPLIES | | | | | | | | 8 |
| 9 | DRUGS | | | | | | | | 9 |
| 10 | DME | | | | | | | | 10 |
| 11 | HOME DIALYSIS AIDE SERVICES | | | | | | | | 11 |
| 12 | RESPIRATORY THERAPY | | | | | | | | 12 |
| 13 | PRIVATE DUTY NURSING | | | | | | | | 13 |
| 14 | CLINIC | | | | | | | | 14 |
| 15 | HEALTH PROMOTION ACTIVITIES | | | | | | | | 15 |
| 16 | DAY CARE PROGRAM | | | | | | | | 16 |
| 17 | HOME DELIVERED MEALS PROGRAM | | | | | | | | 17 |
| 18 | HOMEMAKER SERVICE | | | | | | | | 18 |
| 19 | ALL OTHERS | | | | | | | | 19 |
| 19.50 | TELEMEDICINE | | | | | | | | 19.50 |
| 20 | TOTAL (SUM OF LINES 1-19) | 2,522 | 3,519 | | 5,078 | 4,968,620 | | 68,791 | 20 |
| 21 | TOTAL COST TO BE ALLOCATED | 69,730 | 829 | | 822 | 32,505 | | 151,178 | 21 |
| 22 | UNIT COST MULTIPLIER | | 0.235578 | | 0.161875 | | | | 22 |
| 22 | UNIT COST MULTIPLIER | 27.648692 | | | | 0.006542 | | 2.197642 | 22 |

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7257

WORKSHEET H-3
 PARTS I & II

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

| COST PER VISIT COMPUTATION | | FROM | FACILITY COSTS | SHARED ANCILLARY COSTS | TOTAL HHA COSTS | TOTAL VISITS | AVERAGE COST PER VISIT | |
|----------------------------|--------------------------|--------------------------------|-------------------------|------------------------|-----------------|--------------|------------------------|---|
| PATIENT SERVICES | | WKST H-2, PART I, COL 28, LINE | (FROM WKST H-2, PART I) | (FROM PART II) | COLS. 1+2) | | (COL.3 ÷ COL.4) | |
| | | | 1 | 2 | 3 | 4 | 5 | |
| 1 | SKILLED NURSING CARE | 2 | 3,707,024 | | 3,707,024 | 16,398 | 226.07 | 1 |
| 2 | PHYSICAL THERAPY | 3 | 1,281,338 | 477,278 | 1,758,616 | 7,645 | 230.03 | 2 |
| 3 | OCCUPATIONAL THERAPY | 4 | 232,163 | 81,647 | 313,810 | 230 | 1,364.39 | 3 |
| 4 | SPEECH PATHOLOGY | 5 | 43,984 | 14,002 | 57,986 | 1,592 | 36.42 | 4 |
| 5 | MEDICAL SOCIAL SERVICES | 6 | 107,616 | | 107,616 | 82 | 1,312.39 | 5 |
| 6 | HOME HEALTH AIDE | 7 | 252,471 | | 252,471 | 1,663 | 151.82 | 6 |
| 7 | TOTAL (SUM OF LINES 1-6) | | 5,624,596 | 572,927 | 6,197,523 | 27,610 | | 7 |

PATIENT SERVICES

| | | | | | | | | |
|----|---------------------------|--|--|--|--|--|--|----|
| 8 | SKILLED NURSING CARE | | | | | | | 8 |
| 9 | PHYSICAL THERAPY | | | | | | | 9 |
| 10 | OCCUPATIONAL THERAPY | | | | | | | 10 |
| 11 | SPEECH PATHOLOGY | | | | | | | 11 |
| 12 | MEDICAL SOCIAL SERVICES | | | | | | | 12 |
| 13 | HOME HEALTH AIDE | | | | | | | 13 |
| 14 | TOTAL (SUM OF LINES 8-13) | | | | | | | 14 |

SUPPLIES AND DRUGS COST COMPUTATIONS

| OTHER PATIENT SERVICES | | FROM | FACILITY COSTS | SHARED ANCILLARY COSTS | TOTAL HHA COSTS | TOTAL CHARGES (FROM HHA RECORD) | RATIO (COL.3 ÷ COL.4) | |
|------------------------|--------------------------|--------------------------------|-------------------------|------------------------|-----------------|---------------------------------|-----------------------|----|
| | | WKST H-2, PART I, COL 28, LINE | (FROM WKST H-2, PART I) | (FROM PART II) | COLS. 1+2) | | | |
| | | | 1 | 2 | 3 | 4 | 5 | |
| 15 | COST OF MEDICAL SUPPLIES | 8 | 160,443 | 159,335 | 319,778 | 83,071 | 3.849454 | 15 |
| 16 | COST OF DRUGS | 9 | | | | | | 16 |

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7257

WORKSHEET H-3
 PARTS I & II
 (CONTINUED)

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

| COST PER VISIT COMPUTATION | PROGRAM VISITS | | | COST OF SERVICES | | | TOTAL PROGRAM COST (SUM OF COLS. 9-10) |
|----------------------------|----------------|-----------------------------------|----------------------------------|------------------|-----------------------------------|----------------------------------|--|
| | 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 | |
| 1 SKILLED NURSING CARE | 6 5,019 | 7 2,948 | 8 1,134,645 | 9 1,134,645 | 10 666,454 | 11 2,948 | 12 1,801,099 |
| 2 PHYSICAL THERAPY | 3,610 | 1,582 | 830,408 | 830,408 | 363,907 | | 1,194,315 |
| 3 OCCUPATIONAL THERAPY | 669 | 307 | 912,777 | 912,777 | 418,868 | | 1,331,645 |
| 4 SPEECH PATHOLOGY | 82 | 29 | 2,986 | 2,986 | 1,056 | | 4,042 |
| 5 MEDICAL SOCIAL SERVICES | 38 | 29 | 49,871 | 49,871 | 38,059 | | 87,930 |
| 6 HOME HEALTH AIDE | 616 | 827 | 93,521 | 93,521 | 125,555 | | 219,076 |
| 7 TOTAL (SUM OF LINES 1-6) | 10,034 | 5,722 | 3,024,208 | 3,024,208 | 1,613,899 | | 4,638,107 |

| PATIENT SERVICES | CBSA NO. | PROGRAM VISITS | | PART A | NOT SUBJ TO DEDUCTIBLES & COINSUR | SUBJECT TO DEDUCTIBLES & COINSUR | TOTAL |
|------------------------------|------------|----------------|----------------------------------|------------|-----------------------------------|----------------------------------|--------|
| | | PART A | SUBJECT TO DEDUCTIBLES & COINSUR | | | | |
| 8 SKILLED NURSING CARE | 1 16974 | 2 5,019 | 3 2,948 | 4 16974 | 5 1,582 | 6 2,948 | 7 8 |
| 9 PHYSICAL THERAPY | 16974 | 3,610 | 1,582 | 16974 | 669 | 307 | 10 |
| 10 OCCUPATIONAL THERAPY | 16974 | 82 | 29 | 16974 | 29 | 29 | 11 |
| 11 SPEECH PATHOLOGY | 16974 | 38 | 29 | 16974 | 616 | 827 | 12 |
| 12 MEDICAL SOCIAL SERVICES | 16974 | 616 | 827 | 16974 | 10,034 | 5,722 | 13 |
| 13 HOME HEALTH AIDE | 16974 | | | | | | 14 |
| 14 TOTAL (SUM OF LINES 8-13) | | | | | | | |

| SUPPLIES AND DRUGS COST COMPUTATIONS | PROGRAM COVERED CHARGES | | | COST OF SERVICES | | |
|--------------------------------------|-------------------------|-----------------------------------|----------------------------------|------------------|-----------------------------------|----------------------------------|
| | PART B | | | PART B | | |
| OTHER PATIENT SERVICES | PART A | NOT SUBJ TO DEDUCTIBLES & COINSUR | SUBJECT TO DEDUCTIBLES & COINSUR | PART A | NOT SUBJ TO DEDUCTIBLES & COINSUR | SUBJECT TO DEDUCTIBLES & COINSUR |
| 15 COST OF MEDICAL SUPPLIES | 6 33,669 | 7 49,402 | 8 129,607 | 9 129,607 | 10 190,171 | 11 15 |
| 16 COST OF DRUGS | | | | | | 16 |

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 | TOTAL HHA CHARGES (FROM PROVIDER RECORDS) | HHA SHARED ANCILLARY COSTS (COL. 1 x COL. 2) | TRANSFER TO PART I AS INDICATED | TOTAL |
|-----------------------------------|----------------------|---|--|---------------------------------|-------|
| | | | | | |
| 1 PHYSICAL THERAPY | 66 0.350970 | 1,359,883 | 477,278 | COL 2, LINE 2 | 1 |
| 2 OCCUPATIONAL THERAPY | 67 0.288311 | 283,189 | 81,647 | COL 2, LINE 3 | 2 |
| 3 SPEECH PATHOLOGY | 68 0.342187 | 40,918 | 14,002 | COL 2, LINE 4 | 3 |
| 4 MEDICAL SUPPLIES CHRGD TO PAT | 71 1.054244 | 151,137 | 159,335 | COL 2, LINE 15 | 4 |
| 5 DRUGS CHARGED TO PATIENTS | 73 0.329859 | | | COL 2, LINE 16 | 5 |

CALCULATION OF HHA REMBURSEMENT SETTLEMENT

HHA NO.: 14-7257

WORKSHEET H-4
 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 | SUBJECT TO DEDUCTIBLES & COINSURANCE 3 |
| 1 REASONABLE COST OF PART A & PART B SERVICES | | | |
| 2 REASONABLE COST OF SERVICES (SEE INSTRUCTIONS) | | | |
| 2 TOTAL CHARGES | 3,814,589 | | |
| CUSTOMARY CHARGES | | | |
| 3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS (FROM YOUR RECORDS) | | | |
| 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) | | | |
| 5 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000) | | | |
| 6 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS) | 3,814,589 | | |
| 7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (COMPLETE ONLY IF LINE 6 EXCEEDS LINE 1) | 3,814,589 | | |
| 8 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 1 EXCEEDS LINE 6) | | | |
| 9 PRIMARY PAYER PAYMENTS | | | |

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

| DESCRIPTION | PART A SERVICES 1 | PART B SERVICES 2 | |
|--|-------------------------|-------------------------|----|
| 10 TOTAL REASONABLE COST (SEE INSTRUCTIONS) | | | 10 |
| 11 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS | 1,764,283 | 969,181 | 11 |
| 12 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS | 10,329 | 4,191 | 12 |
| 13 TOTAL PPS REIMBURSEMENT - LUPA EPISODES | 59,999 | 35,277 | 13 |
| 14 TOTAL PPS REIMBURSEMENT - PEP EPISODES | 14,502 | 4,996 | 14 |
| 15 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS | | | 15 |
| 16 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES | | | 16 |
| 17 TOTAL OTHER PAYMENTS | 7,333 | 2,417 | 17 |
| 18 DME PAYMENTS | | | 18 |
| 19 OXYGEN PAYMENTS | | | 19 |
| 20 PROSTHETIC AND ORTHOTIC PAYMENTS | | | 20 |
| 21 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE) | | | 21 |
| 22 SUBTOTAL (SUM OF LINES 10-20 MINUS LINE 21) | 1,856,446 | 1,016,062 | 22 |
| 23 EXCESS REASONABLE COST (FROM LINE 8) | | | 23 |
| 24 SUBTOTAL (LINE 22 MINUS LINE 23) | 1,856,446 | 1,016,062 | 24 |
| 25 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS) | | | 25 |
| 26 NET COST (LINE 24 MINUS LINE 25) | 1,856,446 | 1,016,062 | 26 |
| 27 REIMBURSABLE BAD DEBTS (FROM YOUR RECORDS) | | | 27 |
| 28 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS) | | | 28 |
| 29 TOTAL COSTS - CURRENT COST REPORTING PERIOD (LINE 26 PLUS LINE 27) | 1,856,446 | 1,016,062 | 29 |
| 30 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS) | | | 30 |
| 31 SUBTOTAL (LINE 29 PLUS/MINUS LINE 30) | 1,856,446 | 1,016,062 | 31 |
| 32 INTERIM PAYMENTS (SEE INSTRUCTIONS) | 1,856,446 | 1,016,062 | 32 |
| 33 TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY) | | | 33 |
| 34 BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 32 AND 33) | | | 34 |
| 35 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2 | | | 35 |

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 | 1,206,451 | HOURS OF SERVICE | 31,574.00 | 15.18 | 1 |
| 2 LICENSED PRACTICAL NURSES | | HOURS OF SERVICE | | | 2 |
| 3 NURSES AIDES | | HOURS OF SERVICE | | | 3 |
| 4 TECHNICIANS | 1,063,020 | HOURS OF SERVICE | 53,774.00 | 25.85 | 4 |
| 5 SOCIAL WORKERS | | HOURS OF SERVICE | | | 5 |
| 6 DIETICIANS | | HOURS OF SERVICE | | | 6 |
| 7 PHYSICIANS | | ACCUMULATED COST | | | 7 |
| 8 NON-PATIENT CARE SALARY | 132,982 | ACCUMULATED COST | | | 8 |
| 9 SUBTOTAL (SUM OF LINES 1-8) | 2,402,453 | | | | 9 |
| 10 EMPLOYEE BENEFITS | | SALARY | | | 10 |
| 11 CAPITAL RELATED COSTS-BLDGS. & FIXTURES | | SQUARE FEET | | | 11 |
| 12 CAPITAL RELATED COSTS-MOVABLE EQUIPMENT | | PERCENTAGE OF TIME | | | 12 |
| 13 MACHINES COSTS & REPAIRS | | PERCENTAGE OF TIME | | | 13 |
| 14 SUPPLIES | 2,420,135 | REQUISITIONS | | | 14 |
| 15 DRUGS | | REQUISITIONS | | | 15 |
| 16 OTHER | 381,719 | ACCUMULATED COST | | | 16 |
| 17 SUBTOTAL (SUM OF LINES 9-16) | 5,204,307 | | | | 17 |
| 18 CAPITAL RELATED COSTS-BLDGS. & FIXTURES | | SQUARE FEET | | | 18 |
| 19 CAPITAL RELATED COSTS-MOVABLE EQUIPMENT | | PERCENTAGE OF TIME | | | 19 |
| 20 EMPLOYEE BENEFITS | 476 | SALARY | | | 20 |
| 21 ADMINISTRATIVE AND GENERAL | 1,772,923 | ACCUMULATED COST | | | 21 |
| 22 MAINT./REPAIRS-OPERATION-HOUSEKEEPING | 198,620 | SQUARE FEET | | | 22 |
| 23 MEDICAL EDUCATION PROGRAM COSTS | | | | | 23 |
| 24 CENTRAL SERVICES & SUPPLIES | 94,416 | REQUISITIONS | | | 24 |
| 25 PHARMACY | -3,974,552 | REQUISITIONS | | | 25 |
| 26 OTHER ALLOCATED COSTS | 870,387 | ACCUMULATED COST | | | 26 |
| 27 SUBTOTAL (SUM OF LINES 17-26) | 4,403,655 | | | | 27 |
| 28 LABORATORY | | CHARGES | | | 28 |
| 28.01 LABORATORY-SURGICAL PATHOLOGY | | CHARGES | | | 28.01 |
| 28.02 LABORATORY-NEUROSURGICAL | | CHARGES | | | 28.02 |
| 28.03 LABORATORY-HLA | | CHARGES | | | 28.03 |
| 29 RESPIRATORY THERAPY | | CHARGES | | | 29 |
| 30 PULMONARY LABS | | CHARGES | | | 30 |
| 30.01 OCCUPATIONAL HEALTH | | CHARGES | | | 30.01 |
| 30.03 HYPERALIMENTATION | | CHARGES | | | 30.03 |
| 30.04 PERIPHERAL VASCULAR | | CHARGES | | | 30.04 |
| 30.05 PEDIATRIC ENDO NUTRITION | | CHARGES | | | 30.05 |
| 30.07 GASTROINTESTINAL SERVICE | | CHARGES | | | 30.07 |
| 30.09 BONE MARROW PROCUREMENT | | CHARGES | | | 30.09 |
| 30.97 CARDIAC REHABILITATION | | CHARGES | | | 30.97 |
| 30.98 HYPERBARIC OXYGEN THERAPY | | CHARGES | | | 30.98 |
| 30.99 LITHOTRIPSY | | CHARGES | | | 30.99 |
| 31 TOTAL COSTS (SUM OF LINES 27-30) | 4,403,655 | | | | 31 |

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 | | DIRECT RNS | PATIENT CARE | SALARY OTHER | EMPLOYEE BENEFITS | DRUGS | |
|------------------------------------|---------------------------|-----------|------------|--------------|--------------|-------------------|-------|--|
| | BUILDING | EQUIPMENT | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | | |
| 1 TOTAL RENAL DEPT COSTS | 291,503 | 144,195 | 1,206,451 | 1,063,020 | 476 | -3,974,552 | 1 | |
| 2 MAINTENANCE | | | | | | | | |
| 3 HEMODIALYSIS | 205,441 | 101,623 | 850,294 | 749,199 | 336 | -2,801,190 | 2 | |
| 4 INTERMITTENT PERITONEAL TRAINING | | | | | | | 3 | |
| 5 HEMODIALYSIS | | | | | | | 4 | |
| 6 INTERMITTENT PERITONEAL | | | | | | | 5 | |
| 7 CAPD | 248 | 123 | 993 | 870 | | -3,218 | 6 | |
| 8 CCPD | 149 | 74 | 611 | 554 | | -2,061 | 7 | |
| 9 HOME | | | | | | | | |
| 10 HEMODIALYSIS | | | | | | | 8 | |
| 11 INTERMITTENT PERITONEAL | | | | | | | 9 | |
| 12 CAPD | 6,807 | 3,367 | 28,123 | 24,789 | 11 | -92,687 | 10 | |
| 13 CCPD | 54,957 | 27,185 | 227,504 | 200,450 | 90 | -749,474 | 11 | |
| 14 OTHER BILLABLE SERVICES | | | | | | | | |
| 15 INPATIENT DIALYSIS | 23,901 | 11,823 | 98,926 | 87,158 | 39 | -325,922 | 12 | |
| 16 METHOD II HOME PATIENT | | | | | | | 13 | |
| 17 EPO (INCL IN RENAL DEPT) | | | | | | 1,727,627 | 14 | |
| 18 ARANESP (INCL IN RENAL DEPT) | | | | | | 2,535,422 | 15 | |
| 19 OTHER | | | | | | | 16 | |
| TOTAL (SUM OF LINES 2-16) | 291,503 | 144,195 | 1,206,451 | 1,063,020 | 476 | -3,974,552 | 17 | |
| MEDICAL EDUC PGM COSTS | | | | | | | 18 | |
| TOTAL RENAL COSTS (LINES 17+18) | | | | | | | 19 | |

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 14-2329

WORKSHEET I-2
 (CONTINUED)

CHECK APPLICABLE BOX:

RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

| | MEDICAL SUPPLIES 7 | ROUTINE ANCILLARY SERVICES 8 | SUBTOTAL (SUM OF COLS.1-8) 9 | OVERHEAD 10 | TOTAL (COL.9 + COL.10) 11 | |
|---|--------------------------|---------------------------------------|---------------------------------------|----------------|------------------------------------|----|
| 1 TOTAL RENAL DEPT COSTS MAINTENANCE | 2,514,551 | | 1,245,644 | 3,158,011 | 4,403,655 | 1 |
| 2 HEMODIALYSIS | 1,772,197 | | 877,900 | 2,225,689 | 3,103,589 | 2 |
| 3 INTERMITTENT PERITONEAL TRAINING | | | | | | 3 |
| 4 HEMODIALYSIS | | | | | | 4 |
| 5 INTERMITTENT PERITONEAL | | | | | | 5 |
| 6 CAPD | 2,037 | | 1,053 | 2,670 | 3,723 | 6 |
| 7 CCPD | 1,306 | | 633 | 1,605 | 2,238 | 7 |
| HOME | | | | | | |
| 8 HEMODIALYSIS | | | | | | 8 |
| 9 INTERMITTENT PERITONEAL | | | | | | 9 |
| 10 CAPD | 58,638 | | 29,048 | 73,644 | 102,692 | 10 |
| 11 CCPD | 474,152 | | 234,864 | 595,438 | 830,302 | 11 |
| OTHER BILLABLE SERVICES | | | | | | |
| 12 INPATIENT DIALYSIS | 206,221 | | 102,146 | 258,965 | 361,111 | 12 |
| 13 METHOD II HOME PATIENT | | | | | | 13 |
| 14 EPO (INCL IN RENAL DEPT) | | | | | | 14 |
| 15 ARANESP (INCL IN RENAL DEPT) | | | | | | 15 |
| 16 OTHER | | | | | | 16 |
| 17 TOTAL (SUM OF LINES 2-16) | 2,514,551 | | 1,245,644 | 3,158,011 | 4,403,655 | 17 |
| 18 MEDICAL EDUC PGM COSTS | | | | | | 18 |
| 19 TOTAL RENAL COSTS (LINES 17+18) | | | | | 4,403,655 | 19 |

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
 STATISTICAL BASIS

COMPONENT NO: 14-2329

WORKSHEET I-3

CHECK APPLICABLE BOX: RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

| | | CAPITAL AND RELATED COSTS | | DIRECT PATIENT CARE | SALARY | EMPLOYEE | |
|----|-------------------------|---------------------------|-----------|---------------------|-----------|-----------|----|
| | | BUILDING | EQUIPMENT | RNs | OTHER | BENEFITS | |
| | | (SQUARE | (% OF | (HOURS) | (HOURS) | (SALARY) | |
| | | FEET) | TIME) | | | | |
| | | 1 | 2 | 3 | 4 | 5 | |
| 1 | TOTAL RENAL DEPT COSTS | 291,503 | 144,195 | 1,206,451 | 1,063,020 | 476 | 1 |
| | MAINTENANCE | | | | | | |
| 2 | HEMODIALYSIS | 8,269 | 8,269.00 | 22,253.00 | 37,899.00 | 1,693,193 | 2 |
| 3 | INTERMITTENT PERITONEAL | | | | | | 3 |
| | TRAINING | | | | | | |
| 4 | HEMODIALYSIS | | | | | | 4 |
| 5 | INTERMITTENT PERITONEAL | | | | | | 5 |
| 6 | CAPD | 10 | 10.00 | 26.00 | 44.00 | 1,945 | 6 |
| 7 | CCPD | 6 | 6.00 | 16.00 | 28.00 | 1,245 | 7 |
| | HOME | | | | | | |
| 8 | HEMODIALYSIS | | | | | | 8 |
| 9 | INTERMITTENT PERITONEAL | | | | | | 9 |
| 10 | CAPD | 274 | 274.00 | 736.00 | 1,254.00 | 56,025 | 10 |
| 11 | CCPD | 2,212 | 2,212.00 | 5,954.00 | 10,140.00 | 453,023 | 11 |
| | OTHER BILLABLE SERVICES | | | | | | |
| 12 | INPT DIAL TRIMNTS 2,989 | 962 | 962.00 | 2,589.00 | 4,409.00 | 197,020 | |
| 13 | METHOD II HOME PATIENT | | | | | | 13 |
| 14 | EPO | | | | | | 14 |
| 15 | ARANESP | | | | | | 15 |
| 16 | OTHER | | | | | | 16 |
| 17 | TOTAL STATISTICAL BASIS | 11,733 | 11,733.00 | 31,574.00 | 53,774.00 | 2,402,451 | 17 |
| 18 | UNIT COST MULTIPLIER | 24.844711 | 12.289696 | 38.210268 | 19.768290 | 0.000198 | 18 |
| | (LINE 1 ÷ LINE 17) | | | | | | |

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
 STATISTICAL BASIS

COMPONENT NO: 14-2329

WORKSHEET I-3
 (CONTINUED)

CHECK APPLICABLE BOX: RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

| | DRUGS (REQUIST.) 6 | MEDICAL SUPPLIES (REQUIST.) 7 | ROUTINE ANCILLARY SERVICES (CHARGES) 8 | SUBTOTAL 9 | OVERHEAD (ACCUM. COST) 10 | |
|--|--------------------------|--|--|---------------|------------------------------------|----|
| 1 TOTAL RENAL DEPT COSTS MAINTENANCE | -3,974,552 | 2,514,551 | | 1,245,644 | 3,158,011 | 1 |
| 2 HEMODIALYSIS | 1,256,091 | 280,979 | | | | 2 |
| 3 INTERMITTENT PERITONEAL TRAINING | | | | | | 3 |
| 4 HEMODIALYSIS | | | | | | 4 |
| 5 INTERMITTENT PERITONEAL | | | | | | 5 |
| 6 CAPD | 1,443 | 323 | | | | 6 |
| 7 CCPD | 924 | 207 | | | | 7 |
| 8 HOME HEMODIALYSIS | | | | | | 8 |
| 9 INTERMITTENT PERITONEAL | | | | | | 9 |
| 10 CAPD | 41,562 | 9,297 | | | | 10 |
| 11 CCPD | 336,074 | 75,176 | | | | 11 |
| 12 OTHER BILLABLE SERVICES INPT DIAL TRMNTS 2,989 | 146,148 | 32,696 | | | | 13 |
| 13 METHOD II HOME PATIENT | | | | | | 14 |
| 14 EPO | | | | | | 15 |
| 15 ARANESP | | | | | | 16 |
| 16 OTHER | | | | | | 17 |
| 17 TOTAL STATISTICAL BASIS | 1,782,242 | 398,678 | | | 1,245,644 | 18 |
| 18 UNIT COST MULTIPLIER (LINE 1 ÷ LINE 17) | -2.230085 | 6.307223 | | | 2.535244 | |

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

COMPONENT NO: 14-2329

WORKSHEET I-4

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

| | NUMBER OF TOTAL TREATMENTS 1 | TOTAL COST (FROM WKST I-2, COL. 11) 2 | AVG COST OF PROGRAM TREATMENTS (COL. 2 ÷ COL. 1) 3 | NUMBER OF PROGRAM TREATMENTS 4 | TOTAL PROGRAM EXPENSES (COL. 4 × COL. 3) 5 | TOTAL PROGRAM PAYMENT 6 | AVERAGE PAYMENT RATE (COL. 6 ÷ COL. 4) 7 | |
|--|---------------------------------------|---|---|---|---|----------------------------------|---|----|
| 1 MAINTENANCE - HEMODIALYSIS | 18,817 | 3,103,589 | 164.94 | 16,468 | 2,716,232 | 3,363,003 | 204.21 | 1 |
| 2 MAINTENANCE - PERITONEAL DIALYSIS | | | | | | | | 2 |
| 3 TRAINING - HEMODIALYSIS | | | | | | | | 3 |
| 4 TRAINING - PERITONEAL DIALYSIS | | | | | | | | 4 |
| 5 TRAINING - CAPD | 8 | 3,723 | 465.38 | 8 | 3,723 | | | 5 |
| 6 TRAINING - CCPD | 2 | 2,238 | 1,119.00 | 2 | 2,238 | | | 6 |
| 7 HOME PROGRAM - HEMODIALYSIS | | | | | | | | 7 |
| 8 HOME PROGRAM - PERITONEAL DIALYSIS | | | | | | | | 8 |
| | PATIENT WEEKS | | | PATIENT WEEKS | | | | |
| 9 HOME PROGRAM - CAPD | 228 | 102,692 | 450.40 | 222 | 99,989 | 15,469 | 69.68 | 9 |
| 10 HOME PROGRAM - CCPD | 3,322 | 830,302 | 249.94 | 3,113 | 778,063 | 283,173 | 90.96 | 10 |
| 11 TOTALS (SUM OF LINES 1-8, COLS. 1 & 4) (SUM OF LINES 1-10, COLS. 2, 5 & 7) | 18,827 | 4,042,544 | | 16,478 | 3,600,245 | 3,661,645 | | 11 |

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
01/31/2012 09:12

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 (SEE INSTRUCTIONS) | 3,600,245 | 1 |
| 2 | TOTAL PAYMENT (FROM I-4, COLUMN 6, LINE 11) | 3,661,645 | 2 |
| 3 | DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS | 281 | 3 |
| 4 | COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS | | 4 |
| 5 | BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES | 13,456 | 5 |
| 6 | | | 6 |
| 7 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS) | 6,952 | 7 |
| 8 | NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SUM OF LINES 3 AND 4 LESS LINE 5) | -13,175 | 8 |
| 9 | PROGRAM PAYMENT (LINE 2 LESS LINE 3, TIMES 80 PERCENT) | 2,929,091 | 9 |
| 10 | UNRECOVERED FROM MEDICARE (PART B) PATIENTS (LESSER OF LINE 1 OR LINE 2 MINUS THE SUM OF LINES 8 AND 9) (IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 11) | 684,329 | 10 |
| 11 | REIMBURSABLE BAD DEBTS (LESSER OF LINE 10 OR LINE 5) (TRANSFER TO WKST E, PART B, LINE 33) | 13,456 | 11 |

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1566

WORKSHEET K

| | SALARIES (FROM WKST K-1) 1 | EMPLOYEE BENEFITS (FROM WKST K-2) 2 | TRANS- PORTATION (SEE INSTR.) 3 | CONTRACTED SERVICES (FROM WKST K-3) 4 | OTHER 5 | TOTAL (COLS. 1-5) 6 |
|--|-------------------------------------|---|---|---|------------|------------------------------|
| 1 GENERAL SERVICE COST CENTER | | | | | | 1 |
| 2 CAPITAL RELATED COSTS-BLDG AND FIXT. | | | | | | 2 |
| 3 CAPITAL RELATED COSTS-MOVABLE EQUIP. | | | | | | 3 |
| 4 PLANT OPERATION AND MAINTENANCE | | | | | | 4 |
| 5 TRANSPORTATION - STAFF | | | | | | 5 |
| 6 VOLUNTEER SERVICE COORDINATION | | | | | | 6 |
| 7 ADMINISTRATIVE AND GENERAL | 123,695 | | | | 124,947 | 248,642 |
| 8 INPATIENT CARE SERVICE | | | | | | 7 |
| 9 INPATIENT - GENERAL CARE | | | | | | 8 |
| 10 INPATIENT - RESPITE CARE | | | | | | 9 |
| 11 VISITING SERVICES | | | | | | 10 |
| 12 PHYSICIAN SERVICES | | | | | | 11 |
| 13 NURSING CARE | 279,276 | | 23,597 | | 79,375 | 382,248 |
| 14 NURSING CARE-CONTINUOUS HOME CARE | | | | | | 12 |
| 15 PHYSICAL THERAPY | | | | | | 13 |
| 16 OCCUPATIONAL THERAPY | | | | | | 14 |
| 17 SPEECH/LANGUAGE PATHOLOGY | | | | | | 15 |
| 18 MEDICAL SOCIAL SERVICES | 29,494 | | 2,492 | | | 31,986 |
| 19 SPIRITUAL COUNSELING | 39,833 | | | | | 39,833 |
| 20 DIETARY COUNSELING | | | | | | 17 |
| 21 COUNSELING - OTHER | | | | | | 18 |
| 22 HOME HEALTH AIDE AND HOMEMAKER | 43,693 | | 3,692 | | | 47,385 |
| 23 HH AIDE & HOMEMAKER-CONT. HOME CARE | | | | | | 20 |
| 24 OTHER | | | | | | 21 |
| 25 OTHER HOSPICE SERVICE COSTS | | | | | | 22 |
| 26 DRUGS, BIOLOGICAL & INFUSION THERAPY | | | | | | 23 |
| 27 ANALGESICS | | | | | | 24 |
| 28 SEDATIVES/HYPNOTICS | | | | | | 25 |
| 29 OTHER - SPECIFY | | | | | | 26 |
| 30 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | | | 27 |
| 31 PATIENT TRANSPORTATION | | | | | | 28 |
| 32 IMAGING SERVICES | | | | | | 29 |
| 33 LABS AND DIAGNOSTICS | | | | | | 30 |
| 34 MEDICAL SUPPLIES | | | | | | 31 |
| 35 OUTPATIENT SERVICES (INCLUDING E/R DEPT.) | | | | | | 32 |
| 36 RADIATION THERAPY | | | | | | 33 |
| 37 CHEMOTHERAPY | | | | | | 34 |
| 38 OTHER | | | | | | 35 |
| 39 HOSPICE NONREIMBURSABLE SERVICE | | | | | | 36 |
| 40 BEREAVEMENT PROGRAM COSTS | | | | | | 37 |
| 41 VOLUNTEER PROGRAM COSTS | | | | | | 38 |
| 42 FUNDRAISING | | | | | | 39 |
| 43 OTHER PROGRAM COSTS | | | | | | 38 |
| 44 TOTAL (SUM OF LINES 1-38) | 515,991 | | 29,781 | | 204,322 | 750,094 |

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1566

WORKSHEET K
 (CONTINUED)

| | RECLASSIFI- CATION 7 | SUBTOTAL (COL.6 ± COL.7) 8 | ADJUST- MENTS 9 | TOTAL (COL.8 ± COL.9) 10 | |
|----|----------------------------|-------------------------------------|-----------------------|-----------------------------------|----|
| 1 | | | | | 1 |
| 2 | | | | | 2 |
| 3 | | | | | 3 |
| 4 | | | | | 4 |
| 5 | | | | | 5 |
| 6 | | 248,642 | | 248,642 | 6 |
| 7 | | | | | 7 |
| 8 | | | | | 8 |
| 9 | | | | | 9 |
| 10 | | 382,248 | | 382,248 | 10 |
| 11 | | | | | 11 |
| 12 | | | | | 12 |
| 13 | | | | | 13 |
| 14 | | | | | 14 |
| 15 | | 31,986 | | 31,986 | 15 |
| 16 | | 39,833 | | 39,833 | 16 |
| 17 | | | | | 17 |
| 18 | | | | | 18 |
| 19 | | 47,385 | | 47,385 | 19 |
| 20 | | | | | 20 |
| 21 | | | | | 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 | | | | | 36 |
| 37 | | | | | 37 |
| 38 | | | | | 38 |
| 39 | | 750,094 | | 750,094 | 39 |

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 |
|----|-------------------------|---------------|-------------------------|-----------------------|-------------|--------------------------|------------|-------------------|------------|
| 1 | | | | | | | | | 1 |
| 2 | | | | | | | | | 2 |
| 3 | | | | | | | | | 3 |
| 4 | | | | | | | | | 4 |
| 5 | | | | | | | | | 5 |
| 6 | | 33,474 | | | | | | 90,221 | 123,695 |
| 7 | | | | | | | | | 7 |
| 8 | | | | | | | | | 8 |
| 9 | | | | | | | | | 9 |
| 10 | | | | | 279,276 | | | | 279,276 |
| 11 | | | | | | | | | 11 |
| 12 | | | | | | | | | 12 |
| 13 | | | | | | | | | 13 |
| 14 | | | | | | | | | 14 |
| 15 | | | 29,494 | | | | | | 29,494 |
| 16 | | | | | | | | 39,833 | 39,833 |
| 17 | | | | | | | | | 17 |
| 18 | | | | | | | | | 18 |
| 19 | | | | | | | 43,693 | | 43,693 |
| 20 | | | | | | | | | 20 |
| 21 | | | | | | | | | 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 | | | | | | | | | 36 |
| 37 | | | | | | | | | 37 |
| 38 | | | | | | | | | 38 |
| 39 | | 33,474 | 29,494 | | 279,276 | | 43,693 | 130,054 | 515,991 |

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 |
|----|---------------------------------|---------------|-------------------------|-----------------------|-------------|--------------------------|------------|-------------------|------------|
| 1 | GENERAL SERVICE COST CENTER | | | | | | | | |
| 2 | CAP REL COSTS-BLDG AND FIXT. | | | | | | | | 1 |
| 3 | CAP REL COSTS-MOVABLE EQUIP. | | | | | | | | 2 |
| 4 | PLANT OPERATION & MAINT. | | | | | | | | 3 |
| 5 | TRANSPORTATION - STAFF | | | | | | | | 4 |
| 6 | VOLUNTEER SERVICE COORD. | | | | | | | | 5 |
| 7 | ADMINISTRATIVE AND GENERAL | | | | | | | | 6 |
| 8 | INPATIENT CARE SERVICE | | | | | | | | |
| 9 | INPATIENT - GENERAL CARE | | | | | | | | 7 |
| 10 | INPATIENT - RESPITE CARE | | | | | | | | 8 |
| 11 | VISITING SERVICES | | | | | | | | |
| 12 | PHYSICIAN SERVICES | | | | | | | | 9 |
| 13 | NURSING CARE | | | | | | | | 10 |
| 14 | NURSING CARE-CONT.HOME CARE | | | | | | | | 11 |
| 15 | PHYSICAL THERAPY | | | | | | | | 12 |
| 16 | OCCUPATIONAL THERAPY | | | | | | | | 13 |
| 17 | SPEECH/LANGUAGE PATHOLOGY | | | | | | | | 14 |
| 18 | MEDICAL SOCIAL SERVICES | | | | | | | | 15 |
| 19 | SPIRITUAL COUNSELING | | | | | | | | 16 |
| 20 | DIETARY COUNSELING | | | | | | | | 17 |
| 21 | COUNSELING - OTHER | | | | | | | | 18 |
| 22 | HH AIDE AND HOMEMAKER | | | | | | | | 19 |
| 23 | HH AIDE & HMKR-CONT.HME CARE | | | | | | | | 20 |
| 24 | OTHER | | | | | | | | 21 |
| 25 | OTHER HOSPICE SERVICE COSTS | | | | | | | | |
| 26 | DRUGS, BIOL. & INFUS. THER. | | | | | | | | 22 |
| 27 | ANALGESICS | | | | | | | | 23 |
| 28 | SEDATIVES / HYPNOTICS | | | | | | | | 24 |
| 29 | OTHER - SPECIFY | | | | | | | | 25 |
| 30 | DURABLE MED. EQUIP./OXYGEN | | | | | | | | 26 |
| 31 | PATIENT TRANSPORTATION | | | | | | | | 27 |
| 32 | IMAGING SERVICES | | | | | | | | 28 |
| 33 | LABS AND DIAGNOSTICS | | | | | | | | 29 |
| 34 | MEDICAL SUPPLIES | | | | | | | | 30 |
| 35 | OUTPAT.SERV.(INCL.E/R DEPT.) | | | | | | | | 31 |
| 36 | RADIATION THERAPY | | | | | | | | 32 |
| 37 | CHEMOTHERAPY | | | | | | | | 33 |
| 38 | OTHER | | | | | | | | 34 |
| 39 | HOSPICE NONREIMBURSABLE SERVICE | | | | | | | | |
| 40 | BEREAVEMENT PROGRAM COSTS | | | | | | | | 35 |
| 41 | VOLUNTEER PROGRAM COSTS | | | | | | | | 36 |
| 42 | FUNDRAISING | | | | | | | | 37 |
| 43 | OTHER PROGRAM COSTS | | | | | | | | 38 |
| 44 | TOTAL (SUM OF LINES 1-38) | | | | | | | | 39 |

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 |
|----|---------------------------------|---------------|-------------------------|-----------------------|-------------|--------------------------|------------|-------------------|------------|
| 1 | GENERAL SERVICE COST CENTER | | | | | | | | |
| 2 | CAP REL COSTS-BLDG AND FIXT. | | | | | | | | 1 |
| 3 | CAP REL COSTS-MOVABLE EQUIP. | | | | | | | | 2 |
| 4 | PLANT OPERATION & MAINT. | | | | | | | | 3 |
| 5 | TRANSPORTATION - STAFF | | | | | | | | 4 |
| 6 | VOLUNTEER SERVICE COORD. | | | | | | | | 5 |
| 7 | ADMINISTRATIVE AND GENERAL | | | | | | | | 6 |
| 8 | INPATIENT CARE SERVICE | | | | | | | | |
| 9 | INPATIENT - GENERAL CARE | | | | | | | | 7 |
| 10 | INPATIENT - RESPITE CARE | | | | | | | | 8 |
| 11 | VISITING SERVICES | | | | | | | | |
| 12 | PHYSICIAN SERVICES | | | | | | | | 9 |
| 13 | NURSING CARE | | | | | | | | 10 |
| 14 | NURSING CARE-CONT.HOME CARE | | | | | | | | 11 |
| 15 | PHYSICAL THERAPY | | | | | | | | 12 |
| 16 | OCCUPATIONAL THERAPY | | | | | | | | 13 |
| 17 | SPEECH/LANGUAGE PATHOLOGY | | | | | | | | 14 |
| 18 | MEDICAL SOCIAL SERVICES | | | | | | | | 15 |
| 19 | SPIRITUAL COUNSELING | | | | | | | | 16 |
| 20 | DIETARY COUNSELING | | | | | | | | 17 |
| 21 | COUNSELING - OTHER | | | | | | | | 18 |
| 22 | HH AIDE AND HOMEMAKER | | | | | | | | 19 |
| 23 | HH AIDE & HMKR-CONT.HME CARE | | | | | | | | 20 |
| 24 | OTHER | | | | | | | | 21 |
| 25 | OTHER HOSPICE SERVICE COSTS | | | | | | | | |
| 26 | DRUGS, BIOL. & INFUS. THER. | | | | | | | | 22 |
| 27 | ANALGESICS | | | | | | | | 23 |
| 28 | SEDATIVES / HYPNOTICS | | | | | | | | 24 |
| 29 | OTHER - SPECIFY | | | | | | | | 25 |
| 30 | DURABLE MED. EQUIP./OXYGEN | | | | | | | | 26 |
| 31 | PATIENT TRANSPORTATION | | | | | | | | 27 |
| 32 | IMAGING SERVICES | | | | | | | | 28 |
| 33 | LABS AND DIAGNOSTICS | | | | | | | | 29 |
| 34 | MEDICAL SUPPLIES | | | | | | | | 30 |
| 35 | OUTPAT.SERV.(INCL.E/R DEPT.) | | | | | | | | 31 |
| 36 | RADIATION THERAPY | | | | | | | | 32 |
| 37 | CHEMOTHERAPY | | | | | | | | 33 |
| 38 | OTHER | | | | | | | | 34 |
| 39 | HOSPICE NONREIMBURSABLE SERVICE | | | | | | | | |
| 40 | BEREAVEMENT PROGRAM COSTS | | | | | | | | 35 |
| 41 | VOLUNTEER PROGRAM COSTS | | | | | | | | 36 |
| 42 | FUNDRAISING | | | | | | | | 37 |
| 43 | OTHER PROGRAM COSTS | | | | | | | | 38 |
| 44 | TOTAL (SUM OF LINES 1-38) | | | | | | | | 39 |

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE NO.: 14-1566

WORKSHEET K-4
 PART I

| | NET EXPENSES FOR COST ALLOCATION | CAP REL COSTS | CAP REL BLDGCOSTS | CAP REL MVBL EQUIPMENT | PLANT OPERATN & MAINT | TRANSPOR- TATION | VOLUNTEER SERV. CO- ORDINATOR | SUBTOTAL (COLS.0-5) 5A | ADMIN & GENERAL 6 | TOTAL (COL.5 ± COL.6) 7 |
|----|--|------------------|----------------------|------------------------------|-----------------------------|---------------------|-------------------------------------|------------------------------|-------------------------|----------------------------------|
| 1 | | | | | | | | | | 1 |
| 2 | | | | | | | | | | 2 |
| 3 | | | | | | | | | | 3 |
| 4 | | | | | | | | | | 4 |
| 5 | | | | | | | | | | 5 |
| 6 | 248,642 | | | | | | | 248,642 | 248,642 | 6 |
| 7 | | | | | | | | | | 7 |
| 8 | | | | | | | | | | 8 |
| 9 | | | | | | | | | | 9 |
| 10 | 382,248 | | | | | | | 382,248 | 189,535 | 571,783 |
| 11 | | | | | | | | | | 11 |
| 12 | | | | | | | | | | 12 |
| 13 | | | | | | | | | | 13 |
| 14 | | | | | | | | | | 14 |
| 15 | 31,986 | | | | | | | 31,986 | 15,860 | 47,846 |
| 16 | 39,833 | | | | | | | 39,833 | 19,751 | 59,584 |
| 17 | | | | | | | | | | 17 |
| 18 | | | | | | | | | | 18 |
| 19 | 47,385 | | | | | | | 47,385 | 23,496 | 70,881 |
| 20 | | | | | | | | | | 20 |
| 21 | | | | | | | | | | 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 | | | | | | | | | | 36 |
| 37 | | | | | | | | | | 37 |
| 38 | | | | | | | | | | 38 |
| 39 | 750,094 | | | | | | | 750,094 | | 750,094 |

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

WORKSHEET K-5
 PART I

| HOSPICE COST CENTER | SUBTOTAL (COLS. 4A-23) 24 | I&R COST & POST STEP- DOWN ADJS 25 | SUBTOTAL (COLS. 24 ± 25) 26 | ALLOC HOSP A&G (SEE PART II) 27 | TOTAL HOSP COSTS (COL 26 ± 27) 28 | |
|--------------------------------|------------------------------------|---|--------------------------------------|--|--|----|
| 1 ADMINISTRATIVE AND GENERAL | | | | | | 1 |
| 2 INPATIENT - GENERAL CARE | 921 | | 921 | | 921 | 2 |
| 3 INPATIENT - RESPITE CARE | 29 | | 29 | | 29 | 3 |
| 4 PHYSICIAN SERVICES | | | | | | 4 |
| 5 NURSING CARE | 858,173 | | 858,173 | | 858,173 | 5 |
| 6 NURSING CARE-CONTINUOUS HOM | | | | | | 6 |
| 7 PHYSICAL THERAPY | | | | | | 7 |
| 8 OCCUPATIONAL THERAPY | | | | | | 8 |
| 9 SPEECH/LANGUAGE PATHOLOGY | | | | | | 9 |
| 10 MEDICAL SOCIAL SERV. - DIRE | 60,494 | | 60,494 | | 60,494 | 10 |
| 11 SPIRITUAL COUNSELING | 75,124 | | 75,124 | | 75,124 | 11 |
| 12 DIETARY COUNSELING | | | | | | 12 |
| 13 COUNSELING - OTHER | | | | | | 13 |
| 14 HOME HLTH AIDE & HOMEMAKERS | 89,411 | | 89,411 | | 89,411 | 14 |
| 15 HH AIDE & HMKR-CONT. HOME C | | | | | | 15 |
| 16 OTHER | | | | | | 16 |
| 17 DRUGS,BIOLOGICALS & INFUSIO | | | | | | 17 |
| 18 ANALGESICS | | | | | | 18 |
| 19 SEDATIVES / HYPNOTICS | | | | | | 19 |
| 20 OTHER - SPECIFY | | | | | | 20 |
| 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 |
| 30 BEREAVEMENT PROGRAM COSTS | | | | | | 30 |
| 31 VOLUNTEER PROGRAM COSTS | | | | | | 31 |
| 32 FUNDRAISING | | | | | | 32 |
| 33 OTHER PROGRAM COSTS | | | | | | 33 |
| 34 TOTALS (SUM OF LINES 1-33) | 1,084,152 | | 1,084,152 | | 1,084,152 | 34 |
| 35 UNIT COST MULTIPLIER | | | | | | 35 |

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1566

WORKSHEET K-5
 PART II

| HOSPICE COST CENTER | CAP BLDGS & FIXTURES SQUARE FEET 1 | NEW CPTL BLG INTRST SQUARE FEET 1.01 | CAP MOVABLE EQUIPMENT DOLLAR VALUE 2 | OTHER CAP REL COSTS NOT USED 3 | EMPLOYEE BENEFITS GROSS SALARIES 4 | COMMUNICTN PHONE COST 5.01 | SYSTEM + COMPUTERS GROSS REVENUE 5.02 | PURCHASING NUMBER OF ISSUES 5.03 |
|--------------------------------|---------------------------------------|---|---|-----------------------------------|---------------------------------------|-------------------------------|--|-------------------------------------|
| 1 ADMINISTRATIVE AND GENERAL | | | | | | | | 1 |
| 2 INPATIENT - GENERAL CARE | 3 | 3 | 19 | | 123,694 | 2 | 12,924 | 1 2 |
| 3 INPATIENT - RESPITE CARE | | | | | | | | 3 |
| 4 PHYSICIAN SERVICES | | | | | | | | 4 |
| 5 NURSING CARE | 441 | 441 | 2,834 | | 279,276 | 235 | 1,944,591 | 13 5 |
| 6 NURSING CARE-CONTINUOUS HOM | | | | | | | | 6 |
| 7 PHYSICAL THERAPY | | | | | | | | 7 |
| 8 OCCUPATIONAL THERAPY | | | | | | | | 8 |
| 9 SPEECH/LANGUAGE PATHOLOGY | | | | | | | | 9 |
| 10 MEDICAL SOCIAL SERV. - DIRE | 1 | 1 | 6 | | 29,494 | | 2,529 | 10 |
| 11 SPIRITUAL COUNSELING | | | | | 39,833 | | | 11 |
| 12 DIETARY COUNSELING | | | | | | | | 12 |
| 13 COUNSELING - OTHER | | | | | | | | 13 |
| 14 HOME HLTH AIDE & HOMEMAKERS | | | | | 43,693 | | 843 | 14 |
| 15 HH AIDE & HMKR-CONT. HOME C | | | | | | | | 15 |
| 16 OTHER | | | | | | | | 16 |
| 17 DRUGS,BIOLOGICALS & INFUSIO | | | | | | | | 17 |
| 18 ANALGESICS | | | | | | | | 18 |
| 19 SEDATIVES / HYPNOTICS | | | | | | | | 19 |
| 20 OTHER - SPECIFY | | | | | | | | 20 |
| 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 |
| 30 BEREAVEMENT PROGRAM COSTS | | | | | | | | 30 |
| 31 VOLUNTEER PROGRAM COSTS | | | | | | | | 31 |
| 32 FUNDRAISING | | | | | | | | 32 |
| 33 OTHER PROGRAM COSTS | | | | | | | | 33 |
| 34 TOTALS (SUM OF LINES 1-33) | 445 | 445 | 2,859 | | 515,990 | 237 | 1,960,887 | 14 34 |
| 35 TOTAL COST TO BE ALLOCATED | 3,451 | 72 | 2,629 | | 102 | 3,124 | 10,095 | 43 35 |
| 36 UNIT COST MULTIPLIER | 7.755056 | 0.161798 | 0.919552 | | 0.000198 | 13.181435 | 0.005148 | 3.071429 36 |

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 5.04 | PATIENT AFFAIRS NUMBER OF VISITS 5.05 | PATIENT ADMITTING INPATIENT REVENUE 5.06 | PATIENT ACCOUNTS GROSS REVENUE 5.07 | RECON-CILIATION 4A.08 | ACCOUNTING ACCUM COST 5.08 | RECON-CILIATION | EMPLOYEE HEALTH SERVICES ACCUM COST 5.09 |
|--------------------------------|--|---|--|---|--------------------------|----------------------------------|-----------------|--|
| 1 ADMINISTRATIVE AND GENERAL | | | | | | | | 1 |
| 2 INPATIENT - GENERAL CARE | | | | 12,924 | | 218 | | 2 |
| 3 INPATIENT - RESPITE CARE | | | | | | | | 3 |
| 4 PHYSICIAN SERVICES | | | | | | | | 4 |
| 5 NURSING CARE | | | | 1,944,591 | | 599,777 | | 5 |
| 6 NURSING CARE-CONTINUOUS HOM | | | | | | | | 6 |
| 7 PHYSICAL THERAPY | | | | | | | | 7 |
| 8 OCCUPATIONAL THERAPY | | | | | | | | 8 |
| 9 SPEECH/LANGUAGE PATHOLOGY | | | | | | | | 9 |
| 10 MEDICAL SOCIAL SERV. - DIRE | | | | 2,529 | | 47,890 | | 10 |
| 11 SPIRITUAL COUNSELING | | | | | | 59,592 | | 11 |
| 12 DIETARY COUNSELING | | | | | | | | 12 |
| 13 COUNSELING - OTHER | | | | | | | | 13 |
| 14 HOME HLTH AIDE & HOMEMAKERS | | | | 843 | | 70,898 | | 14 |
| 15 HH AIDE & HMKR-CONT. HOME C | | | | | | | | 15 |
| 16 OTHER | | | | | | | | 16 |
| 17 DRUGS,BIOLOGICALS & INFUSIO | | | | | | | | 17 |
| 18 ANALGESICS | | | | | | | | 18 |
| 19 SEDATIVES / HYPNOTICS | | | | | | | | 19 |
| 20 OTHER - SPECIFY | | | | | | | | 20 |
| 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 |
| 30 BEREAVEMENT PROGRAM COSTS | | | | | | | | 30 |
| 31 VOLUNTEER PROGRAM COSTS | | | | | | | | 31 |
| 32 FUNDRAISING | | | | | | | | 32 |
| 33 OTHER PROGRAM COSTS | | | | | | | | 33 |
| 34 TOTALS (SUM OF LINES 1-33) | | | | 1,960,887 | | 778,375 | | 34 |
| 35 TOTAL COST TO BE ALLOCATED | | | | 8,765 | | 2,495 | | 35 |
| 36 UNIT COST MULTIPLIER | | | | 0.004470 | | 0.003205 | | 36 |

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1566

WORKSHEET K-5
 PART II

| HOSPICE COST CENTER | RECON- CILIATION | PASTORAL CARE ACCUM COST | RECON- CILIATION | HOSPITAL ADMINSTRN ACCUM COST | RECON- CILIATION | AMBULATORY ADMIN ACCUM COST | RECON- CILIATION | PRIMARY CARE ADMIN ACCUM COST |
|--------------------------------|---------------------|-----------------------------------|---------------------|--|---------------------|--------------------------------------|---------------------|---|
| | | 5.10 | | 5.11 | | 5.12 | | 5.14 |
| 1 ADMINISTRATIVE AND GENERAL | | | | | | | | 1 |
| 2 INPATIENT - GENERAL CARE | | 219 | | 219 | | 263 | | 273 |
| 3 INPATIENT - RESPITE CARE | | | | | | | | 2 |
| 4 PHYSICIAN SERVICES | | | | | | | | 3 |
| 5 NURSING CARE | | 602,336 | | 603,142 | | 724,430 | | 752,194 |
| 6 NURSING CARE-CONTINUOUS HOM | | | | | | | | 4 |
| 7 PHYSICAL THERAPY | | | | | | | | 5 |
| 8 OCCUPATIONAL THERAPY | | | | | | | | 6 |
| 9 SPEECH/LANGUAGE PATHOLOGY | | | | | | | | 7 |
| 10 MEDICAL SOCIAL SERV. - DIRE | | 48,094 | | 48,158 | | 57,842 | | 60,059 |
| 11 SPIRITUAL COUNSELING | | 59,846 | | 59,926 | | 71,977 | | 74,736 |
| 12 DIETARY COUNSELING | | | | | | | | 8 |
| 13 COUNSELING - OTHER | | | | | | | | 9 |
| 14 HOME HLTH AIDE & HOMEMAKERS | | 71,200 | | 71,295 | | 85,632 | | 88,914 |
| 15 HH AIDE & HMKR-CONT. HOME C | | | | | | | | 10 |
| 16 OTHER | | | | | | | | 11 |
| 17 DRUGS,BIOLOGICALS & INFUSIO | | | | | | | | 12 |
| 18 ANALGESICS | | | | | | | | 13 |
| 19 SEDATIVES / HYPNOTICS | | | | | | | | 14 |
| 20 OTHER - SPECIFY | | | | | | | | 15 |
| 21 DURABLE MED. EQUIP./OXYGEN | | | | | | | | 16 |
| 22 PATIENT TRANSPORTATION | | | | | | | | 17 |
| 23 IMAGING SERVICES | | | | | | | | 18 |
| 24 LABS AND DIAGNOSTICS | | | | | | | | 19 |
| 25 MEDICAL SUPPLIES | | | | | | | | 20 |
| 26 OUTPAT. SERV.(INCL.E/R DEPT | | | | | | | | 21 |
| 27 RADIATION THERAPY | | | | | | | | 22 |
| 28 CHEMOTHERAPY | | | | | | | | 23 |
| 29 OTHER | | | | | | | | 24 |
| 30 BEREAVEMENT PROGRAM COSTS | | | | | | | | 25 |
| 31 VOLUNTEER PROGRAM COSTS | | | | | | | | 26 |
| 32 FUNDRAISING | | | | | | | | 27 |
| 33 OTHER PROGRAM COSTS | | | | | | | | 28 |
| 34 TOTALS (SUM OF LINES 1-33) | | 781,695 | | 782,740 | | 940,144 | | 976,176 |
| 35 TOTAL COST TO BE ALLOCATED | | 1,045 | | 157,404 | | 36,032 | | 5,071 |
| 36 UNIT COST MULTIPLIER | | 0.001337 | | 0.201094 | | 0.038326 | | 0.005195 |

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1566

WORKSHEET K-5
 PART II

| HOSPICE COST CENTER | MAIN- TENANCE & REPAIRS SQUARE FEET | OPERATION OF PLANT SQUARE FEET | SAFETY & SECURITY HOURS OF SERVICES | LAUNDRY + LINEN SERVICE LAUNDRY COST | HOUSE- KEEPING HOURS OF SERVICE | DIETARY MEALS SERVED | CAFETERIA PAID HOURS | MAIN- TENANCE OF PERSONNEL NUMBER HOUSED |
|--------------------------------|---|---|--|--|--|----------------------------|----------------------------|--|
| | 6 | 7 | 7.01 | 8 | 9 | 10 | 11 | 12 |
| 1 ADMINISTRATIVE AND GENERAL | | | | | | | | 1 |
| 2 INPATIENT - GENERAL CARE | | 3 | | | | | 125 | 2 |
| 3 INPATIENT - RESPITE CARE | | | | | | | | 3 |
| 4 PHYSICIAN SERVICES | | | | | | | | 4 |
| 5 NURSING CARE | | 441 | 48 | | 23 | | 17,799 | 5 |
| 6 NURSING CARE-CONTINUOUS HOM | | | | | | | | 6 |
| 7 PHYSICAL THERAPY | | | | | | | | 7 |
| 8 OCCUPATIONAL THERAPY | | | | | | | | 8 |
| 9 SPEECH/LANGUAGE PATHOLOGY | | | | | | | | 9 |
| 10 MEDICAL SOCIAL SERV. - DIRE | | 1 | | | | | 26 | 10 |
| 11 SPIRITUAL COUNSELING | | | | | | | | 11 |
| 12 DIETARY COUNSELING | | | | | | | | 12 |
| 13 COUNSELING - OTHER | | | | | | | | 13 |
| 14 HOME HLTH AIDE & HOMEMAKERS | | | | | | | | 14 |
| 15 HH AIDE & HMKR-CONT. HOME C | | | | | | | | 15 |
| 16 OTHER | | | | | | | | 16 |
| 17 DRUGS,BIOLOGICALS & INFUSIO | | | | | | | | 17 |
| 18 ANALGESICS | | | | | | | | 18 |
| 19 SEDATIVES / HYPNOTICS | | | | | | | | 19 |
| 20 OTHER - SPECIFY | | | | | | | | 20 |
| 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 |
| 30 BEREAVEMENT PROGRAM COSTS | | | | | | | | 30 |
| 31 VOLUNTEER PROGRAM COSTS | | | | | | | | 31 |
| 32 FUNDRAISING | | | | | | | | 32 |
| 33 OTHER PROGRAM COSTS | | | | | | | | 33 |
| 34 TOTALS (SUM OF LINES 1-33) | | 445 | 48 | | 23 | | 17,950 | 34 |
| 35 TOTAL COST TO BE ALLOCATED | | 7,095 | 2,003 | | 594 | | 934 | 35 |
| 36 UNIT COST MULTIPLIER | | 15.943820 | 41.729167 | | 25.826087 | | 0.052033 | 36 |

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1566

WORKSHEET K-5
 PART II

| HOSPICE COST CENTER | PATIENT TRANSPRTN NUMBER OF TRIPS 12.01 | NURSING ADMINIS- TRATION RN FTES 13 | CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14 | CENTRAL PROCESSING NUMBER OF INSTRUMENT 14.01 | PHARMACY COSTED REQUIS. 15 | MEDICAL RECORDS + LIBRARY GROSS REVENUE 16 | SOCIAL SERVICE TIME SPENT 17 | HOSPITAL MEDICAL ADMIN MED ADMIN COMPNSTN 17.01 |
|--------------------------------|---|--|--|---|-------------------------------------|---|--|--|
| 1 ADMINISTRATIVE AND GENERAL | | | | | | | | 1 |
| 2 INPATIENT - GENERAL CARE | | 82 | 17 | | 470 | 12,924 | | 168 2 |
| 3 INPATIENT - RESPITE CARE | | 41 | | | | | | 3 |
| 4 PHYSICIAN SERVICES | | | | | | | | 4 |
| 5 NURSING CARE | | 15,409 | 2,594 | | 70,555 | 1,944,591 | | 25,388 5 |
| 6 NURSING CARE-CONTINUOUS HOM | | | | | | | | 6 |
| 7 PHYSICAL THERAPY | | | | | | | | 7 |
| 8 OCCUPATIONAL THERAPY | | | | | | | | 8 |
| 9 SPEECH/LANGUAGE PATHOLOGY | | | | | | | | 9 |
| 10 MEDICAL SOCIAL SERV. - DIRE | | | 3 | | 91 | 2,529 | | 33 10 |
| 11 SPIRITUAL COUNSELING | | | | | | | | 11 |
| 12 DIETARY COUNSELING | | | | | | | | 12 |
| 13 COUNSELING - OTHER | | | | | | | | 13 |
| 14 HOME HLTH AIDE & HOMEMAKERS | | | | | 30 | 843 | | 11 14 |
| 15 HH AIDE & HMKR-CONT. HOME C | | | 1 | | | | | 15 |
| 16 OTHER | | | | | | | | 16 |
| 17 DRUGS,BIOLOGICALS & INFUSIO | | | | | | | | 17 |
| 18 ANALGESICS | | | | | | | | 18 |
| 19 SEDATIVES / HYPNOTICS | | | | | | | | 19 |
| 20 OTHER - SPECIFY | | | | | | | | 20 |
| 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 |
| 30 BEREAVEMENT PROGRAM COSTS | | | | | | | | 30 |
| 31 VOLUNTEER PROGRAM COSTS | | | | | | | | 31 |
| 32 FUNDRAISING | | | | | | | | 32 |
| 33 OTHER PROGRAM COSTS | | | | | | | | 33 |
| 34 TOTALS (SUM OF LINES 1-33) | | 15,532 | 2,615 | | 71,146 | 1,960,887 | | 25,600 34 |
| 35 TOTAL COST TO BE ALLOCATED | | 11,059 | 616 | | 11,517 | 12,828 | | 56,259 35 |
| 36 UNIT COST MULTIPLIER | | 0.712014 | 0.235564 | | 0.161878 | 0.006542 | | 2.197617 36 |

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 (PROVIDER RECORDS) 2 | HOSPICE SHARED ANCILLARY COSTS (COL.1 x 2) 3 | |
|--------------------------------|--|---------------------------------|---|---|-------|
| ANCILLARY SERVICE COST CENTERS | | | | | |
| 1 | PHYSICAL THERAPY | 66 | 0.350970 | | 1 |
| 2 | OCCUPATIONAL THERAPY | 67 | 0.288311 | | 2 |
| 3 | SPEECH/LANGUAGE PATHOLOGY | 68 | 0.342187 | | 3 |
| 4 | DRUGS, BIOLOGICALS AND INFUSION | 73 | 0.329859 | | 4 |
| 5 | DURABLE MEDICAL EQUIPMENT/OXYGEN | 96 | | | 5 |
| 6 | LABS AND DIAGNOSTICS | 60 | 0.164607 | | 6 |
| 6.01 | LABORATORY-SURGICAL PATHOLOGY | 60.01 | 0.320094 | | 6.01 |
| 6.02 | LABORATORY-NEUROSURGICAL | 60.02 | | | 6.02 |
| 6.03 | LABORATORY-HLA | 60.03 | 21.784423 | | 6.03 |
| 7 | MEDICAL SUPPLIES | 71 | 1.054244 | | 7 |
| 8 | OUTPATIENT SERVICES (INCL. E/R DEPT) | 93 | | | 8 |
| 9 | RADIATION THERAPY | 55 | | | 9 |
| 10 | PULMONARY LABS | 76 | 0.543114 | | 10 |
| 10.01 | OCCUPATIONAL HEALTH | 76.01 | 1.062153 | | 10.01 |
| 10.03 | HYPERALIMENTATION | 76.03 | | | 10.03 |
| 10.04 | PERIPHERAL VASCULAR | 76.04 | 0.183582 | | 10.04 |
| 10.05 | PEDIATRIC ENDO NUTRITION | 76.05 | | | 10.05 |
| 10.07 | GASTROINTESTINAL SERVICE | 76.07 | 0.294861 | | 10.07 |
| 10.09 | BONE MARROW PROCUREMENT | 76.09 | 0.893730 | | 10.09 |
| 10.97 | CARDIAC REHABILITATION | 76.97 | | | 10.97 |
| 10.98 | HYPERBARIC OXYGEN THERAPY | 76.98 | | | 10.98 |
| 10.99 | LITHOTRIPSY | 76.99 | | | 10.99 |
| 11 | TOTALS (SUM OF LINES 1-10) | | | | 11 |

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
01/31/2012 09:12

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 (SEE INSTRUCTIONS) | | | | 1,084,152 | 1 |
| 2 TOTAL UNDUPLICATED DAYS (WKST S-9, COL. 6, LINE 5) | | | | 4,405 | 2 |
| 3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2) | | | | 246.12 | 3 |
| 4 UNDUPLICATED MEDICARE DAYS (WKST S-9, COL. 1, LINE 5) | 3,203 | | | | 4 |
| 5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4) | 788,322 | | | | 5 |
| 6 UNDUPLICATED MEDICAID DAYS (WKST S-9, COL. 2, LINE 5) | | 364 | | | 6 |
| 7 AGGREGATE MEDICAID COST (LINE 3 TIMES LINE 6) | | 89,588 | | | 7 |
| 8 UNDUPLICATED SNF DAYS (WKST S-9, COL. 3, LINE 5) | | | | | 8 |
| 9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8) | | | | | 9 |
| 10 UNDUPLICATED NF DAYS (WKST S-9, COL. 4, LINE 5) | | | | | 10 |
| 11 AGGREGATE NF COST (LINE 3 TIMES LINE 10) | | | | | 11 |
| 12 OTHER UNDUPLICATED DAYS (WKST S-9, COL. 5, LINE 5) | | | 838 | | 12 |
| 13 AGGREGATE COST FOR OTHER DAYS (LINE 3 TIMES LINE 12) | | | 206,249 | | 13 |

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((14-027) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB (OTHER) [] COST METHOD
 BOXES [] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

| | | | | |
|----|--|-----------|--|----|
| 1 | CAPITAL FEDERAL AMOUNT | | | |
| 2 | CAPITAL DRG OTHER THAN OUTLIER | 6,650,766 | | 1 |
| 3 | CAPITAL DRG OUTLIER PAYMENTS | 305,269 | | 2 |
| 4 | TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS) | 315.65 | | 3 |
| 5 | NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS) | 321.32 | | 4 |
| 6 | INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS) | 0.3328 | | 5 |
| 7 | INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5) | 2,213,375 | | 6 |
| 8 | PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS) | 0.0477 | | 7 |
| 9 | PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS) | 0.2614 | | 8 |
| 10 | SUM OF LINES 7 AND 8 | 0.3091 | | 9 |
| 11 | ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS) | 0.0646 | | 10 |
| 12 | DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1) | 429,639 | | 11 |
| 13 | TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11) | 9,599,049 | | 12 |

PART II - PAYMENT UNDER REASONABLE COST

| | | | | |
|---|---|--|--|---|
| 1 | PROGRAM INPATIENT ROUTINE CAPITAL COST (SEE INSTRUCTIONS) | | | 1 |
| 2 | PROGRAM INPATIENT ANCILLARY CAPITAL COST (SEE INSTRUCTIONS) | | | 2 |
| 3 | TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 1 PLUS LINE 2) | | | 3 |
| 4 | CAPITAL COST PAYMENT FACTOR (SEE INSTRUCTIONS) | | | 4 |
| 5 | TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 3 TIMES LINE 4) | | | 5 |

PART III - COMPUTATION OF EXCEPTION PAYMENTS

| | | | | |
|----|---|--|--|----|
| 1 | PROGRAM INPATIENT CAPITAL COSTS (SEE INSTRUCTIONS) | | | 1 |
| 2 | PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS) | | | 2 |
| 3 | NET PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (LINE 1 MINUS LINE 2) | | | 3 |
| 4 | APPLICABLE EXCEPTION PERCENTAGE (SEE INSTRUCTIONS) | | | 4 |
| 5 | CAPITAL COST FOR COMPARISON TO PAYMENTS (LINE 3 TIMES LINE 4) | | | 5 |
| 6 | PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS) | | | 6 |
| 7 | ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 2 TIMES LINE 6) | | | 7 |
| 8 | CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 5 PLUS LINE 7) | | | 8 |
| 9 | CURRENT YEAR CAPITAL PAYMENTS (FROM PART I, LINE 12 AS APPLICABLE) | | | 9 |
| 10 | CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 8 LESS LINE 9) | | | 10 |
| 11 | CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (FROM PRIOR YEAR WKST L, PART III, LINE 14) | | | 11 |
| 12 | NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 10 PLUS LINE 11) | | | 12 |
| 13 | CURRENT YEAR EXCEPTION PAYMENT (IF LINE 12 IS POSITIVE, ENTER THE AMOUNT ON THIS LINE) | | | 13 |
| 14 | CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (IF LINE 12 IS NEGATIVE, ENTER THE AMOUNT ON THIS LINE) | | | 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 (SEE INSTRUCTIONS) | | | 17 |

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((14-027) [XX] PPS
APPLICABLE [] TITLE XVIII-PT A [] SUB (OTHER) [] COST METHOD
BOXES [XX] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

| | |
|--|----|
| CAPITAL FEDERAL AMOUNT | |
| 1 CAPITAL DRG OTHER THAN OUTLIER | 1 |
| 2 CAPITAL DRG OUTLIER PAYMENTS | 2 |
| 3 TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS) | 3 |
| 4 NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS) | 4 |
| 5 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS) | 5 |
| 6 INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5) | 6 |
| 7 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS) | 7 |
| 8 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS) | 8 |
| 9 SUM OF LINES 7 AND 8 | 9 |
| 10 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS) | 10 |
| 11 DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1) | 11 |
| 12 TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11) | 12 |

PART II - PAYMENT UNDER REASONABLE COST

| | |
|---|---|
| 1 PROGRAM INPATIENT ROUTINE CAPITAL COST (SEE INSTRUCTIONS) | 1 |
| 2 PROGRAM INPATIENT ANCILLARY CAPITAL COST (SEE INSTRUCTIONS) | 2 |
| 3 TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 1 PLUS LINE 2) | 3 |
| 4 CAPITAL COST PAYMENT FACTOR (SEE INSTRUCTIONS) | 4 |
| 5 TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 3 TIMES LINE 4) | 5 |

PART III - COMPUTATION OF EXCEPTION PAYMENTS

| | |
|--|----|
| 1 PROGRAM INPATIENT CAPITAL COSTS (SEE INSTRUCTIONS) | 1 |
| 2 PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS) | 2 |
| 3 NET PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (LINE 1 MINUS LINE 2) | 3 |
| 4 APPLICABLE EXCEPTION PERCENTAGE (SEE INSTRUCTIONS) | 4 |
| 5 CAPITAL COST FOR COMPARISON TO PAYMENTS (LINE 3 TIMES LINE 4) | 5 |
| 6 PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS) | 6 |
| 7 ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 2 TIMES LINE 6) | 7 |
| 8 CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 5 PLUS LINE 7) | 8 |
| 9 CURRENT YEAR CAPITAL PAYMENTS (FROM PART I, LINE 12 AS APPLICABLE) | 9 |
| 10 CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 8 LESS LINE 9) | 10 |
| 11 CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (FROM PRIOR YEAR WKST L, PART III, LINE 14) | 11 |
| 12 NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 10 PLUS LINE 11) | 12 |
| 13 CURRENT YEAR EXCEPTION PAYMENT (IF LINE 12 IS POSITIVE, ENTER THE AMOUNT ON THIS LINE) | 13 |
| 14 CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (IF LINE 12 IS NEGATIVE, ENTER THE AMOUNT ON THIS LINE) | 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 (SEE INSTRUCTIONS) | 17 |

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

| COST CENTER DESCRIPTION | EXTRAORDI- | SUBTOTAL | SUBTOTAL | I&R COST & | TOTAL |
|--------------------------------------|------------------------|------------|----------|-------------------------|-------|
| | NARY CAP- REL COSTS | (COLS.0-4) | | POST STEP- DOWN ADJS | |
| | 0 | 2A | 24 | 25 | 26 |
| GENERAL SERVICE COST CENTERS | | | | | |
| 1 CAP REL COSTS-BLDG & FIXT | | | | | 1 |
| 1.01 NEW CAPITAL-BLDG INTEREST | | | | | 1.01 |
| 2 CAP REL COSTS-MVBLE EQUIP | | | | | 2 |
| 4 EMPLOYEE BENEFITS | | | | | 4 |
| 5.01 COMMUNICATION | | | | | 5.01 |
| 5.02 SYSTEM & COMPUTERS | | | | | 5.02 |
| 5.03 PURCHASING | | | | | 5.03 |
| 5.04 OPC STORES | | | | | 5.04 |
| 5.05 PATIENT AFFAIRS | | | | | 5.05 |
| 5.06 PATIENT ADMITTING | | | | | 5.06 |
| 5.07 PATIENT ACCOUNTS | | | | | 5.07 |
| 5.08 ACCOUNTING | | | | | 5.08 |
| 5.09 EMPLOYEE HEALTH SERVICES | | | | | 5.09 |
| 5.10 PASTORAL CARE | | | | | 5.10 |
| 5.11 HOSPITAL ADMINISTRATION | | | | | 5.11 |
| 5.12 AMBULATORY ADMINISTRATION | | | | | 5.12 |
| 5.14 PRIMARY CARE ADMINISTRATION | | | | | 5.14 |
| 6 MAINTENANCE & REPAIRS | | | | | 6 |
| 7 OPERATION OF PLANT | | | | | 7 |
| 7.01 SAFETY AND SECURITY | | | | | 7.01 |
| 8 LAUNDRY & LINEN SERVICE | | | | | 8 |
| 9 HOUSEKEEPING | | | | | 9 |
| 10 DIETARY | | | | | 10 |
| 11 CAFETERIA | | | | | 11 |
| 12 MAINTENANCE OF PERSONNEL | | | | | 12 |
| 12.01 PATIENT TRANSPORTATION | | | | | 12.01 |
| 13 NURSING ADMINISTRATION | | | | | 13 |
| 14 CENTRAL SERVICES & SUPPLY | | | | | 14 |
| 14.01 CENTRAL PROCESSING | | | | | 14.01 |
| 15 PHARMACY | | | | | 15 |
| 16 MEDICAL RECORDS & LIBRARY | | | | | 16 |
| 17 SOCIAL SERVICE | | | | | 17 |
| 17.01 HOSPITAL MEDICAL ADMIN | | | | | 17.01 |
| 19 NONPHYSICIAN ANESTHETISTS | | | | | 19 |
| 20 NURSING SCHOOL | | | | | 20 |
| 21 I&R SRVCES-SALARY & FRINGES AP | | | | | 21 |
| 22 I&R SRVCES-OTHER PRGM COSTS AP | | | | | 22 |
| 23 PARAMED ED PRGM-(SPECIFY) | | | | | 23 |
| 23.01 PARAMEDICAL ED-MICU | | | | | 23.01 |
| 23.02 PARAMEDICAL ED-SOCIAL WORK | | | | | 23.02 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | |
| 30 ADULTS & PEDIATRICS | | | | | 30 |
| 31 INTENSIVE CARE UNIT | | | | | 31 |
| 33 BURN INTENSIVE CARE UNIT | | | | | 33 |
| 35 NEONATAL INTENSIVE CARE | | | | | 35 |
| 35.01 PEDIATRIC INTENSIVE CARE | | | | | 35.01 |
| 35.03 HEART TRANSPLANT ICU | | | | | 35.03 |
| 35.04 BONE INTENSIVE CARE | | | | | 35.04 |
| 41 SUBPROVIDER - IRF | | | | | 41 |
| 43 NURSERY | | | | | 43 |
| ANCILLARY SERVICE COST CENTERS | | | | | |
| 50 OPERATING ROOM | | | | | 50 |
| 50.01 AMBULATORY SURGERY CENTER | | | | | 50.01 |
| 51 RECOVERY ROOM | | | | | 51 |
| 52 DELIVERY ROOM & LABOR ROOM | | | | | 52 |
| 53 ANESTHESIOLOGY | | | | | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | | | | | 54 |
| 54.01 RADIOLOGY-ULTRASOUND | | | | | 54.01 |
| 55 RADIOLOGY-THERAPEUTIC | | | | | 55 |
| 56 RADIOISOTOPE | | | | | 56 |
| 57 COMPUTED TOMOGRAPHY (CT) SCAN | | | | | 57 |
| 58 MAGNETIC RESONANCE IMAGING (MR | | | | | 58 |
| 59 CARDIAC CATHETERIZATION | | | | | 59 |
| 60 LABORATORY | | | | | 60 |
| 60.01 LABORATORY-SURGICAL PATHOLOGY | | | | | 60.01 |
| 60.02 LABORATORY-NEUROSURGICAL | | | | | 60.02 |
| 60.03 LABORATORY-HLA | | | | | 60.03 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIAC | | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & TR | | | | | 63 |
| 65 RESPIRATORY THERAPY | | | | | 65 |
| 66 PHYSICAL THERAPY | | | | | 66 |
| 67 OCCUPATIONAL THERAPY | | | | | 67 |
| 68 SPEECH PATHOLOGY | | | | | 68 |
| 69 ELECTROCARDIOLOGY | | | | | 69 |

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

| COST CENTER DESCRIPTION | EXTRAORDI- | SUBTOTAL (COLS.0-4) | SUBTOTAL 24 | I&R COST & | TOTAL 26 |
|--------------------------------------|-----------------------------|------------------------|----------------|-------------------------------|-------------|
| | NARY CAP- REL COSTS 0 | | | POST STEP- DOWN ADJS 25 | |
| 70 ELECTROENCEPHALOGRAPHY | | | | | 70 |
| 71 MEDICAL SUPPLIES CHRGED TO PAT | | | | | 71 |
| 73 DRUGS CHARGED TO PATIENTS | | | | | 73 |
| 74 RENAL DIALYSIS | | | | | 74 |
| 76 PULMONARY LABS | | | | | 76 |
| 76.01 OCCUPATIONAL HEALTH | | | | | 76.01 |
| 76.03 HYPERALIMENTATION | | | | | 76.03 |
| 76.04 PERIPHERAL VASCULAR | | | | | 76.04 |
| 76.05 PEDIATRIC ENDO NUTRITION | | | | | 76.05 |
| 76.07 GASTROINTESTINAL SERVICE | | | | | 76.07 |
| 76.09 BONE MARROW PROCUREMENT | | | | | 76.09 |
| 76.97 CARDIAC REHABILITATION | | | | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | |
| 90 CLINIC | | | | | 90 |
| 90.01 CARDIAC REHABILITATION | | | | | 90.01 |
| 90.02 CANCER CENTER | | | | | 90.02 |
| 90.03 PSYCH SOCIAL REHAB | | | | | 90.03 |
| 90.04 WELLNESS ASSESSMENT | | | | | 90.04 |
| 90.06 HEART FAILURE CLINIC | | | | | 90.06 |
| 90.07 LOC OUTPATIENT CENTER | | | | | 90.07 |
| 90.08 OBT OUTPATIENT CENTER | | | | | 90.08 |
| 90.09 ELMHURST IMMEDIATE CARE | | | | | 90.09 |
| 90.10 LAGRANGE FAMILY PCC | | | | | 90.10 |
| 90.12 NORTH RIVERSIDE PCC | | | | | 90.12 |
| 90.13 GLENDALE HEIGHTS PCC | | | | | 90.13 |
| 90.14 WHEATON PCC | | | | | 90.14 |
| 90.15 OBT II PCC | | | | | 90.15 |
| 90.16 HICKORY HILLS PCC | | | | | 90.16 |
| 90.18 DARIEN PCC | | | | | 90.18 |
| 90.20 ORLANAD PARK - FP | | | | | 90.20 |
| 90.21 FAMILY PRACTICE MAYWOOD PCC | | | | | 90.21 |
| 90.22 HOMER GLEN PCC | | | | | 90.22 |
| 90.23 OAK PARK PCC | | | | | 90.23 |
| 90.24 PARK RIDGE PCC | | | | | 90.24 |
| 90.25 LOYOLA CLINIC AT GOTTLIEB | | | | | 90.25 |
| 90.26 WOODRIDGE PCC | | | | | 90.26 |
| 90.27 NEUROLOGY - NILES | | | | | 90.27 |
| 90.28 MARJORIE WEINBERG CANCER CENTE | | | | | 90.28 |
| 90.29 BURR RIDGE PCC | | | | | 90.29 |
| 91 EMERGENCY | | | | | 91 |
| 92 OBSERVATION BEDS | | | | | 92 |
| 92.01 OBSERVATION BEDS-DISTINCT | | | | | 92.01 |
| OTHER REIMBURSABLE COST CENTERS | | | | | |
| 95 AMBULANCE SERVICES | | | | | 95 |
| 97 DURABLE MEDICAL EQUIP-SOLD | | | | | 97 |
| 99 CMHC | | | | | 99 |
| 99.10 CORF | | | | | 99.10 |
| 99.20 OUTPATIENT PHYSICAL THERAPY | | | | | 99.20 |
| 99.30 OUTPATIENT OCCUPATIONAL THERAP | | | | | 99.30 |
| 99.40 OUTPATIENT SPEECH PATHOLOGY | | | | | 99.40 |
| 101 HOME HEALTH AGENCY | | | | | 101 |
| 105 KIDNEY ACQUISITION | | | | | 105 |
| 106 HEART ACQUISITION | | | | | 106 |
| 107 LIVER ACQUISITION | | | | | 107 |
| SPECIAL PURPOSE COST CENTERS | | | | | |
| 108 LUNG ACQUISITION | | | | | 108 |
| 112 OTHER ORGAN ACQUISITION (SPECI | | | | | 112 |
| 116 HOSPICE | | | | | 116 |
| 118 SUBTOTALS (SUM OF LINES 1-117) | | | | | 118 |
| NONREIMBURSABLE COST CENTERS | | | | | |
| 190 GIFT, FLOWER, COFFEE SHOP & CA | | | | | 190 |
| 190.01 HINES RADIATION THERAPY | | | | | 190.01 |
| 190.02 HOME INFUSION THERAPY | | | | | 190.02 |
| 190.03 OP HOSPITAL PHARMACY | | | | | 190.03 |
| 190.04 HOSPITALIST | | | | | 190.04 |
| 192 PHYSICIANS' PRIVATE OFFICES | | | | | 192 |
| 192.01 FACUALTY CLINICAL OPERATIONS | | | | | 192.01 |

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
01/31/2012 09:12

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

| COST CENTER DESCRIPTION | EXTRAORDI- NARY CAP- REL COSTS | SUBTOTAL (COLS.0-4) | SUBTOTAL | I&R COST & POST STEP- DOWN ADJS | TOTAL | |
|--|--------------------------------------|------------------------|----------|---------------------------------------|-------|-----|
| | 0 | 2A | 24 | 25 | 26 | |
| 200 CROSS FOOT ADJUSTMENTS | | | | | | 200 |
| 201 NEGATIVE COST CENTER | | | | | | 201 |
| 202 TOTAL (SUM OF LINE 118 AND LINES 190-201) | | | | | | 202 |
| 203 TOTAL STATISTICAL BASIS | | | | | | 203 |
| 204 UNIT COST MULTIPLIER | | | | | | 204 |
| 204 UNIT COST MULTIPLIER | | | | | | 204 |