

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: 11-26-2013 TIME: 08:19  
 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 5.  COST REPORT STATUS 6. DATE RECEIVED: \_\_\_\_\_ 10. NPR DATE: \_\_\_\_\_  
 USE ONLY 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 07/01/2012 AND ENDING 06/30/2013, 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, AND THAT THE 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		1,705,131	-498,144	18,642	1
2 SUBPROVIDER - IPF					2
3 SUBPROVIDER - IRF		-158,404			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		1,546,727	-498,144	18,642	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 CENT	14-0276	16974	1	05/01/1969	N	P	P	3
4	SUBPROVIDER - IPF	LOYOLA UNIVERSITY MEDICAL CENT	14-S276	16974	4	07/01/1984	N	P	O	4
5	SUBPROVIDER - IRF	LOYOLA UNIVERSITY MEDICAL CENT	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 CENT	14-7257	16974		01/09/1984	N	P	N	12
13	SEPARATELY CERTIFIED ASC									13
14	HOSPITAL-BASED HOSPICE	LOYOLA UNIVERSITY MEDICAL CENT	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: 07/01/2012			TO: 06/30/2013					20
21	TYPE OF CONTROL				1					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		OUT-OF-STATE		OTHER		
		IN-STATE MEDICAID PAID DAYS 1	MEDICAID ELIGIBLE UNPAID DAYS 2	OUT-OF-STATE MEDICAID PAID DAYS 3	MEDICAID ELIGIBLE UNPAID DAYS 4	MEDICAID HMO DAYS 5	MEDICAID OTHER DAYS 6	
24	IF THIS PROVIDER IS AN IPPS HOSPITAL, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	22,627	4,541		522	1,978		24
25	IF THIS PROVIDER IS AN IRF, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	802	230		16	4		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 IN COLUMN 1, '1' FOR URBAN OR '2' FOR RURAL. IF APPLICABLE, ENTER THE EFFECTIVE DATE OF THE GEOGRAPHIC RECLASSIFICATION IN COLUMN 2.				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 OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:		38
39	DOES THIS FACILITY QUALIFY FOR THE INPATIENT HOSPITAL PAYMENT ADJUSTMENT FOR LOW VOLUME HOSPITALS IN ACCORDANCE WITH 42 CFR §412.101(b)(2)(ii)? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. DOES THE FACILITY MEET THE MILEAGE REQUIREMENTS IN ACCORDANCE WITH 42 CFR 412.101(b)(2)(ii)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)							1 N 2 N 39

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

TEACHING HOSPITALS

56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	1 Y	2	3	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 2148? 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)	Y			60
61	DID YOUR HOSPITAL RECEIVE FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. )(SEE INSTRUCTIONS)	Y/N N	IME	DIRECT GME	61
61.01	ENTER THE AVERAGE NUMBER OF UNWEIGHTED PRIMARY CARE FTEs FROM THE HOSPITAL'S 3 MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)				61.01
61.02	ENTER THE CURRENT YEAR TOTAL UNWEIGHTED PRIMARY CARE FTE COUNT (EXCLUDING OB/GYN AND GENERAL SURGERY) ADDED AS A RESULT OF SECTION 5503. (SEE INSTRUCTIONS)				61.02
61.03	ENTER THE BASE LINE FTE COUNT FOR PRIMARY CARE AND/OR GENERAL SURGERY RESIDENTS, WHICH IS USED FOR DETERMINING COMPLIANCE WITH THE 75% TEST. (SEE INSTRUCTIONS)				61.03
61.04	ENTER THE NUMBER OF UNWEIGHTED PRIMARY CARE/OR SURGERY ALLOPATHIC AND/OR OSTEOPATHIC FTEs IN THE CURRENT COST REPORTING PERIOD. (SEE INSTRUCTIONS)				61.04
61.05	ENTER THE DIFFERENCE BETWEEN THE BASELINE PRIMARY AND/OR GENERAL SURGERY FTE AND THE CURRENT YEAR'S PRIMARY CARE AND/OR GENERAL SURGERY FTE COUNTS (LINE 61.04 MINUS LINE 61.03). (SEE INSTRUCTIONS)				61.05
61.06	ENTER THE AMOUNT OF ACA §5503 AWARD THAT IS BEING USED FOR CAP RELIEF AND/OR FTEs THAT ARE NONPRIMARY CARE OR GENERAL SURGERY. (SEE INSTRUCTIONS)				61.06
	OF THE FTEs IN LINE 61.05, SPECIFY EACH NEW PROGRAM SPECIALTY, IF ANY, AND THE NUMBER OF FTE RESIDENTS FOR EACH NEW PROGRAM (SEE INSTRUCTIONS) ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE, ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4 DIRECT GME FTE UNWEIGHTED COUNT.				
			UNWEIGHTED IME	UNWEIGHTED DIRECT GME	
	PROGRAM NAME	PROGRAM CODE	FTE COUNT	FTE COUNT	
	1	2	3	4	
					61.10
	OF THE FTEs IN LINE 61.05, SPECIFY EACH EXPANDED PROGRAM SPECIALTY, IF ANY, AND THE NUMBER OF FTE RESIDENTS FOR EACH EXPANDED PROGRAM (SEE INSTRUCTIONS) ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE, ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4 DIRECT GME FTE UNWEIGHTED COUNT.				
					61.20
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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS  
 THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER  
 JULY 1, 2009 AND BEFORE JUNE 30, 2010.

UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))
64		64

ENTER IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED  
 RESIDENTS IN THE BASE YEAR PERIOD, THE NUMBER OF UNWEIGHTED NON-PRIMARY  
 CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL  
 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)

ENTER IN LINES 65-65.49 IN COLUMN 1, IF LINE 63 IS YES, OR YOUR  
 FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, 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.3+COL.4) 5
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SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS  
 EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010

UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))
66		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)

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
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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
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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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

TITLE V AND XIX INPATIENT SERVICES		V	XIX	
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.	1	2	
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		1	2			
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?	N		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.	Y	Y	Y	N	109

MISCELLANEOUS COST REPORTING INFORMATION		PHY-SICAL	OCCUP-ATIONAL	SPEECH	RESPI-RATORY	
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. IF COLUMN 2 IS 'E', ENTER IN COLUMN 3 EITHER '93' PERCENT FOR SHORT TERM HOSPITAL OR '98' PERCENT FOR LONG TERM CARE (INCLUDES PSYCHIATRIC, REHABILITATION AND LONG TERM HOSPITALS PROVIDERS) BASED ON THE DEFINITION IN CMS 15-1§ 2208.1.		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
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 2,300,992 PAID LOSSES: 2,157,106 SELF INSURANCE: 15,805,051					118.01
118.02	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN A COST CENTER OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.		N			118.02
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 BEDS THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.		N		N	120
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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

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.

	1	2
	Y	902022 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: TRINITY HEALTH HOME OFFICE	CONTRACTOR'S NAME: WISCONSIN PHYSICIAN SERVICE	CONTRACTOR'S NUMBER: 08000	141
142	STREET: 20555 VICTORY PARKWAY	P.O. BOX:		142
143	CITY: LIVONIA	STATE: MI	ZIP CODE: 48152	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?		N	144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, LINE 74 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)

	TITLE XVIII		TITLE	TITLE
	PART A	PART B	V	XIX
	1	2	3	4
155 HOSPITAL	N	N		N 155
156 SUBPROVIDER - IPF	N	N		N 156
157 SUBPROVIDER - IRF	N	N		N 157
158 SUBPROVIDER - (OTHER)	N	N		N 158
159 SNF	N	N		N 159
160 HHA	N	N		N 160
161 CMHC		N		N 161
161.10 CORF				N 161.10

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(n)? ENTER 'Y' FOR YES OR 'N' FOR NO.

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.

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.

170 IF LINE 167 IS 'Y', ENTER IN COLUMNS 1 AND 2 THE EHR BEGINNING DATE AND ENDING DATE FOR THE REPORTING PERIOD, RESPECTIVELY. (mmddyyyy) (SEE INSTRUCTIONS)

	Y	167
		168
	0.75	169
	10/01/2012 09/30/2013	170

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

		Y/N	DATE		
<b>PROVIDER ORGANIZATION AND OPERATION</b>					
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	
		Y/N	DATE	V/I	
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	
<b>FINANCIAL DATA AND REPORTS</b>					
		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	
<b>APPROVED EDUCATIONAL ACTIVITIES</b>					
		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.	N		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.	N		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	
<b>BED COMPLEMENT</b>					
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y/N 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.			N 13	
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N 14	
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			N 15	
<b>PS&amp;R REPORT DATA</b>					
		PART A		PART B	
		Y/N	DATE	Y/N	DATE
		1	2	3	4
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	16
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	17
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	18
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	19
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	20
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	21

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	N		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

COST REPORT PREPARER CONTACT INFORMATION

41	FIRST NAME: PATRICK	LAST NAME: FITZGIBBONS	TITLE: MANAGER OF REIMBURSE	41
42	EMPLOYER: LOYOLA UNIVERSITY HEALTH SYSTE			42
43	PHONE NUMBER: 708-216-0746	E-MAIL ADDRESS: PFITZGIBBONS@LUMC.EDU		43





HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3  
 PART II & III

PART II - WAGE DATA

	WKST A LINE 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	
SALARIES							
1	TOTAL SALARIES (SEE INSTRUCTIONS)	473,168,442		473,168,442	11,110,822.00	42.59	1
2	NON-PHYSICIAN ANESTHETIST PART A						2
3	NON-PHYSICIAN ANESTHETIST PART B	2,499,929		2,499,929	30,852.00	81.03	3
4	PHYSICIAN-PART A ADMINISTRATIVE	3,457,948		3,457,948	25,624.00	134.95	4
4.01	PHYSICIAN-PART A - TEACHING	384,216		384,216	2,847.00	134.95	4.01
5	PHYSICIAN-PART B	23,357,639		23,357,639	168,742.00	138.42	5
6	NON-PHYSICIAN-PART B						6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	31,839,551	3,747,712	35,587,263	1,453,787.00	24.48	7
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)						7.01
8	HOME OFFICE PERSONNEL						8
9	SNF						9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	142,835,588	-7,170,229	135,665,359	1,115,205.00	121.65	10
OTHER WAGES & RELATED COSTS							
11	CONTRACT LABOR (SEE INSTRUCTIONS)	2,361,141		2,361,141	36,441.00	64.79	11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES						12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE						13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS	23,308,735		23,308,735	343,429.00	67.87	14
15	HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE						15
16	HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING						16
WAGE-RELATED COSTS							
17	WAGE-RELATED COSTS (CORE)	47,684,427		47,684,427			17
18	WAGE-RELATED COSTS (OTHER)						18
19	EXCLUDED AREAS	24,823,217		24,823,217			19
20	NON-PHYSICIAN ANESTHETIST PART A						20
21	NON-PHYSICIAN ANESTHETIST PART B	458,586		458,586			21
22	PHYSICIAN PART A - ADMINISTRATIVE	3,298,587		3,298,587			22
22.01	PHYSICIAN PART A - TEACHING	366,510		366,510			22.01
23	PHYSICIAN PART B	22,281,194		22,281,194			23
24	WAGE-RELATED COSTS (RHC/FQHC)						24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	6,528,108		6,528,108			25
OVERHEAD COSTS - DIRECT SALARIES							
26	EMPLOYEE BENEFITS DEPARTMENT	4,737,623	-556	4,737,067	146,591.00	32.31	26
27	ADMINISTRATIVE & GENERAL	60,840,727	5,021,297	65,862,024	1,670,396.00	39.43	27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)	929,401		929,401	30,320.00	30.65	28
29	MAINTENANCE & REPAIRS						29
30	OPERATION OF PLANT	10,646,300	-5,034,000	5,612,300	301,726.00	18.60	30
31	LAUNDRY & LINEN SERVICE	238,162		238,162	21,208.00	11.23	31
32	HOUSEKEEPING	1,184,472	-1,184,124	348			32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)	9,865,530		9,865,530	436,751.00	22.59	33
34	DIETARY	2,967,786	-882,603	2,085,183	170,940.00	12.20	34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						35
36	CAFETERIA	566,562	555,474	1,122,036	102,302.00	10.97	36
37	MAINTENANCE OF PERSONNEL	987,058		987,058	137,929.00	7.16	37
38	NURSING ADMINISTRATION	2,010,440	-4,650	2,005,790	49,969.00	40.14	38
39	CENTRAL SERVICES AND SUPPLY	1,481,965		1,481,965	130,987.00	11.31	39
40	PHARMACY	7,468,889	-32,293	7,436,596	275,932.00	26.95	40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	3,930,464		3,930,464	186,491.00	21.08	41
42	SOCIAL SERVICE	2,839,974	112,607	2,952,581	98,970.00	29.83	42
43	OTHER GENERAL SERVICE						43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	425,882,038	-3,747,712	422,134,326	9,921,665.00	42.55	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	142,835,588	-7,170,229	135,665,359	1,115,205.00	121.65	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	283,046,450	3,422,517	286,468,967	8,806,460.00	32.53	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	25,669,876		25,669,876	379,870.00	67.58	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	50,983,014		50,983,014		17.80	5
6	TOTAL (SUM OF LINES 3 THRU 5)	359,699,340	3,422,517	363,121,857	9,186,330.00	39.53	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	110,695,353	-1,448,848	109,246,505	3,760,512.00	29.05	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	17,765,123	2
3 NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		3
4 QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		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		7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	29,360,600	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	1,356,496	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	1,792,369	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	69,365	12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	1,099,970	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	1,662,935	15
16 RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION)	347,600	16
TAXES		
17 FICA-EMPLOYERS PORTION ONLY	30,642,964	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	428,681	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION (OTHER THAN RETIREMENT COST REPORTED ON LINES 1 THROUGH 4 ABOVE) (SEE INSTRUCTIONS)		21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	2,271,660	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	86,797,763	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 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11  
11/26/2013 08:19

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)		932.00	267.00		1,899.00	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		15.17		15.17	5
6 DIRECT NURSING SERVICE		24.80		24.80	6
7 NURSING SUPERVISOR					7
8 PHYSICAL THERAPY SERVICE		5.73		5.73	8
9 PHYSICAL THERAPY SUPERVISOR					9
10 OCCUPATIONAL THERAPY SERVICE		1.06		1.06	10
11 OCCUPATIONAL THERAPY SUPERVISOR					11
12 SPEECH PATHOLOGY SERVICE		0.04		0.04	12
13 SPEECH PATHOLOGY SUPERVISOR					13
14 MEDICAL SOCIAL SERVICE		0.56		0.56	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR					15
16 HOME HEALTH AIDE		3.61		3.61	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	6,319	277	432		
22 SKILLED NURSING VISIT CHARGES	1,406,408	62,483	97,252	22,369	1,588,512	22
23 PHYSICAL THERAPY VISITS	3,761	3	80	80	3,924	23
24 PHYSICAL THERAPY VISIT CHARGES	822,836	672	17,715	17,581	858,804	24
25 OCCUPATIONAL THERAPY VISITS	956	1	16	18	991	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	213,633	224	3,586	4,034	221,477	26
27 SPEECH PATHOLOGY VISITS	81		1		82	27
28 SPEECH PATHOLOGY VISIT CHARGES	18,332		224		18,556	28
29 MEDICAL SOCIAL SERVICE VISITS	45	2	1		48	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	13,674	609	304		14,587	30
31 HOME HEALTH AIDE VISITS	1,194	78	5	44	1,321	31
32 HOME HEALTH AIDE VISIT CHARGES	151,861	9,961	639	5,619	168,080	32
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31)	12,356	361	535	241	13,493	33
34 OTHER CHARGES	100,119	3,310	8,142	1,488	113,059	34
35 TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34)	2,726,863	77,259	127,862	51,091	2,983,075	35
36 TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER)						36
37 TOTAL NUMBER OF OUTLIER EPISODES						37
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES						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		158				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			
ESRD PPS					1	2			
10.01 IS THE DIALYSIS FACILITY APPROVED AS A LOW-VOLUME FACILITY FOR THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)						10.01			
10.02 DID YOUR FACILITY ELECT 100% PPS EFFECTIVE JANUARY 1, 2011? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS FOR 'NEW' PROVIDERS.)						10.02			
10.03 IF YOU RESPONDED 'N' TO LINE 10.02, ENTER IN COLUMN 1 THE YEAR OF TRANSITION FOR PERIODS PRIOR TO JANUARY 1 AND ENTER IN COLUMN 2 THE YEAR OF TRANSITION FOR PERIODS AFTER DECEMBER 31. (SEE INSTRUCTIONS)						10.03			
TRANSPLANT INFORMATION									
11 NUMBER OF PATIENTS ON TRANSPLANT LIST					748	11			
12 NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD					89	12			
EPOETIN									
13 NET COSTS OF EPOETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						13			
14 EPOETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						14			
15 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT						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						17			
18 ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						18			
19 NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT						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			
ENTER IN COLUMN 1 THE ESA DESCRIPTION. ENTER IN COLUMN 2 THE NET COSTS OF ESAs FURNISHED TO ALL RENAL DIALYSIS PATIENTS. ENTER IN COLUMN 3 THE NET COST OF ESAs FURNISHED TO ALL HOME DIALYSIS PROGRAM PATIENTS. ENTER IN COLUMN 4 THE NUMBER OF ESA UNITS FURNISHED TO PATIENTS IN THE RENAL DIALYSIS DEPARTMENT. ENTER IN COLUMN 5 THE NUMBER OF UNITS FURNISHED TO PATIENTS IN THE HOME DIALYSIS PROGRAM. (SEE INSTR.)									
EPA DESCRIPTION	1	NET COST OF ESAs FOR RENAL PATIENTS	2	NET COST OF ESAs FOR HOME PATIENTS	3	NUMBER OF ESA UNITS RENAL DIALYSIS DEPT.	4	NUMBER OF ESA UNITS HOME DIALYSIS DEPT.	5
22.01 EPOTEIN		636,277				5,523,580			

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	6,861	245		191	7,297	2
3	INPATIENT RESPITE CARE						3
4	GENERAL INPATIENT CARE	14	4		8	26	4
5	TOTAL HOSPICE DAYS	6,875	249		199	7,323	5

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL (SUM OF COLS. 1, 2 & 5) 6	
6	NUMBER OF PATIENTS RECEIVING HOSPICE CARE	174	4		18	196	6
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE						7
8	AVERAGE LENGTH OF STAY (LINE 5/LINE 6)	39.51	62.25		11.06	37.36	8
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 202, COL. 3 DIVIDED BY LINE 202, COL. 8)				0.300014	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				61,906,000	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				316,925,000	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				95,081,937	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5) IF LINE 7 IS LESS THAN THE SUM OF LINES 2 AND 5, THEN ENTER ZERO.				33,175,937	8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)						
9	NET REVENUE FROM STAND-ALONE SCHIP				12,767,591	9
10	STAND-ALONE SCHIP CHARGES				60,487,414	10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)				18,147,071	11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9) IF LINE 11 IS LESS THAN LINE 9, THEN ENTER ZERO.				5,379,480	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)				75,824	13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)				6,645,041	14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)				1,993,605	15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13) IF LINE 15 IS LESS THAN LINE 13, THEN ENTER ZERO.				1,917,781	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					18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)				40,473,198	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 FACILITY	56,349,916	1,311,380	57,661,296		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	16,905,764	393,432	17,299,196		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	1,144,475	1,172,977	2,317,452		22
23	COST OF CHARITY CARE	15,761,289	-779,545	14,981,744		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 IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)					N 24
25	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)			54,958,199		25
26	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			2,057,746		26
27	NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			52,900,453		27
28	COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			15,870,877		28
29	COST OF UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			30,852,621		29
30	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			71,325,819		30

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				17,667,268	1
1.01	00101				14,645,293	1.01
2	00200				24,172,533	2
3	00300					3
4	00400					4
5.01	01160	4,737,623	77,391,908	82,129,531	5,757,408	4
5.02	00550	1,015,265	2,261,603	3,276,868	-124,448	5.01
5.02	00550	5,808,124	6,233,814	12,041,938	-3,917,526	5.02
5.03	00560	1,373,731	-2,286,655	-912,924	3,431,388	5.03
5.04	00561		-91,885	-91,885	91,885	5.04
5.05	00570	1,417,099	447,614	1,864,713	-26,635	5.05
5.06	00571	2,135,666	349,117	2,484,783	-39,634	5.06
5.07	00580	4,418,470	2,803,778	7,222,248	-212,185	5.07
5.08	00590	1,639,319	1,494,234	3,133,553	-138,539	5.08
5.09	00591	257,623	410,292	667,915	-37,523	5.09
5.10	00596	929,718	183,604	1,113,322	-124,822	5.10
5.11	00592	36,902,942	105,243,156	142,146,098	-8,932,714	5.11
5.12	00593	4,910,855	4,261,371	9,172,226	-1,395,057	5.12
5.14	00595	31,915	3,856,419	3,888,334	-78,357	5.14
6	00600					6
7	00700	8,157,783	27,034,428	35,192,211	-7,418,452	7
7.01	00701	2,488,517	862,348	3,350,865	-656,625	7.01
8	00800	238,162	1,960,480	2,198,642	-76,104	8
9	00900	1,184,472	9,873,850	11,058,322	-4,594,680	9
10	01000	2,967,786	3,972,616	6,940,402	-2,324,286	10
11	01100	566,562	661,179	1,227,741	1,625,677	11
12	01200					12
12.01	01201	987,058	107,356	1,094,414	-5,108	12.01
13	01300	2,010,440	2,009,913	4,020,353	-67,504	13
14	01400	1,265,404	2,425,102	3,690,506	-1,599,707	14
14.01	01401	216,561	152,977	369,538	-77,348	14.01
15	01500	7,468,889	26,533,646	34,002,535	-25,633,100	15
16	01600	3,930,464	4,565,288	8,495,752	-771,737	16
17	01700	2,839,974	166,945	3,006,919	102,291	17
17.01	01701					17.01
19	01900				2,961,682	19
20	02000					20
21	02100	31,839,551	419,170	32,258,721	5,054,910	21
22	02200					22
23	02300					23
23.01	02301	518,425	239,931	758,356	-51,752	23.01
23.02	02302					23.02
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	32,414,359	6,513,637	38,927,996	-961,447	30
31	03100	12,059,749	3,161,945	15,221,694	-306,545	31
33	03300	3,663,747	1,254,624	4,918,371	-70,173	33
35	02400	6,611,324	944,352	7,555,676	-433,872	35
35.01	02401	1,873,743	367,747	2,241,490	-62,553	35.01
35.03	02080	2,208,594	481,723	2,690,317	-67,432	35.03
35.04	02081	3,094,173	542,458	3,636,631	-205,453	35.04
41	04100	4,810,943	624,618	5,435,561	-1,382,131	41
43	04300				792,047	43
ANCILLARY SERVICE COST CENTERS						
50	05000	9,947,505	39,900,856	49,848,361	-4,936,036	50
50.01	05001	2,603,064	3,829,604	6,432,668	-628,657	50.01
51	05100	2,893,917	896,491	3,790,408	-363,259	51
52	05200	2,130,001	472,011	2,602,012	-138,040	52
53	05300	472,208	2,010,432	2,482,640	-256,572	53
54	05400	7,021,556	5,909,666	12,931,222	-2,513,232	54
54.01	03630	907,100	126,861	1,033,961	-51,255	54.01
56	05600	1,467,128	1,826,941	3,294,069	-239,798	56
57	05700	1,673,499	1,141,626	2,815,125	-362,872	57
58	05800	1,476,035	1,829,250	3,305,285	-1,001,568	58
59	05900	4,415,094	9,212,338	13,627,432	-2,754,163	59
60	06000	6,409,374	11,044,138	17,453,512	-636,215	60
60.01	03420	1,435,918	1,614,412	3,050,330	-338,616	60.01
60.02	03421					60.02
60.03	03422					60.03
62.30	06250					62.30
63	06300	1,326,468	6,398,285	7,724,753	-258,442	63
64	06400					64
65	06500	5,621,091	1,309,744	6,930,835	-318,846	65
66	06600	3,078,813	478,754	3,557,567	429,152	66
67	06700	983,669	162,035	1,145,704	413,280	67
68	06800	341,731	57,484	399,215	147,929	68
69	06900	2,981,184	11,160,054	14,141,238	-1,736,475	69
70	07000	1,214,489	355,933	1,570,422	-178,032	70

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 CHARGED TO PATIENTS				903,773	71
73	07300 DRUGS CHARGED TO PATIENTS				24,738,461	73
74	07400 RENAL DIALYSIS	2,468,754	2,387,836	4,856,590	-181,690	74
76	03560 PULMONARY LABS	235,591	276,825	512,416	-155,171	76
76.01	03950 OCCUPATIONAL HEALTH	780,105	167,901	948,006	-41,183	76.01
76.03	03951 HYPERALIMENTATION					76.03
76.04	03650 PERIPHERAL VASCULAR	530,090	139,907	669,997	-109,362	76.04
76.05	03952 PEDIATRIC ENDO NUTRITION					76.05
76.07	03340 GASTROINTESTINAL SERVICE	2,172,078	2,391,264	4,563,342	-542,422	76.07
76.09	03953 BONE MARROW PROCUREMENT		1,976,845	1,976,845		76.09
76.10	03954 BARIATRICS	344,388	232,850	577,238	-52,062	76.10
76.11	03955 HEPATOLOGY	530,669	73,418	604,087	-735	76.11
76.97	07697 CARDIAC REHABILITATION					76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY					76.98
76.99	07699 LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90	09000 CLINIC	194,018	73,903	267,921	-29,100	90
90.01	09001 CARDIAC REHABILITATION	188,012	3,988	192,000		90.01
90.02	09002 CANCER CENTER	5,324,940	16,989,765	22,314,705	-734,096	90.02
90.03	09003 PSYCH SOCIAL REHAB	243,896	66,438	310,334	-20,209	90.03
90.04	09004 WELLNESS ASSESSMENT					90.04
90.06	09005 HEART FAILURE CLINIC					90.06
90.07	09006 LOC OUTPATIENT CENTER	17,502,620	11,146,570	28,649,190	-2,942,539	90.07
90.08	09007 OB OUTPATIENT CENTER	4,234,457	2,415,332	6,649,789	-453,303	90.08
90.09	09008 ELMHURST IMMEDIATE CARE	1,090,702	858,204	1,948,906	-51,131	90.09
90.10	09009 LAGRANGE FAMILY PCC	1,578,573	1,149,247	2,727,820	-149,345	90.10
90.12	09010 NORTH RIVERSIDE PCC	2,605,693	1,453,750	4,059,443	-244,708	90.12
90.13	09011 GLENDALE HEIGHTS PCC					90.13
90.14	09012 WHEATON PCC	1,303,275	1,359,939	2,663,214	-79,763	90.14
90.15	09013 OB II PCC	1,766,107	997,238	2,763,345	-145,209	90.15
90.16	09014 HICKORY HILLS PCC	2,947,428	1,309,651	4,257,079	-171,913	90.16
90.18	09015 DARIEN PCC	1,080,522	707,940	1,788,462	-289,781	90.18
90.20	09016 ORLANAD PARK - FP	2,830,822	1,321,824	4,152,646	-90,839	90.20
90.21	09017 FAMILY PRACTICE MAYWOOD PCC	800,904	370,415	1,171,319	-55,126	90.21
90.22	09018 HOMER GLEN PCC	2,993,020	2,689,439	5,682,459	-202,374	90.22
90.23	09019 OAK PARK PCC	1,992,663	732,757	2,725,420	-21,047	90.23
90.24	09020 PARK RIDGE PCC	347,567	506,402	853,969	-210,825	90.24
90.25	09021 LOYOLA CLINIC AT GOTTLIEB	218,340	124,760	343,100	-15,116	90.25
90.26	09022 WOODRIDGE PCC					90.26
90.27	09023 NEUROLOGY - NILES	2,980	13,009	15,989	-54	90.27
90.28	09024 MARJORIE WEINBERG CANCER CENTER	686,211	4,106,030	4,792,241	-87,542	90.28
90.29	09025 BURR RIDGE PCC	6,306,379	8,500,892	14,807,271	-2,758,396	90.29
90.30	09026 RIVER FOREST	103,263	113,221	216,484	-43,389	90.30
91	09100 EMERGENCY	14,580,127	2,486,531	17,066,658	-796,668	91
92	09200 OBSERVATION BEDS (NON-DISTINCT PART)					92
92.01	09201 OBSERVATION BEDS-DISTINCT	273,896	42,442	316,338	-9,819	92.01
	OTHER REIMBURSABLE COST CENTERS					
94	09400 HOME PROGRAM DIALYSIS					94
95	09500 AMBULANCE SERVICES		338,621	338,621		95
97	09700 DURABLE MEDICAL EQUIP-SOLD	9,258	583,576	592,834		97
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	3,548,048	860,871	4,408,919	-7,183	101
	SPECIAL PURPOSE COST CENTERS					
105	10500 KIDNEY ACQUISITION	396,877	2,111,659	2,508,536	481,248	105
106	10600 HEART ACQUISITION	205,161	460,906	666,067	126,429	106
107	10700 LIVER ACQUISITION	326,519	1,290,632	1,617,151	108,527	107
108	10800 LUNG ACQUISITION	201,260	900,430	1,101,690	120,271	108
109	10900 PANCREAS ACQUISITION	669,109	31,373	700,482	-422,096	109
110	11000 INTESTINAL ACQUISITION	302,140	7,405	309,545	-43	110
111	11100 ISLET ACQUISITION					111
112	08600 OTHER ORGAN ACQUISITION (SPECIFY)	828,146	1,197,607	2,025,753	-276,873	112
116	11600 HOSPICE	600,946	350,536	951,482	-5,661	116
118	SUBTOTALS (SUM OF LINES 1-117)	342,740,428	472,491,767	815,232,195	13,869,152	118
	NONREIMBURSABLE COST CENTERS					
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	84,818	148,625	233,443	-8,835	190
190.01	19001 HINES RADIATION THERAPY	812,611	-9,796	802,815	-8	190.01
190.02	19002 HOME INFUSION THERAPY	877,854	2,872,719	3,750,573	-53,853	190.02
190.03	19003 OP HOSPITAL PHARMACY	169,827	2,961,189	3,131,016	-68,297	190.03
190.04	19004 HOSPITALIST	4,177,575	80,604	4,258,179	-13,108	190.04
190.05	19005 STUDENT HEALTH	42,188	14,772	56,960	-834	190.05
192	19200 PHYSICIANS' PRIVATE OFFICES	62,867	136,831	199,698	-3,071	192
192.01	19201 FACULTY CLINICAL OPERATIONS	124,200,274	28,766,874	152,967,148	-13,721,146	192.01
200	TOTAL (SUM OF LINES 118-199)	473,168,442	507,463,585	980,632,027		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	CAP REL COSTS-BLDG & FIXT	17,667,268	-1,559,410	16,107,858	1
1.01	00101	NEW CAPITAL-BLDG INTEREST	14,645,293	-7,145,459	7,499,834	1.01
2	00200	CAP REL COSTS-MVBLE EQUIP	24,172,533		24,172,533	2
3	00300	OTHER CAP REL COSTS				3
4	00400	EMPLOYEE BENEFITS DEPARTMENT	87,886,939	-2,552,085	85,334,854	4
5.01	01160	COMMUNICATION	3,152,420	-344,704	2,807,716	5.01
5.02	00550	SYSTEM & COMPUTERS	8,124,412	-50,051	8,074,361	5.02
5.03	00560	PURCHASING	2,518,464	-11,838	2,506,626	5.03
5.04	00561	OPC STORES				5.04
5.05	00570	PATIENT AFFAIRS	1,838,078	-12,212	1,825,866	5.05
5.06	00571	PATIENT ADMITTING	2,445,149	-18,404	2,426,745	5.06
5.07	00580	PATIENT ACCOUNTS	7,010,063	-38,309	6,971,754	5.07
5.08	00590	ACCOUNTING	2,995,014	-14,127	2,980,887	5.08
5.09	00591	EMPLOYEE HEALTH SERVICES	630,392	-45,179	585,213	5.09
5.10	00596	PASTORAL CARE	988,500	-51,012	937,488	5.10
5.11	00592	HOSPITAL ADMINISTRATION	133,213,384	-38,512,405	94,700,979	5.11
5.12	00593	AMBULATORY ADMINISTRATION	7,777,169	-2,688,877	5,088,292	5.12
5.14	00595	PRIMARY CARE ADMINISTRATION	3,809,977	-3,207	3,806,770	5.14
6	00600	MAINTENANCE & REPAIRS				6
7	00700	OPERATION OF PLANT	27,773,759	-1,078,751	26,695,008	7
7.01	00701	SAFETY AND SECURITY	2,694,240	-21,445	2,672,795	7.01
8	00800	LAUNDRY & LINEN SERVICE	2,122,538	-2,052	2,120,486	8
9	00900	HOUSEKEEPING	6,463,642	57,493	6,521,135	9
10	01000	DIETARY	4,616,116	-25,574	4,590,542	10
11	01100	CAFETERIA	2,853,418	-2,825,918	27,500	11
12	01200	MAINTENANCE OF PERSONNEL				12
12.01	01201	PATIENT TRANSPORTATION	1,089,306	-8,505	1,080,801	12.01
13	01300	NURSING ADMINISTRATION	3,952,849	-28,220	3,924,629	13
14	01400	CENTRAL SERVICES & SUPPLY	2,090,799	-10,905	2,079,894	14
14.01	01401	CENTRAL PROCESSING	292,190	-1,866	290,324	14.01
15	01500	PHARMACY	8,369,435	-64,363	8,305,072	15
16	01600	MEDICAL RECORDS & LIBRARY	7,724,015	-75,106	7,648,909	16
17	01700	SOCIAL SERVICE	3,109,210	-29,403	3,079,807	17
17.01	01701	HOSPITAL MEDICAL ADMIN				17.01
19	01900	NONPHYSICIAN ANESTHETISTS	2,961,682	-2,961,682		19
20	02000	NURSING SCHOOL				20
21	02100	I&R SERVICES-SALARY & FRINGES APPRVD	37,313,631	-546,054	36,767,577	21
22	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22
23	02300	PARAMED ED PRGM-(SPECIFY)				23
23.01	02301	PARAMEDICAL ED-MICU	706,604	-5,075	701,529	23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK				23.02
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	ADULTS & PEDIATRICS	37,966,549	-287,828	37,678,721	30
31	03100	INTENSIVE CARE UNIT	14,915,149	-103,924	14,811,225	31
33	03300	BURN INTENSIVE CARE UNIT	4,848,198	-36,299	4,811,899	33
35	02400	NEONATAL INTENSIVE CARE	7,121,804	-85,731	7,036,073	35
35.01	02401	PEDIATRIC ICU	2,178,937	-16,147	2,162,790	35.01
35.03	02080	HEART TRANSPLANT ICU	2,622,885	-19,033	2,603,852	35.03
35.04	02081	BONE INTENSIVE CARE	3,431,178	-29,594	3,401,584	35.04
41	04100	SUBPROVIDER - IRF	4,053,430	-41,458	4,011,972	41
43	04300	NURSERY	792,047		792,047	43
ANCILLARY SERVICE COST CENTERS						
50	05000	OPERATING ROOM	44,912,325	-85,722	44,826,603	50
50.01	05001	AMBULATORY SURGERY CENTER	5,804,011	-22,432	5,781,579	50.01
51	05100	RECOVERY ROOM	3,427,149	-24,938	3,402,211	51
52	05200	DELIVERY ROOM & LABOR ROOM	2,463,972	-18,355	2,445,617	52
53	05300	ANESTHESIOLOGY	2,226,068	-18,830	2,207,238	53
54	05400	RADIOLOGY-DIAGNOSTIC	10,417,990	-112,218	10,305,772	54
54.01	03630	RADIOLOGY-ULTRASOUND	982,706	-7,817	974,889	54.01
56	05600	RADIOISOTOPE	3,054,271	-12,642	3,041,629	56
57	05700	CT SCAN	2,452,253	-14,421	2,437,832	57
58	05800	MRI	2,303,717	-12,719	2,290,998	58
59	05900	CARDIAC CATHETERIZATION	10,873,269	-41,831	10,831,438	59
60	06000	LABORATORY	16,817,297	-99,186	16,718,111	60
60.01	03420	LABORATORY-SURGICAL PATHOLOGY	2,711,714	-14,975	2,696,739	60.01
60.02	03421	LABORATORY-NEUROSURGICAL				60.02
60.03	03422	LABORATORY-HLA				60.03
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	06300	BLOOD STORING, PROCESSING & TRANS.	7,466,311	-11,431	7,454,880	63
64	06400	INTRAVENOUS THERAPY				64
65	06500	RESPIRATORY THERAPY	6,611,989	-48,439	6,563,550	65
66	06600	PHYSICAL THERAPY	3,986,719	-55,883	3,930,836	66
67	06700	OCCUPATIONAL THERAPY	1,558,984	-8,477	1,550,507	67
68	06800	SPEECH PATHOLOGY	547,144	-2,945	544,199	68
69	06900	ELECTROCARDIOLOGY	12,404,763	-25,690	12,379,073	69
70	07000	ELECTROENCEPHALOGRAPHY	1,392,390	-10,466	1,381,924	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 CHARGED TO PATIENTS	903,773		903,773	71
73	07300 DRUGS CHARGED TO PATIENTS	24,738,461		24,738,461	73
74	07400 RENAL DIALYSIS	4,674,900	-21,275	4,653,625	74
76	03560 PULMONARY LABS	357,245	-2,031	355,214	76
76.01	03950 OCCUPATIONAL HEALTH	906,823	-403,555	503,268	76.01
76.03	03951 HYPERALIMENTATION				76.03
76.04	03650 PERIPHERAL VASCULAR	560,635	-4,568	556,067	76.04
76.05	03952 PEDIATRIC ENDO NUTRITION				76.05
76.07	03340 GASTROINTESTINAL SERVICE	4,020,920	-18,718	4,002,202	76.07
76.09	03953 BONE MARROW PROCUREMENT	1,976,845		1,976,845	76.09
76.10	03954 BARIATRICS	525,176	-2,968	522,208	76.10
76.11	03955 HEPATOLOGY	603,352	-17,337	586,015	76.11
76.97	07697 CARDIAC REHABILITATION				76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY				76.98
76.99	07699 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
90	09000 CLINIC	238,821	-1,672	237,149	90
90.01	09001 CARDIAC REHABILITATION	192,000	-1,620	190,380	90.01
90.02	09002 CANCER CENTER	21,580,609	-890,369	20,690,240	90.02
90.03	09003 PSYCH SOCIAL REHAB	290,125	-2,102	288,023	90.03
90.04	09004 WELLNESS ASSESSMENT				90.04
90.06	09005 HEART FAILURE CLINIC				90.06
90.07	09006 LOC OUTPATIENT CENTER	25,706,651	-1,505,378	24,201,273	90.07
90.08	09007 OBT OUTPATIENT CENTER	6,196,486	-755,796	5,440,690	90.08
90.09	09008 ELMHURST IMMEDIATE CARE	1,897,775	-420,682	1,477,093	90.09
90.10	09009 LAGRANGE FAMILY PCC	2,578,475	-461,397	2,117,078	90.10
90.12	09010 NORTH RIVERSIDE PCC	3,814,735	-1,714,403	2,100,332	90.12
90.13	09011 GLENDALE HEIGHTS PCC				90.13
90.14	09012 WHEATON PCC	2,583,451	-575,689	2,007,762	90.14
90.15	09013 OBT II PCC	2,618,136	-691,723	1,926,413	90.15
90.16	09014 HICKORY HILLS PCC	4,085,166	-1,410,184	2,674,982	90.16
90.18	09015 DARIEN PCC	1,498,681	-601,486	897,195	90.18
90.20	09016 ORLANAD PARK - FP	4,061,807	-1,694,272	2,367,535	90.20
90.21	09017 FAMILY PRACTICE MAYWOOD PCC	1,116,193	-142,830	973,363	90.21
90.22	09018 HOMER GLEN PCC	5,480,085	-838,616	4,641,469	90.22
90.23	09019 OAK PARK PCC	2,704,373	-1,630,072	1,074,301	90.23
90.24	09020 PARK RIDGE PCC	643,144	-2,996	640,148	90.24
90.25	09021 LOYOLA CLINIC AT GOTTLIEB	327,984	-1,881	326,103	90.25
90.26	09022 WOODRIDGE PCC				90.26
90.27	09023 NEUROLOGY - NILES	15,935	-25	15,910	90.27
90.28	09024 MARJORIE WEINBERG CANCER CENTER	4,704,699	-5,913	4,698,786	90.28
90.29	09025 BURR RIDGE PCC	12,048,875	-915,785	11,133,090	90.29
90.30	09026 RIVER FOREST	173,095	-99,520	73,575	90.30
91	09100 EMERGENCY	16,269,990	-9,850,133	6,419,857	91
92	09200 OBSERVATION BEDS (NON-DISTINCT PART)				92
92.01	09201 OBSERVATION BEDS-DISTINCT	306,519	-2,360	304,159	92.01
OTHER REIMBURSABLE COST CENTERS					
94	09400 HOME PROGRAM DIALYSIS				94
95	09500 AMBULANCE SERVICES	338,621		338,621	95
97	09700 DURABLE MEDICAL EQUIP-SOLD	592,834	-221,468	371,366	97
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	4,401,736	-30,680	4,371,056	101
SPECIAL PURPOSE COST CENTERS					
105	10500 KIDNEY ACQUISITION	2,989,784	-3,822	2,985,962	105
106	10600 HEART ACQUISITION	792,496	-1,768	790,728	106
107	10700 LIVER ACQUISITION	1,725,678	-2,814	1,722,864	107
108	10800 LUNG ACQUISITION	1,221,961	-1,734	1,220,227	108
109	10900 PANCREAS ACQUISITION	278,386	-5,766	272,620	109
110	11000 INTESTINAL ACQUISITION	309,502	-12,603	296,899	110
111	11100 ISLET ACQUISITION				111
112	08600 OTHER ORGAN ACQUISITION (SPECIFY)	1,748,880	-119,733	1,629,147	112
116	11600 HOSPICE	945,821	-11,855	933,966	116
118	SUBTOTALS (SUM OF LINES 1-117)	829,101,347	-87,043,735	742,057,612	118
NONREIMBURSABLE COST CENTERS					
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	224,608	-731	223,877	190
190.01	19001 HINES RADIATION THERAPY	802,807	-7,003	795,804	190.01
190.02	19002 HOME INFUSION THERAPY	3,696,720	-268,200	3,428,520	190.02
190.03	19003 OP HOSPITAL PHARMACY	3,062,719	8,243	3,070,962	190.03
190.04	19004 HOSPITALIST	4,245,071	-2,309,485	1,935,586	190.04
190.05	19005 STUDENT HEALTH	56,126	-22,513	33,613	190.05
192	19200 PHYSICIANS' PRIVATE OFFICES	196,627	-542	196,085	192
192.01	19201 FACULTY CLINICAL OPERATIONS	139,246,002	-28,020,152	111,225,850	192.01
200	TOTAL (SUM OF LINES 118-199)	980,632,027	-117,664,118	862,967,909	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER
		COST CENTER	LINE #		
	1	2	3	4	5
1 DEPRECIATION EXPENSE	A	CAP REL COSTS-BLDG & FIXT	1		17,667,268
2 DEPR	A	CAP REL COSTS-MVBLE EQUIP	2		24,172,533
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500 TOTAL RECLASSIFICATIONS  
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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	2,499,929	461,753	1
2						2
3						3
500 TOTAL RECLASSIFICATIONS				2,499,929	461,753	500
CODE LETTER - B						
1 SHARED SERVICE TO HE	D	HOSPITAL ADMINISTRATION	5.11	6,135,000	1,700,000	1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
500 TOTAL RECLASSIFICATIONS				6,135,000	1,700,000	500
CODE LETTER - D						
1 PENSION EXPENSE	E	EMPLOYEE BENEFITS DEPARTMENT	4		5,791,885	1
2						2
500 TOTAL RECLASSIFICATIONS					5,791,885	500
CODE LETTER - E						
1 SERVICE ASSOCIATE	J	ADULTS & PEDIATRICS	30	784,070	1,231,982	1
2		INTENSIVE CARE UNIT	31	150,354	236,246	2
3		BURN INTENSIVE CARE UNIT	33	59,181	92,988	3
4		PEDIATRIC ICU	35.01	21,444	33,694	4
5		HEART TRANSPLANT ICU	35.03	30,010	47,153	5
6		BONE INTENSIVE CARE	35.04	29,003	45,572	6
7		SUBPROVIDER - IRF	41	92,644	145,568	7
8		NURSERY	43	17,418	27,368	8
9						9
500 TOTAL RECLASSIFICATIONS				1,184,124	1,860,571	500
CODE LETTER - J						
1 CAFETERIA	K	CAFETERIA	11	555,474	1,088,050	1
2						2
500 TOTAL RECLASSIFICATIONS				555,474	1,088,050	500
CODE LETTER - K						
1 MEDICAL SUPPLY CHG TO PATIENT	L	MEDICAL SUPPLIES CHARGED TO P	71		903,773	1
2						2
500 TOTAL RECLASSIFICATIONS					903,773	500
CODE LETTER - L						
1 DRUGS CHG TO PATIENT	M	DRUGS CHARGED TO PATIENTS	73		24,738,461	1
2						2
500 TOTAL RECLASSIFICATIONS					24,738,461	500
CODE LETTER - M						
1 DPU REHAB THERAPY	O	PHYSICAL THERAPY	66	460,473	85,052	1
2		OCCUPATIONAL THERAPY	67	397,013	73,331	2
3		SPEECH PATHOLOGY	68	139,874	25,836	3
4		SOCIAL SERVICE	17	112,607	20,799	4
5						5
500 TOTAL RECLASSIFICATIONS				1,109,967	205,018	500
CODE LETTER - O						
1 INSURANCE	P					1
500 TOTAL RECLASSIFICATIONS						500
CODE LETTER - P						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	-----		INCREASE		-----	
		COST CENTER		LINE #	SALARY	OTHER	
	1	2		3	4	5	
1 HOSPITAL MEDICAL ADMIN (50990)	R			5.11		1,841,478	1
2		HOSPITAL ADMINISTRATION					2
3		LOC OUTPATIENT CENTER		90.07		13,750	3
4							4
5							5
500 TOTAL RECLASSIFICATIONS						1,855,228	500
CODE LETTER - R							
1 NURSERY	T						1
2		NURSERY		43	435,598	311,663	2
500 TOTAL RECLASSIFICATIONS					435,598	311,663	500
CODE LETTER - T							
1 INTERST EXPENSE	U						1
2		NEW CAPITAL-BLDG INTEREST		1.01		14,645,293	2
500 TOTAL RECLASSIFICATIONS						14,645,293	500
CODE LETTER - U							

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	-----		INCREASE		-----	
		COST	CENTER	LINE #	SALARY	OTHER	
	1	2		3	4	5	
1 SUPPLY REBATE RECLS TO DEPTS	W	PURCHASING		5.03		3,605,286	1
2		OPC STORES		5.04		131,514	2
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CODE LETTER - W

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RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
1		2	3	4	5	
1 TRANSPLANT PRE VS POST	AB	KIDNEY ACQUISITION	105	180,297	63,348	1
2 TRANSPLANT PRE VS POST	AB	HEART ACQUISITION	106	94,717	33,279	2
3 TRANSPLANT PRE VS POST	AB	LIVER ACQUISITION	107	80,376	28,240	3
4 TRANSPLANT PRE VS POST	AB	LUNG ACQUISITION	108	89,292	31,373	4
5 TRANSPLANT PRE VS POST	AB	KIDNEY ACQUISITION	105	135,624	104,102	5
6						6
500 TOTAL RECLASSIFICATIONS				580,306	260,342	500
CODE LETTER - AB						
1 NUTRITION SUPPORT TO LOC	AG	LOC OUTPATIENT CENTER	90.07	282,596	1,358	1
500 TOTAL RECLASSIFICATIONS				282,596	1,358	500
CODE LETTER - AG						
1 LAWSON AU 10637	AH	ELECTROCARDIOLOGY	69	217,480	68,318	1
500 TOTAL RECLASSIFICATIONS				217,480	68,318	500
CODE LETTER - AH						
1 HOSPITAL MEDICAL ADMIN (50993)	AK	HOSPITAL ADMINSTRATION	5.11	11,864,157		1
2						2
3						3
4						4
5						5
500 TOTAL RECLASSIFICATIONS				11,864,157		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	197,130	679	1
2		RADIOLOGY-ULTRASOUND	54.01	47,852	165	2
3		MRI	58	153,273	528	3
4		CT SCAN	57	269,862	930	4
5		RADIOISOTOPE	56	73,139	252	5
6		OBSERVATION BEDS-DISTINCT	92.01	1,790	6	6
500 TOTAL RECLASSIFICATIONS				743,046	2,560	500
CODE LETTER - AO						
1 MEDICAL EDUCATION	AP	I&R SERVICES-SALARY & FRINGES	21	3,747,712	1,379,386	1
500 TOTAL RECLASSIFICATIONS				3,747,712	1,379,386	500
CODE LETTER - AP						
GRAND TOTAL (INCREASES)				29,355,389	100,850,260	

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 DEPRECIATION EXPENSE	A	EMPLOYEE BENEFITS DEPARTMENT	4		32,040	9 1
2 DEPR	A	COMMUNICATION	5.01		124,448	9 2
3		SYSTEM & COMPUTERS	5.02		2,966,948	3
4		PURCHASING	5.03		173,898	4
5		OPC STORES	5.04		39,629	5
6		PATIENT AFFAIRS	5.05		23,487	6
7		PATIENT ADMITTING	5.06		38,379	7
8		PATIENT ACCOUNTS	5.07		208,635	8
9		ACCOUNTING	5.08		137,825	9
10		EMPLOYEE HEALTH SERVICES	5.09		29,950	10
11		PASTORAL CARE	5.10		124,057	11
12		HOSPITAL ADMINISTRATION	5.11		2,129,630	12
13		AMBULATORY ADMINISTRATION	5.12		8,880	13
14		PRIMARY CARE ADMINISTRATION	5.14		1,056	14
15		OPERATION OF PLANT	7		2,594,026	15
16		SAFETY AND SECURITY	7.01		148,660	16
17		LAUNDRY & LINEN SERVICE	8		74,415	17
18		HOUSEKEEPING	9		81,325	18
19		DIETARY	10		283,390	19
20		CAFETERIA	11		5,347	20
21		PATIENT TRANSPORTATION	12.01		4,786	21
22		NURSING ADMINISTRATION	13		59,890	22
23		CENTRAL SERVICES & SUPPLY	14		675,094	23
24		CENTRAL PROCESSING	14.01		77,348	24
25		PHARMACY	15		322,155	25
26		MEDICAL RECORDS & LIBRARY	16		769,285	26
27		SOCIAL SERVICE	17		30,829	27
28		I&R SERVICES-SALARY & FRINGES	21		69,538	28
29		PARAMEDICAL ED-MICU	23.01		51,260	29
30		ADULTS & PEDIATRICS	30		2,140,220	30
31		INTENSIVE CARE UNIT	31		639,893	31
32		BURN INTENSIVE CARE UNIT	33		200,325	32
33		NEONATAL INTENSIVE CARE	35		422,980	33
34		PEDIATRIC ICU	35.01		112,552	34
35		HEART TRANSPLANT ICU	35.03		137,328	35
36		BONE INTENSIVE CARE	35.04		274,575	36
37		SUBPROVIDER - IRF	41		299,796	37
38		OPERATING ROOM	50		4,183,322	38
39		AMBULATORY SURGERY CENTER	50.01		564,425	39
40		RECOVERY ROOM	51		351,734	40
41		DELIVERY ROOM & LABOR ROOM	52		116,464	41
42		ANESTHESIOLOGY	53		219,313	42
43		RADIOLOGY-DIAGNOSTIC	54		1,923,935	43
44		RADIOLOGY-ULTRASOUND	54.01		98,758	44
45		RADIOISOTOPE	56		281,634	45
46		CT SCAN	57		622,635	46
47		MRI	58		1,146,727	47
48		CARDIAC CATHETERIZATION	59		1,439,918	48
49		LABORATORY	60		495,452	49
50		LABORATORY-SURGICAL PATHOLOGY	60.01		317,578	50
51		BLOOD STORING, PROCESSING & T	63		125,541	51
52		RESPIRATORY THERAPY	65		299,424	52
53		PHYSICAL THERAPY	66		112,416	53
54		OCCUPATIONAL THERAPY	67		55,606	54
55		SPEECH PATHOLOGY	68		17,050	55
56		ELECTROCARDIOLOGY	69		1,830,775	56
57		ELECTROENCEPHALOGRAPHY	70		175,574	57
58		RENAL DIALYSIS	74		142,451	58
59		PULMONARY LABS	76		152,676	59
60		OCCUPATIONAL HEALTH	76.01		39,300	60
61		PERIPHERAL VASCULAR	76.04		109,113	61
62		GASTROINTESTINAL SERVICE	76.07		503,018	62
63		BARIATRICS	76.10		52,062	63
64		CLINIC	90		28,124	64
65		CANCER CENTER	90.02		398,076	65
66		PSYCH SOCIAL REHAB	90.03		19,808	66
67		LOC OUTPATIENT CENTER	90.07		3,073,963	67
68		OBT OUTPATIENT CENTER	90.08		440,381	68
69		ELMHURST IMMEDIATE CARE	90.09		43,115	69
70		LAGRANGE FAMILY PCC	90.10		138,805	70
71		NORTH RIVERSIDE PCC	90.12		228,944	71
72		WHEATON PCC	90.14		64,612	72
73		OBT II PCC	90.15		133,819	73
74		HICKORY HILLS PCC	90.16		164,561	74
75		DARIEN PCC	90.18		286,415	75
76		ORLANAD PARK - FP	90.20		75,659	76
77		FAMILY PRACTICE MAYWOOD PCC	90.21		49,882	77
78		HOMER GLEN PCC	90.22		165,035	78
79		OAK PARK PCC	90.23		10,723	79
80		PARK RIDGE PCC	90.24		209,727	80
81		LOYOLA CLINIC AT GOTTLIEB	90.25		13,837	81
82		MARJORIE WEINBERG CANCER CENT	90.28		19,442	82
83		BURR RIDGE PCC	90.29		2,723,478	83
84		RIVER FOREST	90.30		42,592	84
85		EMERGENCY	91		657,755	85
86		OBSERVATION BEDS-DISTINCT	92.01		10,968	86
87		HOME HEALTH AGENCY	101		3,751	87
88		KIDNEY ACQUISITION	105		1,975	88
89		HEART ACQUISITION	106		1,561	89
90		LUNG ACQUISITION	108		373	90

91	PANCREAS ACQUISITION	109	389	91
92	OTHER ORGAN ACQUISITION (SPEC	112	14,582	92
93	HOSPICE	116	319	93
94	GIFT, FLOWER, COFFEE SHOP & C	190	5,838	94
95	OP HOSPITAL PHARMACY	190.03	7,215	95
96	HOSPITALIST	190.04	13,014	96
97	STUDENT HEALTH	190.05	532	97
98	PHYSICIANS' PRIVATE OFFICES	192	1,285	98
99	FACULTY CLINICAL OPERATIONS	192.01	1,898,466	99
500	TOTAL RECLASSIFICATIONS		41,839,801	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					1
2		FACULTY CLINICAL OPERATIONS	192.01	2,495,279	460,894	2
3		NURSING ADMINISTRATION	13	4,650	859	3
500 TOTAL RECLASSIFICATIONS CODE LETTER - B				2,499,929	461,753	500
1 SHARED SERVICE TO HE	D					1
2						2
3		SYSTEM & COMPUTERS	5.02	947,000		3
4						4
5		OPERATION OF PLANT	7	4,530,000	245,000	5
6		SAFETY AND SECURITY	7.01	504,000		6
7		HOUSEKEEPING	9		1,455,000	7
8		HOSPITAL ADMINISTRATION	5.11	154,000		8
500 TOTAL RECLASSIFICATIONS CODE LETTER - D				6,135,000	1,700,000	500
1 PENSION EXPENSE	E	HOSPITAL ADMINISTRATION	5.11		3,026,576	1
2		FACULTY CLINICAL OPERATIONS	192.01		2,765,309	2
500 TOTAL RECLASSIFICATIONS CODE LETTER - E					5,791,885	500
1 SERVICE ASSOCIATE	J					1
2		HOUSEKEEPING	9	1,184,124	1,860,571	2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
500 TOTAL RECLASSIFICATIONS CODE LETTER - J				1,184,124	1,860,571	500
1 CAFETERIA	K					1
2		DIETARY	10	555,474	1,088,050	2
500 TOTAL RECLASSIFICATIONS CODE LETTER - K				555,474	1,088,050	500
1 MEDICAL SUPPLY CHG TO PATIENT	L					1
2		CENTRAL SERVICES & SUPPLY	14		903,773	2
500 TOTAL RECLASSIFICATIONS CODE LETTER - L					903,773	500
1 DRUGS CHG TO PATIENT	M					1
2		PHARMACY	15		24,738,461	2
500 TOTAL RECLASSIFICATIONS CODE LETTER - M					24,738,461	500
1 DPU REHAB THERAPY	O					1
2		SUBPROVIDER - IRF	41	1,109,967	205,018	2
3						3
4						4
5						5
500 TOTAL RECLASSIFICATIONS CODE LETTER - O				1,109,967	205,018	500
1 INSURANCE	P					1
500 TOTAL RECLASSIFICATIONS CODE LETTER - P						500

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 HOSPITAL MEDICAL ADMIN (50990)	R					1
2		CARDIAC CATHETERIZATION	59		869,929	2
3		EMERGENCY	91		103,493	3
4		DELIVERY ROOM & LABOR ROOM	52		14,418	4
5		FACULTY CLINICAL OPERATIONS	192.01		867,388	5
500 TOTAL RECLASSIFICATIONS					1,855,228	500
CODE LETTER - R						
1 NURSERY	T					1
2		ADULTS & PEDIATRICS	30	435,598	311,663	2
500 TOTAL RECLASSIFICATIONS				435,598	311,663	500
CODE LETTER - T						
1 INTERST EXPENSE	U					11 1
2		HOSPITAL ADMINISTRATION	5.11		14,645,293	9 2
500 TOTAL RECLASSIFICATIONS					14,645,293	500
CODE LETTER - U						

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 SUPPLY REBATE RECLS TO DEPTS	W	EMPLOYEE BENEFITS DEPARTMENT	4		1,881	1
2		SYSTEM & COMPUTERS	5.02		3,578	2
3		PATIENT AFFAIRS	5.05		3,148	3
4		PATIENT ADMITTING	5.06		1,255	4
5		PATIENT ACCOUNTS	5.07		3,550	5
6		ACCOUNTING	5.08		714	6
7		EMPLOYEE HEALTH SERVICES	5.09		7,573	7
8		PASTORAL CARE	5.10		765	8
9		HOSPITAL ADMINISTRATION	5.11		19,134	9
10		AMBULATORY ADMINISTRATION	5.12		731	10
11		PRIMARY CARE ADMINISTRATION	5.14		77,301	11
12		OPERATION OF PLANT	7		49,426	12
13		SAFETY AND SECURITY	7.01		3,965	13
14		LAUNDRY & LINEN SERVICE	8		1,689	14
15		HOUSEKEEPING	9		13,660	15
16		DIETARY	10		53,238	16
17		CAFETERIA	11		12,500	17
18		PATIENT TRANSPORTATION	12.01		322	18
19		NURSING ADMINISTRATION	13		2,105	19
20		CENTRAL SERVICES & SUPPLY	14		20,840	20
21		PHARMACY	15		528,845	21
22		MEDICAL RECORDS & LIBRARY	16		2,452	22
23		SOCIAL SERVICE	17		286	23
24		I&R SERVICES-SALARY & FRINGES	21		2,650	24
25		PARAMEDICAL ED-MICU	23.01		492	25
26		ADULTS & PEDIATRICS	30		90,018	26
27		INTENSIVE CARE UNIT	31		53,252	27
28		BURN INTENSIVE CARE UNIT	33		22,017	28
29		NEONATAL INTENSIVE CARE	35		10,892	29
30		PEDIATRIC ICU	35.01		5,139	30
31		HEART TRANSPLANT ICU	35.03		7,267	31
32		BONE INTENSIVE CARE	35.04		5,453	32
33		SUBPROVIDER - IRF	41		5,562	33
34		OPERATING ROOM	50		752,714	34
35		AMBULATORY SURGERY CENTER	50.01		64,232	35
36		RECOVERY ROOM	51		11,525	36
37		DELIVERY ROOM & LABOR ROOM	52		7,158	37
38		ANESTHESIOLOGY	53		37,259	38
39		RADIOLOGY-DIAGNOSTIC	54		55,234	39
40		RADIOLOGY-ULTRASOUND	54.01		514	40
41		RADIOISOTOPE	56		31,555	41
42		CT SCAN	57		11,029	42
43		MRI	58		8,642	43
44		CARDIAC CATHETERIZATION	59		158,518	44
45		LABORATORY	60		140,763	45
46		LABORATORY-SURGICAL PATHOLOGY	60.01		21,038	46
47		BLOOD STORING, PROCESSING & T	63		132,901	47
48		RESPIRATORY THERAPY	65		19,422	48
49		PHYSICAL THERAPY	66		3,957	49
50		OCCUPATIONAL THERAPY	67		1,458	50
51		SPEECH PATHOLOGY	68		731	51
52		ELECTROCARDIOLOGY	69		191,498	52
53		ELECTROENCEPHALOGRAPHY	70		2,458	53
54		RENAL DIALYSIS	74		39,239	54
55		PULMONARY LABS	76		2,152	55
56		OCCUPATIONAL HEALTH	76.01		1,883	56
57		PERIPHERAL VASCULAR	76.04		249	57
58		GASTROINTESTINAL SERVICE	76.07		39,404	58
59		PULMONARY LABS	76		343	59
60		HEPATOLOGY	76.11		735	60
61		CLINIC	90		976	61
62		CANCER CENTER	90.02		336,020	62
63		PSYCH SOCIAL REHAB	90.03		401	63
64		LOC OUTPATIENT CENTER	90.07		152,546	64
65		OBT OUTPATIENT CENTER	90.08		12,922	65
66		ELMHURST IMMEDIATE CARE	90.09		8,016	66
67		LAGRANGE FAMILY PCC	90.10		10,540	67
68		NORTH RIVERSIDE PCC	90.12		15,764	68
69		WHEATON PCC	90.14		15,151	69
70		OBT II PCC	90.15		11,390	70
71		HICKORY HILLS PCC	90.16		7,352	71
72		DARIEN PCC	90.18		3,366	72
73		ORLANAD PARK - FP	90.20		15,180	73
74		FAMILY PRACTICE MAYWOOD PCC	90.21		5,244	74
75		HOMER GLEN PCC	90.22		37,339	75
76		OAK PARK PCC	90.23		10,324	76
77		PARK RIDGE PCC	90.24		1,098	77
78		LOYOLA CLINIC AT GOTTLIEB	90.25		1,279	78
79		NEUROLOGY - NILES	90.27		54	79
80		MARJORIE WEINBERG CANCER CENT	90.28		68,100	80
81		BURR RIDGE PCC	90.29		34,918	81
82		RIVER FOREST	90.30		797	82
83		EMERGENCY	91		35,420	83
84		OBSERVATION BEDS-DISTINCT	92.01		647	84
85		HOME HEALTH AGENCY	101		3,432	85
86		KIDNEY ACQUISITION	105		148	86
87		HEART ACQUISITION	106		6	87
88		LIVER ACQUISITION	107		89	88
89		LUNG ACQUISITION	108		21	89
90		PANCREAS ACQUISITION	109		166	90

91	INTESTINAL ACQUISITION	110	43	91
92	OTHER ORGAN ACQUISITION (SPEC	112	22,565	92
93	HOSPICE	116	5,342	93
94	GIFT, FLOWER, COFFEE SHOP & C	190	2,997	94
95	HINES RADIATION THERAPY	190.01	8	95
96	HOME INFUSION THERAPY	190.02	53,853	96
97	OP HOSPITAL PHARMACY	190.03	61,082	97
98	HOSPITALIST	190.04	94	98
99	STUDENT HEALTH	190.05	302	99
100	PHYSICIANS' PRIVATE OFFICES	192	1,786	100
101	FACULTY CLINICAL OPERATIONS	192.01	51,711	101
500	TOTAL RECLASSIFICATIONS		3,736,800	500

CODE LETTER - W

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 TRANSPLANT PRE VS POST	AB	HOSPITAL ADMINSTRATION	5.11	20,783	7,302	1
2 TRANSPLANT PRE VS POST	AB	DIETARY	10	44,533	15,647	2
3 TRANSPLANT PRE VS POST	AB	PHARMACY	15	32,293	11,346	3
4 TRANSPLANT PRE VS POST	AB	PANCREAS ACQUISITION	109	311,940	109,601	4
5 TRANSPLANT PRE VS POST	AB	FACUALTY CLINICAL OPERATIONS	192.01	35,133	12,344	5
6		OTHER ORGAN ACQUISITION (SPEC	112	135,624	104,102	6
500 TOTAL RECLASSIFICATIONS				580,306	260,342	500
CODE LETTER - AB						
1 NUTRITION SUPPORT TO LOC	AG	DIETARY	10	282,596	1,358	1
500 TOTAL RECLASSIFICATIONS				282,596	1,358	500
CODE LETTER - AG						
1 LAWSON AU 10637	AH	CARDIAC CATHETERIZATION	59	217,480	68,318	1
500 TOTAL RECLASSIFICATIONS				217,480	68,318	500
CODE LETTER - AH						
1 HOSPITAL MEDICAL ADMIN (50993)	AK	HOSPITAL ADMINSTRATION	5.11	10,470,631		1
2		AMBULATORY ADMINISTRATION	5.12	1,385,446		2
3		EMPLOYEE BENEFITS DEPARTMENT	4	556		3
4		FACUALTY CLINICAL OPERATIONS	192.01	7,002		4
5		FACUALTY CLINICAL OPERATIONS	192.01	522		5
500 TOTAL RECLASSIFICATIONS				11,864,157		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	731,022	850	1
2		LOC OUTPATIENT CENTER	90.07	12,024	1,710	2
3						3
4						4
5						5
6						6
500 TOTAL RECLASSIFICATIONS				743,046	2,560	500
CODE LETTER - AO						
1 MEDICAL EDUCATION	AP	FACUALTY CLINICAL OPERATIONS	192.01	3,747,712	1,379,386	1
500 TOTAL RECLASSIFICATIONS				3,747,712	1,379,386	500
CODE LETTER - AP						
GRAND TOTAL (DECREASES)				29,355,389	100,850,260	

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 RETIREMENTS	BALANCE	DEPRECIATED ASSETS
	1	2	3	4	5	6	7
1 LAND	8,850,000					8,850,000	1
2 LAND IMPROVEMENTS	96,626	43,500		43,500		140,126	2
3 BUILDINGS AND FIXTURES	325,734,394	12,663,236		12,663,236		338,397,630	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT	132,271,235	29,637,189		29,637,189	2,716,032	159,192,392	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	466,952,255	42,343,925		42,343,925	2,716,032	506,580,148	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	466,952,255	42,343,925		42,343,925	2,716,032	506,580,148	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
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

DESCRIPTION	GROSS ASSETS	CAPITALIZED LEASES	RATIOS		INSURANCE	TAXES	OTHER	TOTAL
			FOR RATIO (COL. 1 - COL. 2)	(SEE INSTR.)			CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 5-7)
	1	2	3	4	5	6	7	8
1 CAP REL COSTS-BLDG & FIXT	182,465,586		182,465,586	0.393012				1
1.01 NEW CAPITAL-BLDG INTEREST	164,922,170	42,304,537	122,617,633	0.264105				1.01
2 CAP REL COSTS-MVBLE EQUIP	159,192,392		159,192,392	0.342883				2
3 TOTAL (SUM OF LINES 1-2)	506,580,148	42,304,537	464,275,611	1.000000				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
1 CAP REL COSTS-BLDG & FIXT	16,107,858						16,107,858 1
1.01 NEW CAPITAL-BLDG INTEREST	14,645,293		-7,145,459				7,499,834 1.01
2 CAP REL COSTS-MVBLE EQUIP	24,172,533						24,172,533 2
3 TOTAL	54,925,684		-7,145,459				47,780,225 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	-7,145,459	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	-335,955	COMMUNICATION	5.01	7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)	A	-17,065	OPERATION OF PLANT	7	8
9 PARKING LOT (CHAPTER 21)	A	-987,159	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	-18,264,546			12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-2,820,274	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		RESPIRATORY THERAPY	65	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	A	-2,961,682	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	-1,530,141	CAP REL COSTS-BLDG & FIXT	1	9 33.04
34 PENALTIES	A	-7,133	HOSPITAL ADMINSTRATION	5.11	34
35 LOBBYING EXPENSE	A	-51,808	HOSPITAL ADMINSTRATION	5.11	35
35.01 PHYSICIAN RECRUITING	A	-73,469	HOSPITAL ADMINSTRATION	5.11	35.01
35.02 BOARD OF DIRECTORS	A	-15,796	HOSPITAL ADMINSTRATION	5.11	35.02
35.04 DONATIONS	A	-186,473	HOSPITAL ADMINSTRATION	5.11	35.04
35.05 FLOWERS AND GIFTS	A	-30,038	HOSPITAL ADMINSTRATION	5.11	35.05
35.06 EXPENSE REPORTS	A	-5,011	HOSPITAL ADMINSTRATION	5.11	35.06
35.07 ADVERTISING	A	-4,559,059	HOSPITAL ADMINSTRATION	5.11	35.07
35.08 LOBBYING TRINITY	A	-42,420	HOSPITAL ADMINSTRATION	5.11	35.08
36 SELF INSURANCE	A	-270,794	EMPLOYEE BENEFITS DEPARTMENT	4	36
36.01 SELF INSURANCE	A	-58,029	COMMUNICATION	5.01	36.01
36.02 SELF INSURANCE	A	-331,970	SYSTEM & COMPUTERS	5.02	36.02
36.03 SELF INSURANCE	A	-78,517	PURCHASING	5.03	36.03
36.05 SELF INSURANCE	A	-80,996	PATIENT AFFAIRS	5.05	36.05
36.06 SELF INSURANCE	A	-122,067	PATIENT ADMITTING	5.06	36.06
36.07 SELF INSURANCE	A	-252,543	PATIENT ACCOUNTS	5.07	36.07
36.08 SELF INSURANCE	A	-93,697	ACCOUNTING	5.08	36.08
36.09 SELF INSURANCE	A	-14,725	EMPLOYEE HEALTH SERVICES	5.09	36.09
36.10 SELF INSURANCE	A	-53,139	PASTORAL CARE	5.10	36.10
36.11 SELF INSURANCE	A	-2,109,231	HOSPITAL ADMINSTRATION	5.11	36.11
36.12 SELF INSURANCE	A	-1,824	PRIMARY CARE ADMINISTRATION	5.14	36.12
36.13 SELF INSURANCE	A	-466,268	OPERATION OF PLANT	7	36.13
36.14 SELF INSURANCE	A	-142,234	SAFETY AND SECURITY	7.01	36.14
36.15 SELF INSURANCE	A	-13,612	LAUNDRY & LINEN SERVICE	8	36.15
36.16 SELF INSURANCE	A	-169,627	DIETARY	10	36.16

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
36.17 SELF INSURANCE	A	-32,382	CAFETERIA	11	36.17
36.18 SELF INSURANCE	A	-56,416	PATIENT TRANSPORTATION	12.01	36.18
36.19 SELF INSURANCE	A	-114,909	NURSING ADMINISTRATION	13	36.19
36.20 SELF INSURANCE	A	-72,326	CENTRAL SERVICES & SUPPLY	14	36.20
36.21 SELF INSURANCE	A	-12,378	CENTRAL PROCESSING	14.01	36.21
36.22 SELF INSURANCE	A	-426,893	PHARMACY	15	36.22
36.23 SELF INSURANCE	A	-224,650	MEDICAL RECORDS & LIBRARY	16	36.23
36.24 SELF INSURANCE	A	-162,322	SOCIAL SERVICE	17	36.24
36.25 SELF INSURANCE	A	-1,819,827	I&R SERVICES-SALARY & FRINGES A	21	36.25
36.26 SELF INSURANCE	A	-29,631	PARAMEDICAL ED-MICU	23.01	36.26
36.27 SELF INSURANCE	A	-1,852,681	ADULTS & PEDIATRICS	30	36.27
36.28 SELF INSURANCE	A	-689,289	INTENSIVE CARE UNIT	31	36.28
36.29 SELF INSURANCE	A	-209,406	BURN INTENSIVE CARE UNIT	33	36.29
36.30 SELF INSURANCE	A	-377,878	NEONATAL INTENSIVE CARE	35	36.30
36.31 SELF INSURANCE	A	-107,096	PEDIATRIC ICU	35.01	36.31
36.32 SELF INSURANCE	A	-126,235	HEART TRANSPLANT ICU	35.03	36.32
36.33 SELF INSURANCE	A	-176,851	BONE INTENSIVE CARE	35.04	36.33
36.34 SELF INSURANCE	A	-274,975	SUBPROVIDER - IRF	41	36.34
36.35 SELF INSURANCE	A	-568,561	OPERATING ROOM	50	36.35
36.36 SELF INSURANCE	A	-148,781	AMBULATORY SURGERY CENTER	50.01	36.36
36.37 SELF INSURANCE	A	-165,405	RECOVERY ROOM	51	36.37
36.38 SELF INSURANCE	A	-121,743	DELIVERY ROOM & LABOR ROOM	52	36.38
36.39 SELF INSURANCE	A	-26,990	ANESTHESIOLOGY	53	36.39
36.40 SELF INSURANCE	A	-401,325	RADIOLOGY-DIAGNOSTIC	54	36.40
36.41 -SELF INSURANCE	A	-51,846	RADIOLOGY-ULTRASOUND	54.01	36.41
36.42 SELF INSURANCE	A	-83,855	RADIOISOTOPE	56	36.42
36.43 SELF INSURANCE	A	-95,651	CT SCAN	57	36.43
36.44 SELF INSURANCE	A	-84,364	MRI	58	36.44
36.45 SELF INSURANCE	A	-252,350	CARDIAC CATHETERIZATION	59	36.45
36.46 SELF INSURANCE	A	-366,335	LABORATORY	60	36.46
36.47 SELF INSURANCE	A	-82,072	LABORATORY-SURGICAL PATHOLOGY	60.01	36.47
36.48 SELF INSURANCE	A	-75,816	BLOOD STORING, PROCESSING & TRA	63	36.48
36.49 SELF INSURANCE	A	-321,280	RESPIRATORY THERAPY	65	36.49
36.50 SELF INSURANCE	A	-175,973	PHYSICAL THERAPY	66	36.50
36.51 SELF INSURANCE	A	-56,223	OCCUPATIONAL THERAPY	67	36.51
36.52 SELF INSURANCE	A	-19,532	SPEECH PATHOLOGY	68	36.52
36.53 SELF INSURANCE	A	-170,393	ELECTROCARDIOLOGY	69	36.53
36.54 SELF INSURANCE	A	-69,416	ELECTROENCEPHALOGRAPHY	70	36.54
36.55 SELF INSURANCE	A	-141,105	RENAL DIALYSIS	74	36.55
36.56 SELF INSURANCE	A	-13,466	PULMONARY LABS	76	36.56
36.57 SELF INSURANCE	A	-44,588	OCCUPATIONAL HEALTH	76.01	36.57
36.58 SELF INSURANCE	A	-30,298	PERIPHERAL VASCULAR	76.04	36.58
36.59 SELF INSURANCE	A	-124,148	GASTROINTESTINAL SERVICE	76.07	36.59
36.60 SELF INSURANCE	A	-19,684	BARIATRICS	76.10	36.60
36.61 SELF INSURANCE	A	-30,331	HEPATOLOGY	76.11	36.61
36.62 SELF INSURANCE	A	-11,089	CLINIC	90	36.62
36.63 SELF INSURANCE	A	-10,746	CARDIAC REHABILITATION	90.01	36.63
36.64 SELF INSURANCE	A	-304,353	CANCER CENTER	90.02	36.64
36.65 SELF INSURANCE	A	-13,940	PSYCH SOCIAL REHAB	90.03	36.65
36.66 SELF INSURANCE	A	-1,000,383	LOC OUTPATIENT CENTER	90.07	36.66
36.67 SELF INSURANCE	A	-242,025	OBT OUTPATIENT CENTER	90.08	36.67
36.68 SELF INSURANCE	A	-62,340	ELMHURST IMMEDIATE CARE	90.09	36.68
36.69 SELF INSURANCE	A	-90,225	LAGRANGE FAMILY PCC	90.10	36.69
36.70 SELF INSURANCE	A	-148,931	NORTH RIVERSIDE PCC	90.12	36.70
36.71 SELF INSURANCE	A	-74,490	WHEATON PCC	90.14	36.71
36.72 SELF INSURANCE	A	-100,944	OBT II PCC	90.15	36.72
36.73 SELF INSURANCE	A	-168,464	HICKORY HILLS PCC	90.16	36.73
36.74 SELF INSURANCE	A	-61,759	DARIEN PCC	90.18	36.74
36.75 SELF INSURANCE	A	-161,799	ORLANAD PARK - FP	90.20	36.75
36.76 SELF INSURANCE	A	-43,777	FAMILY PRACTICE MAYWOOD PCC	90.21	36.76
36.77 SELF INSURANCE	A	-171,070	HOMER GLEN PCC	90.22	36.77
36.78 SELF INSURANCE	A	-113,893	OAK PARK PCC	90.23	36.78
36.79 SELF INSURANCE	A	-19,866	PARK RIDGE PCC	90.24	36.79
36.80 SELF INSURANCE	A	-12,479	LOYOLA CLINIC AT GOTTLIEB	90.25	36.80
36.81 SELF INSURANCE	A	-170	NEUROLOGY - NILES	90.27	36.81
36.82 SELF INSURANCE	A	-39,221	MARJORIE WEINBERG CANCER CENTER	90.28	36.82
36.83 SELF INSURANCE	A	-360,449	BURR RIDGE PCC	90.29	36.83
36.84 SELF INSURANCE	A	-5,902	RIVER FOREST	90.30	36.84
36.85 SELF INSURANCE	A	-833,344	EMERGENCY	91	36.85
36.86 SELF INSURANCE	A	-15,655	OBSERVATION BEDS-DISTINCT	92.01	36.86
36.87 SELF INSURANCE	A	-529	DURABLE MEDICAL EQUIP-SOLD	97	36.87
36.88 SELF INSURANCE	A	-202,793	HOME HEALTH AGENCY	101	36.88
36.89 SELF INSURANCE	A	-22,684	KIDNEY ACQUISITION	105	36.89
36.90 SELF INSURANCE	A	-11,726	HEART ACQUISITION	106	36.90
36.91 SELF INSURANCE	A	-18,663	LIVER ACQUISITION	107	36.91
36.92 SELF INSURANCE	A	-11,503	LUNG ACQUISITION	108	36.92
36.93 SELF INSURANCE	A	-38,244	PANCREAS ACQUISITION	109	36.93

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
36.94 SELF INSURANCE	A	-17,269	INTESTINAL ACQUISITION	110	36.94
36.95 SELF INSURANCE	A	-147,334	OTHER ORGAN ACQUISITION (SPECIF	112	36.95
36.96 SELF INSURANCE	A	-34,348	HOSPICE	116	36.96
36.97 SELF INSURANCE	A	-4,848	GIFT, FLOWER, COFFEE SHOP & CAN	190	36.97
36.98 SELF INSURANCE	A	-46,446	HINES RADIATION THERAPY	190.01	36.98
36.99 SELF INSURANCE	A	-50,175	HOME INFUSION THERAPY	190.02	36.99
37 SELF INSURANCE	A	-9,707	STUDENT HEALTH	190.05	37
37.01 SELF INSURANCE	A	-238,774	HOSPITALIST	190.04	37.01
37.02 SELF INSURANCE	A	-2,411	STUDENT HEALTH	190.05	37.02
37.03 SELF INSURANCE	A	-3,593	PHYSICIANS' PRIVATE OFFICES	192	37.03
37.04 SELF INSURANCE	A	-7,098,813	FACULTY CLINICAL OPERATIONS	192.01	37.04
37.05 PENSION EXPENSE	A	229,958	EMPLOYEE BENEFITS DEPARTMENT	4	37.05
37.06 PENSION EXPENSE	A	49,280	COMMUNICATION	5.01	37.06
37.07 PENSION EXPENSE	A	281,919	SYSTEM & COMPUTERS	5.02	37.07
37.08 PENSION EXPENSE	A	66,679	PURCHASING	5.03	37.08
37.09 PENSION EXPENSE	A	68,784	PATIENT AFFAIRS	5.05	37.09
37.10 PENSION EXPENSE	A	103,663	PATIENT ADMITTING	5.06	37.10
37.11 PENSION EXPENSE	A	214,467	PATIENT ACCOUNTS	5.07	37.11
37.12 PENSION EXPENSE	A	79,570	ACCOUNTING	5.08	37.12
37.13 PENSION EXPENSE	A	12,505	EMPLOYEE HEALTH SERVICES	5.09	37.13
37.14 PENSION EXPENSE	A	45,127	PASTORAL CARE	5.10	37.14
37.15 PENSION EXPENSE	A	1,791,222	HOSPITAL ADMINISTRATION	5.11	37.15
37.16 PENSION EXPENSE	A	238,367	AMBULATORY ADMINISTRATION	5.12	37.16
37.17 PENSION EXPENSE	A	1,549	PRIMARY CARE ADMINISTRATION	5.14	37.17
37.18 PENSION EXPENSE	A	395,968	OPERATION OF PLANT	7	37.18
37.19 PENSION EXPENSE	A	120,789	SAFETY AND SECURITY	7.01	37.19
37.20 PENSION EXPENSE	A	11,560	LAUNDRY & LINEN SERVICE	8	37.20
37.21 PENSION EXPENSE	A	57,493	HOUSEKEEPING	9	37.21
37.22 PENSION EXPENSE	A	144,053	DIETARY	10	37.22
37.23 PENSION EXPENSE	A	27,500	CAFETERIA	11	37.23
37.24 PENSION EXPENSE	A	47,911	PATIENT TRANSPORTATION	12.01	37.24
37.25 PENSION EXPENSE	A	97,584	NURSING ADMINISTRATION	13	37.25
37.26 PENSION EXPENSE	A	61,421	CENTRAL SERVICES & SUPPLY	14	37.26
37.27 PENSION EXPENSE	A	10,512	CENTRAL PROCESSING	14.01	37.27
37.28 PENSION EXPENSE	A	362,530	PHARMACY	15	37.28
37.29 PENSION EXPENSE	A	190,780	MEDICAL RECORDS & LIBRARY	16	37.29
37.30 PENSION EXPENSE	A	137,849	SOCIAL SERVICE	17	37.30
37.31 PENSION EXPENSE	A	1,545,451	I&R SERVICES-SALARY & FRINGES A	21	37.31
37.32 PENSION EXPENSE	A	25,164	PARAMEDICAL ED-MICU	23.01	37.32
37.33 PENSION EXPENSE	A	1,573,352	ADULTS & PEDIATRICS	30	37.33
37.34 PENSION EXPENSE	A	585,365	INTENSIVE CARE UNIT	31	37.34
37.35 PENSION EXPENSE	A	177,834	BURN INTENSIVE CARE UNIT	33	37.35
37.36 PENSION EXPENSE	A	320,905	NEONATAL INTENSIVE CARE	35	37.36
37.37 PENSION EXPENSE	A	90,949	PEDIATRIC ICU	35.01	37.37
37.38 PENSION EXPENSE	A	107,202	HEART TRANSPLANT ICU	35.03	37.38
37.39 PENSION EXPENSE	A	150,187	BONE INTENSIVE CARE	35.04	37.39
37.40 PENSION EXPENSE	A	233,517	SUBPROVIDER - IRF	41	37.40
37.41 PENSION EXPENSE	A	482,839	OPERATING ROOM	50	37.41
37.42 PENSION EXPENSE	A	126,349	AMBULATORY SURGERY CENTER	50.01	37.42
37.43 PENSION EXPENSE	A	140,467	RECOVERY ROOM	51	37.43
37.44 PENSION EXPENSE	A	103,388	DELIVERY ROOM & LABOR ROOM	52	37.44
37.45 PENSION EXPENSE	A	22,920	ANESTHESIOLOGY	53	37.45
37.46 PENSION EXPENSE	A	340,817	RADIOLOGY-DIAGNOSTIC	54	37.46
37.47 PENSION EXPENSE	A	44,029	RADIOLOGY-ULTRASOUND	54.01	37.47
37.48 PENSION EXPENSE	A	71,645	MRI	58	37.48
37.49 PENSION EXPENSE	A	81,230	CT SCAN	57	37.49
37.50 PENSION EXPENSE	A	71,213	RADIOISOTOPE	56	37.50
37.51 PENSION EXPENSE	A	311,103	LABORATORY	60	37.51
37.52 PENSION EXPENSE	A	69,698	LABORATORY-SURGICAL PATHOLOGY	60.01	37.52
37.53 PENSION EXPENSE	A	64,385	BLOOD STORING, PROCESSING & TRA	63	37.53
37.54 PENSION EXPENSE	A	272,841	RESPIRATORY THERAPY	65	37.54
37.55 PENSION EXPENSE	A	149,442	PHYSICAL THERAPY	66	37.55
37.56 PENSION EXPENSE	A	47,746	OCCUPATIONAL THERAPY	67	37.56
37.57 PENSION EXPENSE	A	16,587	SPEECH PATHOLOGY	68	37.57
37.58 PENSION EXPENSE	A	144,703	ELECTROCARDIOLOGY	69	37.58
37.59 PENSION EXPENSE	A	58,950	ELECTROENCEPHALOGRAPHY	70	37.59
37.60 PENSION EXPENSE	A	119,830	RENAL DIALYSIS	74	37.60
37.61 PENSION EXPENSE	A	11,435	PULMONARY LABS	76	37.61
37.62 PENSION EXPENSE	A	37,865	OCCUPATIONAL HEALTH	76.01	37.62
37.63 PENSION EXPENSE	A	25,730	PERIPHERAL VASCULAR	76.04	37.63
37.64 PENSION EXPENSE	A	214,303	CARDIAC CATHETERIZATION	59	37.64
37.65 PENSION EXPENSE	A	105,430	GASTROINTESTINAL SERVICE	76.07	37.65
37.66 PENSION EXPENSE	A	16,716	BIATRICS	76.10	37.66
37.67 PENSION EXPENSE	A	25,758	HEPATOLOGY	76.11	37.67
37.68 PENSION EXPENSE	A	9,417	CLINIC	90	37.68
37.69 PENSION EXPENSE	A	9,126	CARDIAC REHABILITATION	90.01	37.69
37.70 PENSION EXPENSE	A	258,466	CANCER CENTER	90.02	37.70

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
37.71 PENSION EXPENSE	A	11,838	PSYCH SOCIAL REHAB	90.03	37.71
37.72 PENSION EXPENSE	A	849,555	LOC OUTPATIENT CENTER	90.07	37.72
37.73 PENSION EXPENSE	A	205,535	OBT OUTPATIENT CENTER	90.08	37.73
37.74 PENSION EXPENSE	A	52,941	ELMHURST IMMEDIATE CARE	90.09	37.74
37.75 PENSION EXPENSE	A	76,622	LAGRANGE FAMILY PCC	90.10	37.75
37.76 PENSION EXPENSE	A	126,477	NORTH RIVERSIDE PCC	90.12	37.76
37.77 PENSION EXPENSE	A	63,259	WHEATON PCC	90.14	37.77
37.78 PENSION EXPENSE	A	85,725	OBT II PCC	90.15	37.78
37.79 PENSION EXPENSE	A	143,064	HICKORY HILLS PCC	90.16	37.79
37.80 PENSION EXPENSE	A	52,447	DARIEN PCC	90.18	37.80
37.81 PENSION EXPENSE	A	137,405	ORLANAD PARK - FP	90.20	37.81
37.82 PENSION EXPENSE	A	38,875	FAMILY PRACTICE MAYWOOD PCC	90.21	37.82
37.83 PENSION EXPENSE	A	145,277	HOMER GLEN PCC	90.22	37.83
37.84 PENSION EXPENSE	A	96,721	OAK PARK PCC	90.23	37.84
37.85 PENSION EXPENSE	A	16,870	PARK RIDGE PCC	90.24	37.85
37.86 PENSION EXPENSE	A	10,598	LOYOLA CLINIC AT GOTTLIEB	90.25	37.86
37.87 PENSION EXPENSE	A	145	NEUROLOGY - NILES	90.27	37.87
37.88 PENSION EXPENSE	A	33,308	MARJORIE WEINBERG CANCER CENTER	90.28	37.88
37.89 PENSION EXPENSE	A	306,104	BURR RIDGE PCC	90.29	37.89
37.90 PENSION EXPENSE	A	5,012	RIVER FOREST	90.30	37.90
37.91 PENSION EXPENSE	A	707,701	EMERGENCY	91	37.91
37.92 PENSION EXPENSE	A	13,295	OBSERVATION BEDS-DISTINCT	92.01	37.92
37.93 PENSION EXPENSE	A	449	DURABLE MEDICAL EQUIP-SOLD	97	37.93
37.94 PENSION EXPENSE	A	172,218	HOME HEALTH AGENCY	101	37.94
37.95 PENSION EXPENSE	A	9,769	LUNG ACQUISITION	108	37.95
37.96 PENSION EXPENSE	A	19,264	KIDNEY ACQUISITION	105	37.96
37.97 PENSION EXPENSE	A	15,849	LIVER ACQUISITION	107	37.97
37.98 PENSION EXPENSE	A	9,958	HEART ACQUISITION	106	37.98
37.99 PENSION EXPENSE	A	32,478	PANCREAS ACQUISITION	109	37.99
38 PENSION EXPENSE	A	14,665	INTESTINAL ACQUISITION	110	38
38.01 PENSION EXPENSE	A	40,197	OTHER ORGAN ACQUISITION (SPECIF	112	38.01
38.02 PENSION EXPENSE	A	29,169	HOSPICE	116	38.02
38.03 PENSION EXPENSE	A	4,117	GIFT, FLOWER, COFFEE SHOP & CAN	190	38.03
38.04 PENSION EXPENSE	A	39,443	HINES RADIATION THERAPY	190.01	38.04
38.05 PENSION EXPENSE	A	42,610	HOME INFUSION THERAPY	190.02	38.05
38.06 PENSION EXPENSE	A	8,243	OP HOSPITAL PHARMACY	190.03	38.06
38.07 PENSION EXPENSE	A	202,774	HOSPITALIST	190.04	38.07
38.08 PENSION EXPENSE	A	2,048	STUDENT HEALTH	190.05	38.08
38.09 PENSION EXPENSE	A	6,028,524	FACULTY CLINICAL OPERATIONS	192.01	38.09
38.10 BAD DEBT EXPENSE	A	-30,997,947	HOSPITAL ADMINISTRATION	5.11	38.10
38.11 BAD DEBT EXPENSE	A	-2,598,074	AMBULATORY ADMINISTRATION	5.12	38.11
38.12 BAD DEBT EXPENSE	A	-797,364	CANCER CENTER	90.02	38.12
38.13 BAD DEBT EXPENSE	A	-221,388	DURABLE MEDICAL EQUIP-SOLD	97	38.13
38.14 BAD DEBT EXPENSE	A	-260,635	HOME INFUSION THERAPY	190.02	38.14
38.15 BAD DEBT EXPENSE	A	-20,083,131	FACULTY CLINICAL OPERATIONS	192.01	38.15
38.30 PARAMEDICAL ED-MICU	B	-104,500	PARAMEDICAL ED-MICU	23.01	38.30
38.31 PENSION EXPENSE	A	3,051	PHYSICIANS' PRIVATE OFFICES	192	38.31
38.42 PARAMEDICAL ED-MICU	A	103,892	PARAMEDICAL ED-MICU	23.01	38.42
38.43 HOUSE STAFF MOONLIGHTING	A	-241,388	I&R SERVICES-SALARY & FRINGES A	21	38.43
38.44 GRANTS	A	-188,438	HOSPITAL ADMINISTRATION	5.11	38.44
38.45 OUTSIDE PROGRAM EXPENSE	A	-182,796	HOSPITAL ADMINISTRATION	5.11	38.45
38.46 HOSP ACCESS IMP	A	19,097,112	HOSPITAL ADMINISTRATION	5.11	38.46
38.47 REORGANIZATION EXPENSE	A	-191,088	HOSPITAL ADMINISTRATION	5.11	38.47
38.48 PHYSICIAN SALARIES	A	-69,691	EMPLOYEE BENEFITS DEPARTMENT	4	38.48
38.49 PHYSICIAN SALARIES	A	-4,100	EMPLOYEE HEALTH SERVICES	5.09	38.49
38.50 PHYSICIAN SALARIES	A	-50,538	HOSPITAL ADMINISTRATION	5.11	38.50
38.51 PHYSICIAN SALARIES	A	-329,170	AMBULATORY ADMINISTRATION	5.12	38.51
38.52 PHYSICIAN SALARIES	A	-2,932	PRIMARY CARE ADMINISTRATION	5.14	38.52
38.53 PHYSICIAN SALARIES	A	-396,832	OCCUPATIONAL HEALTH	76.01	38.53
38.54 PHYSICIAN SALARIES	A	-1,217,172	LOC OUTPATIENT CENTER	90.07	38.54
38.55 PHYSICIAN SALARIES	A	-713,846	OBT OUTPATIENT CENTER	90.08	38.55
38.56 PHYSICIAN SALARIES	A	-411,283	ELMHURST IMMEDIATE CARE	90.09	38.56
38.57 PHYSICIAN SALARIES	A	-444,307	LAGRANGE FAMILY PCC	90.10	38.57
38.58 PHYSICIAN SALARIES	A	-1,680,518	NORTH RIVERSIDE PCC	90.12	38.58
38.59 PHYSICIAN SALARIES	A	-564,458	WHEATON PCC	90.14	38.59
38.60 PHYSICIAN SALARIES	A	-676,504	OBT II PCC	90.15	38.60
38.61 PHYSICIAN SALARIES	A	-1,378,575	HICKORY HILLS PCC	90.16	38.61
38.62 PHYSICIAN SALARIES	A	-570,935	DARIEN PCC	90.18	38.62
38.63 PHYSICIAN SALARIES	A	-1,669,878	ORLANAD PARK - FP	90.20	38.63
38.64 PHYSICIAN SALARIES	A	-137,739	FAMILY PRACTICE MAYWOOD PCC	90.21	38.64
38.65 PHYSICIAN SALARIES	A	-812,638	HOMER GLEN PCC	90.22	38.65
38.66 PHYSICIAN SALARIES	A	-1,612,900	OAK PARK PCC	90.23	38.66
38.67 PHYSICIAN SALARIES	A	-861,440	BURR RIDGE PCC	90.29	38.67
38.68 PHYSICIAN SALARIES	A	-98,630	RIVER FOREST	90.30	38.68
38.69 PHYSICIAN SALARIES	A	-1,443	HOSPITALIST	190.04	38.69
38.70 PHYSICIAN SALARIES	A	-28,164	FACULTY CLINICAL OPERATIONS	192.01	38.70
38.71 PHYSICIAN SALARIES	A	-9,722,543	EMERGENCY	91	38.71

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
38.72 PHYSICIAN SALARIES	A	-2,256,836	HOSPITALIST	190.04	38.72
38.73 APN	A	-4,727	BURN INTENSIVE CARE UNIT	33	38.73
38.74 APN	A	-25,409	EMPLOYEE HEALTH SERVICES	5.09	38.74
38.75 APN	A	-5,656	HOSPITAL ADMINISTRATION	5.11	38.75
39 APN	A	-28,758	NEONATAL INTENSIVE CARE	35	39
39.01 APN	A	-2,930	BONE INTENSIVE CARE	35.04	39.01
39.02 APN	A	-7,000	RADIOLOGY-DIAGNOSTIC	54	39.02
39.03 APN	A	-3,784	CARDIAC CATHETERIZATION	59	39.03
39.04 APN	A	-12,764	HEPATOLOGY	76.11	39.04
39.05 APN	A	-23,657	CANCER CENTER	90.02	39.05
39.06 APN	A	-40,738	LOC OUTPATIENT CENTER	90.07	39.06
39.07 APN	A	-270	OBT OUTPATIENT CENTER	90.08	39.07
39.08 APN	A	-11,431	NORTH RIVERSIDE PCC	90.12	39.08
39.09 APN	A	-6,209	HICKORY HILLS PCC	90.16	39.09
39.10 APN	A	-189	FAMILY PRACTICE MAYWOOD PCC	90.21	39.10
39.11 APN	A	-185	HOMER GLEN PCC	90.22	39.11
39.12 APN	A	-1,947	EMERGENCY	91	39.12
39.13 APN	A	-402	KIDNEY ACQUISITION	105	39.13
39.14 APN	A	-9,999	INTESTINAL ACQUISITION	110	39.14
39.15 APN	A	-12,596	OTHER ORGAN ACQUISITION (SPECIF	112	39.15
39.16 APN	A	-6,676	HOSPICE	116	39.16
39.17 APN	A	-15,206	HOSPITALIST	190.04	39.17
39.18 APN	A	-12,443	STUDENT HEALTH	190.05	39.18
39.19 APN	A	-1,098,563	FACULTY CLINICAL OPERATIONS	192.01	39.19
39.20 PHYSICIAN BILLING FEES	A	-5,740,005	FACULTY CLINICAL OPERATIONS	192.01	39.20
39.21 OTHER OPERATING REVENUE	B	-41,737	EMPLOYEE BENEFITS DEPARTMENT	4	39.21
39.22 OTHER OPERATING REVENUE	B	-233	PATIENT ACCOUNTS	5.07	39.22
39.23 OTHER OPERATING REVENUE	B	-13,450	EMPLOYEE HEALTH SERVICES	5.09	39.23
39.24 OTHER OPERATING REVENUE	B	-43,000	PASTORAL CARE	5.10	39.24
39.25 OTHER OPERATING REVENUE	B	-1,367,616	HOSPITAL ADMINISTRATION	5.11	39.25
39.26 OTHER OPERATING REVENUE	B	-4,227	OPERATION OF PLANT	7	39.26
39.27 OTHER OPERATING REVENUE	B	-762	CAFETERIA	11	39.27
39.28 OTHER OPERATING REVENUE	B	-10,895	NURSING ADMINISTRATION	13	39.28
40 OTHER OPERATING REVENUE	B	-41,236	MEDICAL RECORDS & LIBRARY	16	40
41 OTHER OPERATING REVENUE	B	-4,930	SOCIAL SERVICE	17	41
42 OTHER OPERATING REVENUE	B	-30,290	I&R SERVICES-SALARY & FRINGES A	21	42
43 OTHER OPERATING REVENUE	B	-8,499	ADULTS & PEDIATRICS	30	43
44 OTHER OPERATING REVENUE	B	-14,760	ANESTHESIOLOGY	53	44
45 OTHER OPERATING REVENUE	B	-44,710	RADIOLOGY-DIAGNOSTIC	54	45
46 OTHER OPERATING REVENUE	B	-43,954	LABORATORY	60	46
47 OTHER OPERATING REVENUE	B	-2,601	LABORATORY-SURGICAL PATHOLOGY	60.01	47
48 OTHER OPERATING REVENUE	B	-29,352	PHYSICAL THERAPY	66	48
49 OTHER OPERATING REVENUE	B	-23,461	CANCER CENTER	90.02	49
49.01 OTHER OPERATING REVENUE	B	-96,640	LOC OUTPATIENT CENTER	90.07	49.01
49.02 OTHER OPERATING REVENUE	B	-5,190	OBT OUTPATIENT CENTER	90.08	49.02
49.03 OTHER OPERATING REVENUE	B	-3,487	LAGRANGE FAMILY PCC	90.10	49.03
49.04 OTHER OPERATING REVENUE	B	-21,239	DARIEN PCC	90.18	49.04
49.05 OTHER OPERATING REVENUE	B	-105	HOME HEALTH AGENCY	101	49.05
49.06 LASCO MGMT FEE	A	-82,256	HOSPITAL ADMINISTRATION	5.11	49.06
49.09 DEVELOPMENT	A	-989,420	HOSPITAL ADMINISTRATION	5.11	49.09
49.10 ADJUST FOR DEPENDENT TUITION	A	-2,399,821	EMPLOYEE BENEFITS DEPARTMENT	4	49.10
50 TOTAL (SUM OF LINES 1 THRU 49)		-117,664,11			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	5.11	HOSPITAL ADMINISTRATION	HO ADMIN COST	31,355,140	31,355,140		1
2	5.11	HOSPITAL ADMINISTRATION	MALPRACTICE INSURANCE	20,263,149	31,923,740	-11,660,591	2
3	5.11	HOSPITAL ADMINISTRATION	WORKERS COMP	2,852,559	3,778,513	-925,954	3
3.01	5.11	HOSPITAL ADMINISTRATION	PROPERTY INSURANCE	849,872	930,998	-81,126	4.01
3.02	5.11	HOSPITAL ADMINISTRATION	INTEGRATED RISK	560,893	883,974	-323,081	4.02
3.03	5.11	HOSPITAL ADMINISTRATION	EMPLOYEE HEALTH STOP LOSS	368,104	959,244	-591,140	4.03
3.04	5.02	SYSTEM & COMPUTERS	TIS EXPENSE	2,533,024	2,533,024		4.04
3.05	5.11	HOSPITAL ADMINISTRATION	INTEREST	7,651,351	12,334,005	-4,682,654	4.05
4							4
5		TOTALS (SUM OF LINES 1-4)		66,434,092	84,698,638	-18,264,546	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.

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				TYPE OF BUSINESS	
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP			
1	2	3	4	5	6		
6	B LUMC		LUOC		UNIVERSITY		6
7	B LUMC		LUHS		HEALTHCARE		7
8	C LUMC		RML		HEALTHCARE		8
9							9
10	B TRINITY HEALTH HOME OFFICE		TRINITY HEALTH HOME OFFICE		HEALTHCARE		10

- (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 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11  
 11/26/2013 08:19

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.			3	4	5	6	7	8	9
200		TOTAL							200

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11  
11/26/2013 08:19

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 DEPARTMENT 4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	16,107,858	16,107,858				1
1.01 NEW CAPITAL-BLDG INTEREST	7,499,834		7,499,834			1.01
2 CAP REL COSTS-MVBLE EQUIP	24,172,533			24,172,533		2
4 EMPLOYEE BENEFITS DEPARTMENT	85,334,854	99,693	46,417	2,216	85,483,180	4
5.01 COMMUNICATION	2,807,716	33,003	15,366	1,991	185,274	5.01
5.02 SYSTEM & COMPUTERS	8,074,361	256,462	119,409	147,003	887,097	5.02
5.03 PURCHASING	2,506,626	265,050	123,407	12,178	250,689	5.03
5.04 OPC STORES		76,876	35,794			5.04
5.05 PATIENT AFFAIRS	1,825,866	44,778	20,849	16,291	258,604	5.05
5.06 PATIENT ADMITTING	2,426,745	40,314	18,770	11,534	389,733	5.06
5.07 PATIENT ACCOUNTS	6,971,754	161,405	75,150	2,020	806,318	5.07
5.08 ACCOUNTING	2,980,887	87,002	40,508	14,182	299,156	5.08
5.09 EMPLOYEE HEALTH SERVICES	585,213	35,959	16,743		47,013	5.09
5.10 PASTORAL CARE	937,488	165,015	76,831	9,534	169,662	5.10
5.11 HOSPITAL ADMINISTRATION	94,700,979	944,396	439,712	526,862	8,076,314	5.11
5.12 AMBULATORY ADMINISTRATION	5,088,292	37,055	17,253		643,345	5.12
5.14 PRIMARY CARE ADMINISTRATION	3,806,770				5,824	5.14
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	26,695,008	229,553	106,880	437,791	662,027	7
7.01 SAFETY AND SECURITY	2,672,795	67,273	31,322	169,425	362,151	7.01
8 LAUNDRY & LINEN SERVICE	2,120,486	85,243	39,689	2,080	43,462	8
9 HOUSEKEEPING	6,521,135	117,542	54,728	18,684	64	9
10 DIETARY	4,590,542	270,480	125,936	64,124	380,521	10
11 CAFETERIA	27,500	122,881	57,214	4,431	204,758	11
12 MAINTENANCE OF PERSONNEL						12
12.01 PATIENT TRANSPORTATION	1,080,801	9,593	4,467	5,388	180,126	12.01
13 NURSING ADMINISTRATION	3,924,629	92,332	42,990	10,095	366,033	13
14 CENTRAL SERVICES & SUPPLY	2,079,894	145,396	67,697	696,588	230,921	14
14.01 CENTRAL PROCESSING	290,324	38,212	17,791	7,852	39,520	14.01
15 PHARMACY	8,305,072	180,269	83,934	218,326	1,357,090	15
16 MEDICAL RECORDS & LIBRARY	7,648,909	250,147	116,469	21,623	717,263	16
17 SOCIAL SERVICE	3,079,807	39,258	18,278	3,087	538,811	17
17.01 HOSPITAL MEDICAL ADMIN						17.01
19 NONPHYSICIAN ANESTHETISTS					456,207	19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD	36,767,577	76,977	35,840	1,765	6,494,248	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMEDICAL ED-MICU	701,529	49,012	22,820	5,831	94,606	23.01
23.02 PARAMEDICAL ED-SOCIAL WORK						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	37,678,721	1,836,533	855,093	843,284	5,978,824	30
31 INTENSIVE CARE UNIT	14,811,225	456,511	212,552	399,802	2,228,197	31
33 BURN INTENSIVE CARE UNIT	4,811,899	109,105	50,799	66,043	679,390	33
35 NEONATAL INTENSIVE CARE	7,036,073	247,412	115,195	330,070	1,206,487	35
35.01 PEDIATRIC ICU	2,162,790	46,075	21,453	86,616	345,849	35.01
35.03 HEART TRANSPLANT ICU	2,603,852	111,669	51,993	59,846	408,518	35.03
35.04 BONE INTENSIVE CARE	3,401,584	96,304	44,839	58,534	569,942	35.04
41 SUBPROVIDER - IRF	4,011,972	291,275	135,618	24,038	692,290	41
43 NURSERY	792,047				82,670	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	44,826,603	1,561,498	727,035	4,178,737	1,815,300	50
50.01 AMBULATORY SURGERY CENTER	5,781,579	330,221	153,751	433,132	475,028	50.01
51 RECOVERY ROOM	3,402,211	349,427	162,694	99,137	528,105	51
52 DELIVERY ROOM & LABOR ROOM	2,445,617	87,012	40,513	68,341	388,700	52
53 ANESTHESIOLOGY	2,207,238	25,783	12,005	249,125	86,172	53
54 RADIOLOGY-DIAGNOSTIC	10,305,772	616,729	287,150	1,709,760	1,183,921	54
54.01 RADIOLOGY-ULTRASOUND	974,889	38,644	17,993	98,730	174,267	54.01
56 RADIOISOTOPE	3,041,629	140,891	65,599	248,869	281,080	56
57 CT SCAN	2,437,832	69,465	32,343	769,821	354,640	57
58 MRI	2,290,998	150,555	70,098	1,325,436	297,329	58
59 CARDIAC CATHETERIZATION	10,831,438	369,931	172,240	1,441,169	766,014	59
60 LABORATORY	16,718,111	332,554	154,837	328,668	1,169,634	60
60.01 LABORATORY-SURGICAL PATHOLOGY	2,696,739	247,110	115,055	109,077	262,038	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.	7,454,880	69,043	32,146	82,250	242,064	63
64 INTRAVENOUS THERAPY		105,666	49,198			64
65 RESPIRATORY THERAPY	6,563,550	139,896	65,136	300,892	1,025,782	65
66 PHYSICAL THERAPY	3,930,836	60,475	28,157	2,700	645,877	66
67 OCCUPATIONAL THERAPY	1,550,507	11,293	5,258		251,958	67

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 DEPARTMENT 4		
68	SPEECH PATHOLOGY	544,199	341,343	158,929	22,734	87,887	68
69	ELECTROCARDIOLOGY	12,379,073			1,972,489	583,718	69
70	ELECTROENCEPHALOGRAPHY	1,381,924	85,243	39,689	143,599	221,630	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	903,773					71
73	DRUGS CHARGED TO PATIENTS	24,738,461					73
74	RENAL DIALYSIS	4,653,625	117,984	54,934	69,683	450,518	74
76	PULMONARY LABS	355,214	33,596	15,642	164,771	42,993	76
76.01	OCCUPATIONAL HEALTH	503,268	36,814	17,141	1,891	142,360	76.01
76.03	HYPERALIMENTATION						76.03
76.04	PERIPHERAL VASCULAR	556,067	13,193	6,143	83,470	96,735	76.04
76.05	PEDIATRIC ENDO NUTRITION						76.05
76.07	GASTROINTESTINAL SERVICE	4,002,202	91,719	42,704	465,737	396,378	76.07
76.09	BONE MARROW PROCUREMENT	1,976,845					76.09
76.10	BIARIATRICS	522,208			65,207	62,847	76.10
76.11	HEPATOLOGY	586,015				96,841	76.11
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
90	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	237,149	36,814	17,141	727	35,406	90
90.01	CARDIAC REHABILITATION	190,380				34,310	90.01
90.02	CANCER CENTER	20,690,240	527,977	245,827	107,493	971,738	90.02
90.03	PSYCH SOCIAL REHAB	288,023	100,004	46,562		44,508	90.03
90.04	WELLNESS ASSESSMENT						90.04
90.06	HEART FAILURE CLINIC						90.06
90.07	LOC OUTPATIENT CENTER	24,201,273	1,363,952	635,057	2,223,896	3,243,394	90.07
90.08	OBT OUTPATIENT CENTER	5,440,690	975	454	297,131	772,738	90.08
90.09	ELMHURST IMMEDIATE CARE	1,477,093			55,584	199,040	90.09
90.10	LAGRANGE FAMILY PCC	2,117,078			78,574	288,071	90.10
90.12	NORTH RIVERSIDE PCC	2,100,332			144,493	475,508	90.12
90.13	GLENDALE HEIGHTS PCC						90.13
90.14	WHEATON PCC	2,007,762			47,817	237,832	90.14
90.15	OBT II PCC	1,926,413			25,206	322,293	90.15
90.16	HICKORY HILLS PCC	2,674,982			82,678	537,870	90.16
90.18	DARIEN PCC	897,195			79,406	197,182	90.18
90.20	ORLANAD PARK - FP	2,367,535			89,315	516,591	90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	973,363	32,289	15,034	23,127	146,155	90.21
90.22	HOMER GLEN PCC	4,641,469			135,967	546,190	90.22
90.23	OAK PARK PCC	1,074,301			13,224	363,637	90.23
90.24	PARK RIDGE PCC	640,148			212,123	63,427	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	326,103			17,052	39,844	90.25
90.26	WOODRIDGE PCC						90.26
90.27	NEUROLOGY - NILES	15,910				544	90.27
90.28	MARJORIE WEINBERG CANCER CENTER	4,698,786			25,448	125,225	90.28
90.29	BURR RIDGE PCC	11,133,090	1,005,575	468,197	918,242	1,150,838	90.29
90.30	RIVER FOREST	73,575				18,844	90.30
91	EMERGENCY	6,419,857	250,026	116,412	227,960	2,660,698	91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01	OBSERVATION BEDS-DISTINCT	304,159	16,079	7,486		50,309	92.01
	OTHER REIMBURSABLE COST CENTERS						
94	HOME PROGRAM DIALYSIS						94
95	AMBULANCE SERVICES	338,621	7,331	3,413			95
97	DURABLE MEDICAL EQUIP-SOLD	371,366				1,689	97
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	4,371,056	57,609	26,823		647,476	101
	SPECIAL PURPOSE COST CENTERS						
105	KIDNEY ACQUISITION	2,985,962	7,069	3,291		130,077	105
106	HEART ACQUISITION	790,728	26,718	12,440	1,584	54,724	106
107	LIVER ACQUISITION	1,722,864	3,188	1,484		74,253	107
108	LUNG ACQUISITION	1,220,227	24,023	11,185		53,022	108
109	PANCREAS ACQUISITION	272,620				65,179	109
110	INTESTINAL ACQUISITION	296,899				55,137	110
111	ISLET ACQUISITION						111
112	OTHER ORGAN ACQUISITION (SPECIFY)	1,629,147	1,609	749	3,196	126,377	112
116	HOSPICE	933,966	4,475	2,083		109,665	116
118	SUBTOTALS (SUM OF LINES 1-117)	742,057,612	16,107,858	7,499,834	23,524,802	62,828,611	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	223,877				15,478	190
190.01	HINES RADIATION THERAPY	795,804				148,292	190.01
190.02	HOME INFUSION THERAPY	3,428,520				160,198	190.02

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

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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 DEPARTMENT 4	
190.03 OP HOSPITAL PHARMACY	3,070,962			9,620	30,991	190.03
190.04 HOSPITALIST	1,935,586				762,357	190.04
190.05 STUDENT HEALTH	33,613				7,699	190.05
192 PHYSICIANS' PRIVATE OFFICES	196,085			1,116	11,472	192
192.01 FACULTY CLINICAL OPERATIONS	111,225,850			636,995	21,518,082	192.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	862,967,909	16,107,858	7,499,834	24,172,533	85,483,180	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	COMMUNICTN	SYSTEM +	PURCHASING	OPC	PATIENT
	5.01	COMPUTERS	5.03	STORES	AFFAIRS
		5.02		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 DEPARTMENT					4
5.01 COMMUNICATION	3,043,350				5.01
5.02 SYSTEM & COMPUTERS	61,169	9,545,501			5.02
5.03 PURCHASING	32,480		3,190,430		5.03
5.04 OPC STORES	307		885	113,862	5.04
5.05 PATIENT AFFAIRS	15,135		103		5.05
5.06 PATIENT ADMITTING	20,902		653		5.06
5.07 PATIENT ACCOUNTS	110,731		206		5.07
5.08 ACCOUNTING	34,632		361		5.08
5.09 EMPLOYEE HEALTH SERVICES	3,337		2,028		5.09
5.10 PASTORAL CARE	19,555		148		5.10
5.11 HOSPITAL ADMINISTRATION	182,776		8,897	207	5.11
5.12 AMBULATORY ADMINISTRATION	6,426		348		5.12
5.14 PRIMARY CARE ADMINISTRATION			6		5.14
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT			27,592	177	7
7.01 SAFETY AND SECURITY	51,523		592	207	7.01
8 LAUNDRY & LINEN SERVICE	15,852		5,536		8
9 HOUSEKEEPING	20,287		296	354	9
10 DIETARY	31,617		31,954		10
11 CAFETERIA			28,229		11
12 MAINTENANCE OF PERSONNEL					12
12.01 PATIENT TRANSPORTATION	12,983		84	118	12.01
13 NURSING ADMINISTRATION	25,337		1,339		13
14 CENTRAL SERVICES & SUPPLY	1,376		3,435		14
14.01 CENTRAL PROCESSING	278		4,542		14.01
15 PHARMACY	25,996		57,801		15
16 MEDICAL RECORDS & LIBRARY	58,579		892		16
17 SOCIAL SERVICE	44,249		219		17
17.01 HOSPITAL MEDICAL ADMIN	6,616				17.01
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SERVICES-SALARY & FRINGES APPRVD			6		21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
23.01 PARAMEDICAL ED-MICU			97		23.01
23.02 PARAMEDICAL ED-SOCIAL WORK					23.02
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	447,980	717,818	957,403	30	30
31 INTENSIVE CARE UNIT	79,217	267,348	418,974		31
33 BURN INTENSIVE CARE UNIT	10,173	59,115	79,789		33
35 NEONATAL INTENSIVE CARE	55,373	127,297	46,606		35
35.01 PEDIATRIC ICU	20,126	35,690	57,750		35.01
35.03 HEART TRANSPLANT ICU	15,003	46,230	61,867		35.03
35.04 BONE INTENSIVE CARE	17,418	67,726	58,474		35.04
41 SUBPROVIDER - IRF	40,794	46,118	41,604		41
43 NURSERY		5,021			43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	72,645	687,762	191,127		50
50.01 AMBULATORY SURGERY CENTER		195,928	101,951	80,818	50.01
51 RECOVERY ROOM	15,472	182,782	63,627		51
52 DELIVERY ROOM & LABOR ROOM	21,868	47,214	65,900		52
53 ANESTHESIOLOGY		343,988	5,337		53
54 RADIOLOGY-DIAGNOSTIC	134,810	311,236	41,411	620	54
54.01 RADIOLOGY-ULTRASOUND		73,934	3,930	30	54.01
56 RADIOISOTOPE	19,907	114,528	6,338		56
57 CT SCAN		425,785	18,100		57
58 MRI	14,945	238,250	5,994	738	58
59 CARDIAC CATHETERIZATION	12,939	279,078	19,361		59
60 LABORATORY	63,438	1,137,285	70,467		60
60.01 LABORATORY-SURGICAL PATHOLOGY	35,349	99,153	12,303		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.	8,519	133,953	7,156	472	63
64 INTRAVENOUS THERAPY					64
65 RESPIRATORY THERAPY	5,196	209,024	31,851		65
66 PHYSICAL THERAPY	32,422	86,832	7,941		66
67 OCCUPATIONAL THERAPY		42,955	5,691		67
68 SPEECH PATHOLOGY	5,445	12,457	2,408	59	68
69 ELECTROCARDIOLOGY	36,169	446,017	25,094		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	21,136	31,684	2,739			70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		16,306				71
73 DRUGS CHARGED TO PATIENTS		593,183				73
74 RENAL DIALYSIS	13,510	119,622	24,853			74
76 PULMONARY LABS	12,822	9,025	11,800			76
76.01 OCCUPATIONAL HEALTH		2,023	447	30	14,795	76.01
76.03 HYPERALIMENTATION						76.03
76.04 PERIPHERAL VASCULAR	4,830	37,219	534			76.04
76.05 PEDIATRIC ENDO NUTRITION						76.05
76.07 GASTROINTESTINAL SERVICE		113,763	19,165		23,899	76.07
76.09 BONE MARROW PROCUREMENT		12,442				76.09
76.10 BARIATRICS		427				76.10
76.11 HEPATOLOGY						76.11
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		3,068	7,394	30	9,484	90
90.01 CARDIAC REHABILITATION	615	2,328	108,193	974		90.01
90.02 CANCER CENTER	114,025	376,792	679			90.02
90.03 PSYCH SOCIAL REHAB	20,390	2,467			36,038	90.03
90.04 WELLNESS ASSESSMENT						90.04
90.06 HEART FAILURE CLINIC						90.06
90.07 LOC OUTPATIENT CENTER	411,207	478,597	93,592	27,255	918,400	90.07
90.08 OB OUTPATIENT CENTER	46,693	93,770	21,776	1,211	66,006	90.08
90.09 ELMHURST IMMEDIATE CARE		12,589	3,750		60,316	90.09
90.10 LAGRANGE FAMILY PCC	35,788	32,944	8,759		28,830	90.10
90.12 NORTH RIVERSIDE PCC	45,800	25,143	6,222		122,909	90.12
90.13 GLENDALE HEIGHTS PCC						90.13
90.14 WHEATON PCC	16,730	26,873	3,109		31,865	90.14
90.15 OB II PCC	34,515	26,884	6,293	89	119,115	90.15
90.16 HICKORY HILLS PCC	43,810	35,364	9,573	30	108,493	90.16
90.18 DARIEN PCC	23,244	10,776	7,935		50,074	90.18
90.20 ORLANAD PARK - FP	52,343	22,059	5,585	295	99,010	90.20
90.21 FAMILY PRACTICE MAYWOOD PCC		13,034	3,438		75,869	90.21
90.22 HOMER GLEN PCC	600	73,819	24,653		99,010	90.22
90.23 OAK PARK PCC		9,102	3,975	118	45,522	90.23
90.24 PARK RIDGE PCC	249	14,899	2,862		8,346	90.24
90.25 LOYOLA CLINIC AT GOTTLIEB		2,908	972		3,793	90.25
90.26 WOODRIDGE PCC						90.26
90.27 NEUROLOGY - NILES		80				90.27
90.28 MARJORIE WEINBERG CANCER CENTER		89,082				90.28
90.29 BURR RIDGE PCC		199,905			72,455	90.29
90.30 RIVER FOREST		4,246				90.30
91 EMERGENCY	130,360	420,133	124,731			91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT		66,211	3,885			92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES	688					95
97 DURABLE MEDICAL EQUIP-SOLD		3,633	13			97
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	39,945	25,143	779			101
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	14,462	38,496	58			105
106 HEART ACQUISITION	5,694	5,723	71			106
107 LIVER ACQUISITION		18,864	106			107
108 LUNG ACQUISITION		10,422	23			108
109 PANCREAS ACQUISITION						109
110 INTESTINAL ACQUISITION						110
111 ISLET ACQUISITION						111
112 OTHER ORGAN ACQUISITION (SPECIFY)	337	9,668	3			112
116 HOSPICE	3,469	11,526	45			116
118 SUBTOTALS (SUM OF LINES 1-117)	3,040,613	9,542,766	3,092,715	113,862	2,181,626	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,737		180			190
190.01 HINES RADIATION THERAPY			45			190.01
190.02 HOME INFUSION THERAPY			18,022			190.02
190.03 OP HOSPITAL PHARMACY			78,843			190.03
190.04 HOSPITALIST			116			190.04
190.05 STUDENT HEALTH		21				190.05
192 PHYSICIANS' PRIVATE OFFICES		2,714	393			192

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
PERIOD FROM 07/01/2012 TO 06/30/2013

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

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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	
192.01 FACULTY CLINICAL OPERATIONS			116			192.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	3,043,350	9,545,501	3,190,430	113,862	2,181,626	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 DEPARTMENT						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	2,908,651					5.06
5.07 PATIENT ACCOUNTS		8,127,584				5.07
5.08 ACCOUNTING			3,456,728	3,456,728		5.08
5.09 EMPLOYEE HEALTH SERVICES			690,293	2,776	693,069	5.09
5.10 PASTORAL CARE			1,378,233	5,543	1,383,776	5.10
5.11 HOSPITAL ADMINISTRATION			104,880,143	421,828	105,301,971	5.11
5.12 AMBULATORY ADMINISTRATION			5,792,719	23,298	5,816,017	5.12
5.14 PRIMARY CARE ADMINISTRATION			3,812,600	15,334	3,827,934	5.14
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT			28,210,551	113,463	28,324,014	7
7.01 SAFETY AND SECURITY			3,319,617	13,351	3,332,968	7.01
8 LAUNDRY & LINEN SERVICE			2,296,496	9,237	2,305,733	8
9 HOUSEKEEPING			6,733,090	27,080	6,760,170	9
10 DIETARY			5,495,174	22,102	5,517,276	10
11 CAFETERIA			445,013	1,790	446,803	11
12 MAINTENANCE OF PERSONNEL						12
12.01 PATIENT TRANSPORTATION			1,293,560	5,203	1,298,763	12.01
13 NURSING ADMINISTRATION			4,462,755	17,949	4,480,704	13
14 CENTRAL SERVICES & SUPPLY			3,225,307	12,972	3,238,279	14
14.01 CENTRAL PROCESSING			398,519	1,603	400,122	14.01
15 PHARMACY			10,228,488	41,139	10,269,627	15
16 MEDICAL RECORDS & LIBRARY			8,813,882	35,449	8,849,331	16
17 SOCIAL SERVICE			3,723,709	14,977	3,738,686	17
17.01 HOSPITAL MEDICAL ADMIN			6,616	27	6,643	17.01
19 NONPHYSICIAN ANESTHETISTS			456,207	1,835	458,042	19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD			43,376,413	174,460	43,550,873	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMEDICAL ED-MICU			873,895	3,515	877,410	23.01
23.02 PARAMEDICAL ED-SOCIAL WORK						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	410,767	611,289	50,337,742	202,458	50,540,200	30
31 INTENSIVE CARE UNIT	152,882	227,672	19,254,380	77,441	19,331,821	31
33 BURN INTENSIVE CARE UNIT	33,805	50,342	5,950,460	23,933	5,974,393	33
35 NEONATAL INTENSIVE CARE	72,794	108,406	9,345,713	37,588	9,383,301	35
35.01 PEDIATRIC ICU	20,409	30,393	2,827,151	11,371	2,838,522	35.01
35.03 HEART TRANSPLANT ICU	26,436	39,369	3,424,783	13,774	3,438,557	35.03
35.04 BONE INTENSIVE CARE	38,729	57,675	4,411,225	17,742	4,428,967	35.04
41 SUBPROVIDER - IRF	26,372	39,274	5,349,355	21,515	5,370,870	41
43 NURSERY	2,871	4,276	886,885	3,567	890,452	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	327,784	585,694	54,974,185	221,106	55,195,291	50
50.01 AMBULATORY SURGERY CENTER	790	166,851	7,720,049	31,050	7,751,099	50.01
51 RECOVERY ROOM	64,933	155,656	5,024,044	20,207	5,044,251	51
52 DELIVERY ROOM & LABOR ROOM	23,277	40,207	3,228,649	12,986	3,241,635	52
53 ANESTHESIOLOGY	156,613	292,938	3,379,199	13,591	3,392,790	53
54 RADIOLOGY-DIAGNOSTIC	83,269	265,047	14,939,725	60,088	14,999,813	54
54.01 RADIOLOGY-ULTRASOUND	11,636	62,961	1,457,014	5,860	1,462,874	54.01
56 RADIOISOTOPE	8,275	97,531	4,024,647	16,187	4,040,834	56
57 CT SCAN	94,251	362,596	4,564,833	18,360	4,583,193	57
58 MRI	42,406	202,893	4,639,642	18,661	4,658,303	58
59 CARDIAC CATHETERIZATION	81,969	237,661	14,211,800	57,160	14,268,960	59
60 LABORATORY	292,564	967,198	21,234,756	85,406	21,320,162	60
60.01 LABORATORY-SURGICAL PATHOLOGY	18,605	84,438	3,679,867	14,800	3,694,667	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.	57,022	114,074	8,201,579	32,987	8,234,566	63
64 INTRAVENOUS THERAPY			154,864	623	155,487	64
65 RESPIRATORY THERAPY	117,413	178,003	8,636,743	34,737	8,671,480	65
66 PHYSICAL THERAPY	21,827	73,946	5,050,718	20,314	5,071,032	66
67 OCCUPATIONAL THERAPY	19,979	36,580	1,951,913	7,851	1,959,764	67
68 SPEECH PATHOLOGY	7,037	10,608	1,193,106	4,799	1,197,905	68
69 ELECTROCARDIOLOGY	161,804	379,826	15,984,190	64,288	16,048,478	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		5.08		
	5.06	5.07				
70 ELECTROENCEPHALOGRAPHY	9,276	26,982	1,963,902	7,899	1,971,801	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	8,985	13,886	942,950	3,793	946,743	71
73 DRUGS CHARGED TO PATIENTS	311,883	505,151	26,148,678	105,170	26,253,848	73
74 RENAL DIALYSIS	9,773	101,870	5,616,372	22,589	5,638,961	74
76 PULMONARY LABS	2,343	7,686	655,892	2,638	658,530	76
76.01 OCCUPATIONAL HEALTH		1,723	720,492	2,898	723,390	76.01
76.03 HYPERALIMENTATION						76.03
76.04 PERIPHERAL VASCULAR	8,467	31,696	838,354	3,372	841,726	76.04
76.05 PEDIATRIC ENDO NUTRITION						76.05
76.07 GASTROINTESTINAL SERVICE	13,014	96,880	5,265,461	21,178	5,286,639	76.07
76.09 BONE MARROW PROCUREMENT	5,695	10,596	2,005,578	8,066	2,013,644	76.09
76.10 BARIATRICS		364	651,053	2,619	653,672	76.10
76.11 HEPATOLOGY			682,856	2,746	685,602	76.11
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	2,613	349,829	1,407	351,236	90
90.01 CARDIAC REHABILITATION	1,331	1,982	340,113	1,368	341,481	90.01
90.02 CANCER CENTER	1,505	320,874	23,357,150	93,942	23,451,092	90.02
90.03 PSYCH SOCIAL REHAB		2,101	540,093	2,172	542,265	90.03
90.04 WELLNESS ASSESSMENT						90.04
90.06 HEART FAILURE CLINIC						90.06
90.07 LOC OUTPATIENT CENTER	7,307	407,571	34,011,501	136,794	34,148,295	90.07
90.08 OUTPATIENT CENTER	174	79,854	6,821,472	27,436	6,848,908	90.08
90.09 ELMHURST IMMEDIATE CARE	13	10,721	1,819,106	7,316	1,826,422	90.09
90.10 LAGRANGE FAMILY PCC	47	28,055	2,618,146	10,530	2,628,676	90.10
90.12 NORTH RIVERSIDE PCC	23	21,411	2,941,841	11,832	2,953,673	90.12
90.13 GLENDALE HEIGHTS PCC						90.13
90.14 WHEATON PCC	36	22,885	2,394,909	9,632	2,404,541	90.14
90.15 OUT II PCC	21	22,894	2,483,723	9,990	2,493,713	90.15
90.16 HICKORY HILLS PCC	25	30,116	3,522,941	14,169	3,537,110	90.16
90.18 DARIEN PCC	13	9,177	1,275,002	5,128	1,280,130	90.18
90.20 ORLANAD PARK - FP	13	18,785	3,171,531	12,756	3,184,287	90.20
90.21 FAMILY PRACTICE MAYWOOD PCC	21	11,100	1,293,430	5,202	1,298,632	90.21
90.22 HOMER GLEN PCC	37	62,863	5,584,608	22,461	5,607,069	90.22
90.23 OAK PARK PCC	7	7,751	1,517,637	6,104	1,523,741	90.23
90.24 PARK RIDGE PCC	123	12,688	954,865	3,840	958,705	90.24
90.25 LOYOLA CLINIC AT GOTTLIEB	1	2,476	393,149	1,581	394,730	90.25
90.26 WOODRIDGE PCC						90.26
90.27 NEUROLOGY - NILES		68	16,602	67	16,669	90.27
90.28 MARJORIE WEINBERG CANCER CENTER	122	75,862	5,014,525	20,168	5,034,693	90.28
90.29 BURR RIDGE PCC	470	170,238	15,119,010	60,809	15,179,819	90.29
90.30 RIVER FOREST		3,616	100,281	403	100,684	90.30
91 EMERGENCY	103,927	357,782	10,811,886	43,485	10,855,371	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT	215	56,385	504,729	2,030	506,759	92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES			350,053	1,408	351,461	95
97 DURABLE MEDICAL EQUIP-SOLD		3,094	379,795	1,528	381,323	97
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		21,411	5,190,242	20,875	5,211,117	101
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	22,014	32,783	3,234,212	13,008	3,247,220	105
106 HEART ACQUISITION	3,272	4,873	905,827	3,643	909,470	106
107 LIVER ACQUISITION	10,787	16,064	1,847,610	7,431	1,855,041	107
108 LUNG ACQUISITION	5,959	8,876	1,333,737	5,364	1,339,101	108
109 PANCREAS ACQUISITION			337,799	1,359	339,158	109
110 INTESTINAL ACQUISITION			352,036	1,416	353,452	110
111 ISLET ACQUISITION						111
112 OTHER ORGAN ACQUISITION (SPECIFY)	5,230	8,233	1,784,549	7,177	1,791,726	112
116 HOSPICE		9,815	1,075,044	4,324	1,079,368	116
118 SUBTOTALS (SUM OF LINES 1-117)	2,908,651	8,125,255	718,649,796	2,876,504	718,069,572	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			242,272	974	243,246	190
190.01 HINES RADIATION THERAPY			944,141	3,797	947,938	190.01
190.02 HOME INFUSION THERAPY			3,606,740	14,506	3,621,246	190.02
190.03 OP HOSPITAL PHARMACY			3,190,416	12,832	3,203,248	190.03
190.04 HOSPITALIST			2,698,059	10,852	2,708,911	190.04
190.05 STUDENT HEALTH		18	41,351	166	41,517	190.05
192 PHYSICIANS' PRIVATE OFFICES		2,311	214,091	861	214,952	192

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11  
11/26/2013 08:19

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

COST CENTER DESCRIPTION	PATIENT ADMITTING	PATIENT ACCOUNTS	SUBTOTAL (COLS.0-4) 4A	ACCOUNTING	SUBTOTAL (COLS.0-4)	
	5.06	5.07		5.08		
192.01 FACULTY CLINICAL OPERATIONS			133,381,043	536,236	133,917,279	192.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,908,651	8,127,584	862,967,909	3,456,728	862,967,909	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 DEPARTMENT						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	693,069					5.09
5.10 PASTORAL CARE	1,113	1,384,889	1,384,889			5.10
5.11 HOSPITAL ADMINISTRATION	84,663	105,386,634	169,356	105,555,990	105,555,990	5.11
5.12 AMBULATORY ADMINISTRATION	4,676	5,820,693	9,354	5,830,047	812,499	5.12
5.14 PRIMARY CARE ADMINISTRATION	3,078	3,831,012	6,156	3,837,168	534,763	5.14
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	22,773	28,346,787	45,553	28,392,340	3,956,870	7
7.01 SAFETY AND SECURITY	2,680	3,335,648	5,360	3,341,008	465,616	7.01
8 LAUNDRY & LINEN SERVICE	1,854	2,307,587	3,708	2,311,295	322,111	8
9 HOUSEKEEPING	5,435	6,765,605	10,872	6,776,477	944,397	9
10 DIETARY	4,436	5,521,712	8,873	5,530,585	770,764	10
11 CAFETERIA	359	447,162	719	447,881	62,418	11
12 MAINTENANCE OF PERSONNEL						12
12.01 PATIENT TRANSPORTATION	1,044	1,299,807	2,089	1,301,896	181,437	12.01
13 NURSING ADMINISTRATION	3,602	4,484,306	7,206	4,491,512	625,955	13
14 CENTRAL SERVICES & SUPPLY	2,604	3,240,883	5,208	3,246,091	452,388	14
14.01 CENTRAL PROCESSING	322	400,444	644	401,088	55,897	14.01
15 PHARMACY	8,257	10,277,884	16,517	10,294,401	1,434,669	15
16 MEDICAL RECORDS & LIBRARY	7,115	8,856,446	14,232	8,870,678	1,236,253	16
17 SOCIAL SERVICE	3,006	3,741,692	6,013	3,747,705	522,295	17
17.01 HOSPITAL MEDICAL ADMIN	5	6,648	11	6,659	928	17.01
19 NONPHYSICIAN ANESTHETISTS	368	458,410	737	459,147	63,989	19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD	35,015	43,585,888	70,043	43,655,931	6,084,065	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMEDICAL ED-MICU	705	878,115	1,411	879,526	122,574	23.01
23.02 PARAMEDICAL ED-SOCIAL WORK						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	40,634	50,580,834	81,283	50,662,117	7,060,475	30
31 INTENSIVE CARE UNIT	15,543	19,347,364	31,091	19,378,455	2,700,659	31
33 BURN INTENSIVE CARE UNIT	4,803	5,979,196	9,609	5,988,805	834,624	33
35 NEONATAL INTENSIVE CARE	7,544	9,390,845	15,091	9,405,936	1,310,849	35
35.01 PEDIATRIC ICU	2,282	2,840,804	4,565	2,845,369	396,542	35.01
35.03 HEART TRANSPLANT ICU	2,765	3,441,322	5,530	3,446,852	480,367	35.03
35.04 BONE INTENSIVE CARE	3,561	4,432,528	7,123	4,439,651	618,728	35.04
41 SUBPROVIDER - IRF	4,318	5,375,188	8,638	5,383,826	750,312	41
43 NURSERY	716	891,168	1,432	892,600	124,396	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	44,377	55,239,668	88,770	55,328,438	7,710,792	50
50.01 AMBULATORY SURGERY CENTER	6,232	7,757,331	12,466	7,769,797	1,082,830	50.01
51 RECOVERY ROOM	4,056	5,048,307	8,113	5,056,420	704,683	51
52 DELIVERY ROOM & LABOR ROOM	2,606	3,244,241	5,213	3,249,454	452,857	52
53 ANESTHESIOLOGY	2,728	3,395,518	5,457	3,400,975	473,973	53
54 RADIOLOGY-DIAGNOSTIC	12,060	15,011,873	24,124	15,035,997	2,095,477	54
54.01 RADIOLOGY-ULTRASOUND	1,176	1,464,050	2,353	1,466,403	204,364	54.01
56 RADIOISOTOPE	3,249	4,044,083	6,499	4,050,582	564,505	56
57 CT SCAN	3,685	4,586,878	7,371	4,594,249	640,273	57
58 MRI	3,745	4,662,048	7,492	4,669,540	650,766	58
59 CARDIAC CATHETERIZATION	11,472	14,280,432	22,949	14,303,381	1,993,376	59
60 LABORATORY	17,141	21,337,303	34,289	21,371,592	2,978,431	60
60.01 LABORATORY-SURGICAL PATHOLOGY	2,971	3,697,638	5,942	3,703,580	516,146	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.	6,621	8,241,187	13,244	8,254,431	1,150,371	63
64 INTRAVENOUS THERAPY	125	155,612	250	155,862	21,722	64
65 RESPIRATORY THERAPY	6,972	8,678,452	13,946	8,692,398	1,211,407	65
66 PHYSICAL THERAPY	4,077	5,075,109	8,156	5,083,265	708,424	66
67 OCCUPATIONAL THERAPY	1,576	1,961,340	3,152	1,964,492	273,779	67
68 SPEECH PATHOLOGY	963	1,198,868	1,927	1,200,795	167,348	68
69 ELECTROCARDIOLOGY	12,903	16,061,381	25,811	16,087,192	2,241,975	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	1,585	1,973,386	3,171	1,976,557	275,461	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	761	947,504	1,523	949,027	132,260	71
73 DRUGS CHARGED TO PATIENTS	21,108	26,274,956	42,224	26,317,180	3,667,667	73
74 RENAL DIALYSIS	4,534	5,643,495	9,069	5,652,564	787,764	74
76 PULMONARY LABS	529	659,059	1,059	660,118	91,997	76
76.01 OCCUPATIONAL HEALTH	582	723,972	1,163	725,135	101,058	76.01
76.03 HYPERALIMENTATION						76.03
76.04 PERIPHERAL VASCULAR	677	842,403	1,354	843,757	117,589	76.04
76.05 PEDIATRIC ENDO NUTRITION						76.05
76.07 GASTROINTESTINAL SERVICE	4,250	5,290,889	8,502	5,299,391	738,544	76.07
76.09 BONE MARROW PROCUREMENT	1,619	2,015,263	3,239	2,018,502	281,307	76.09
76.10 BARIATRICS	526	654,198	1,051	655,249	91,318	76.10
76.11 HEPATOLOGY	551	686,153	1,103	687,256	95,779	76.11
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	282	351,518	565	352,083	49,068	90
90.01 CARDIAC REHABILITATION	275	341,756	549	342,305	47,705	90.01
90.02 CANCER CENTER	18,855	23,469,947	37,716	23,507,663	3,276,122	90.02
90.03 PSYCH SOCIAL REHAB	436	542,701	872	543,573	75,755	90.03
90.04 WELLNESS ASSESSMENT						90.04
90.06 HEART FAILURE CLINIC						90.06
90.07 LOC OUTPATIENT CENTER	27,455	34,175,750	54,920	34,230,670	4,770,523	90.07
90.08 OB OUTPATIENT CENTER	5,507	6,854,415	11,015	6,865,430	956,794	90.08
90.09 ELMHURST IMMEDIATE CARE	1,468	1,827,890	2,937	1,830,827	255,151	90.09
90.10 LAGRANGE FAMILY PCC	2,113	2,630,789	4,228	2,635,017	367,227	90.10
90.12 NORTH RIVERSIDE PCC	2,375	2,956,048	4,750	2,960,798	412,629	90.12
90.13 GLENDALE HEIGHTS PCC						90.13
90.14 WHEATON PCC	1,933	2,406,474	3,867	2,410,341	335,915	90.14
90.15 OB II PCC	2,005	2,495,718	4,011	2,499,729	348,372	90.15
90.16 HICKORY HILLS PCC	2,844	3,539,954	5,689	3,545,643	494,135	90.16
90.18 DARIEN PCC	1,029	1,281,159	2,059	1,283,218	178,834	90.18
90.20 ORLANAD PARK - FP	2,560	3,186,847	5,121	3,191,968	444,845	90.20
90.21 FAMILY PRACTICE MAYWOOD PCC	1,044	1,299,676	2,089	1,301,765	181,419	90.21
90.22 HOMER GLEN PCC	4,508	5,611,577	9,018	5,620,595	783,309	90.22
90.23 OAK PARK PCC	1,225	1,524,966	2,451	1,527,417	212,867	90.23
90.24 PARK RIDGE PCC	771	959,476	1,542	961,018	133,931	90.24
90.25 LOYOLA CLINIC AT GOTTLIEB	317	395,047	635	395,682	55,144	90.25
90.26 WOODRIDGE PCC						90.26
90.27 NEUROLOGY - NILES	13	16,682	27	16,709	2,329	90.27
90.28 MARJORIE WEINBERG CANCER CENTER	4,048	5,038,741	8,097	5,046,838	703,348	90.28
90.29 BURR RIDGE PCC	12,205	15,192,024	24,414	15,216,438	2,120,624	90.29
90.30 RIVER FOREST	81	100,765	162	100,927	14,066	90.30
91 EMERGENCY	8,728	10,864,099	17,459	10,881,558	1,516,497	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT	407	507,166	815	507,981	70,794	92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES	283	351,744	565	352,309	49,099	95
97 DURABLE MEDICAL EQUIP-SOLD	307	381,630	613	382,243	53,271	97
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	4,190	5,215,307	8,381	5,223,688	727,994	101
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	2,611	3,249,831	5,222	3,255,053	453,637	105
106 HEART ACQUISITION	731	910,201	1,463	911,664	127,053	106
107 LIVER ACQUISITION	1,491	1,856,532	2,983	1,859,515	259,149	107
108 LUNG ACQUISITION	1,077	1,340,178	2,154	1,342,332	187,073	108
109 PANCREAS ACQUISITION	273	339,431	545	339,976	47,380	109
110 INTESTINAL ACQUISITION	284	353,736	568	354,304	49,377	110
111 ISLET ACQUISITION						111
112 OTHER ORGAN ACQUISITION (SPECIFY)	1,441	1,793,167	2,882	1,796,049	250,305	112
116 HOSPICE	868	1,080,236	1,736	1,081,972	150,788	116
118 SUBTOTALS (SUM OF LINES 1-117)	576,773	717,953,276	1,151,526	717,719,913	85,313,612	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	196	243,442	391	243,833	33,982	190
190.01 HINES RADIATION THERAPY	762	948,700	1,525	950,225	132,427	190.01
190.02 HOME INFUSION THERAPY	2,911	3,624,157	5,824	3,629,981	505,889	190.02
190.03 OP HOSPITAL PHARMACY	2,575	3,205,823	5,152	3,210,975	447,494	190.03
190.04 HOSPITALIST	2,178	2,711,089	4,357	2,715,446	378,435	190.04
190.05 STUDENT HEALTH	33	41,550	67	41,617	5,800	190.05
192 PHYSICIANS' PRIVATE OFFICES	173	215,125	346	215,471	30,029	192

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
PERIOD FROM 07/01/2012 TO 06/30/2013

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

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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 ADMINSTRIN 5.11	
192.01 FACULTY CLINICAL OPERATIONS	107,468	134,024,747	215,701	134,240,448	18,708,322	192.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	693,069	862,967,909	1,384,889	862,967,909	105,555,990	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 DEPARTMENT						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	6,642,546	6,642,546				5.12
5.14 PRIMARY CARE ADMINISTRATION	4,371,931	33,913	4,405,844	4,405,844		5.14
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	32,349,210	250,933	32,600,143	167,304	32,767,447	7
7.01 SAFETY AND SECURITY	3,806,624	29,528	3,836,152	19,687	161,713	7.01
8 LAUNDRY & LINEN SERVICE	2,633,406	20,427	2,653,833	13,619	204,910	8
9 HOUSEKEEPING	7,720,874	59,891	7,780,765	39,931	282,551	9
10 DIETARY	6,301,349	48,880	6,350,229	32,589	650,190	10
11 CAFETERIA	510,299	3,958	514,257	2,639	295,387	11
12 MAINTENANCE OF PERSONNEL						12
12.01 PATIENT TRANSPORTATION	1,483,333	11,506	1,494,839	7,672	23,060	12.01
13 NURSING ADMINISTRATION	5,117,467	39,696	5,157,163	26,467	221,951	13
14 CENTRAL SERVICES & SUPPLY	3,698,479	28,689	3,727,168	19,128	349,509	14
14.01 CENTRAL PROCESSING	456,985	3,545	460,530	2,363	91,855	14.01
15 PHARMACY	11,729,070	90,982	11,820,052	60,661	433,339	15
16 MEDICAL RECORDS & LIBRARY	10,106,931	78,399	10,185,330	52,271	601,313	16
17 SOCIAL SERVICE	4,270,000	33,122	4,303,122	22,084	94,369	17
17.01 HOSPITAL MEDICAL ADMIN	7,587	59	7,646	39		17.01
19 NONPHYSICIAN ANESTHETISTS	523,136	4,058	527,194	2,706		19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD	49,739,996	385,833	50,125,829	257,246	185,040	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMEDICAL ED-MICU	1,002,100	7,773	1,009,873	5,183	117,816	23.01
23.02 PARAMEDICAL ED-SOCIAL WORK						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	57,722,592	447,754	58,170,346	298,530	4,414,724	30
31 INTENSIVE CARE UNIT	22,079,114	171,268	22,250,382	114,189	1,097,379	31
33 BURN INTENSIVE CARE UNIT	6,823,429	52,929	6,876,358	35,289	262,271	33
35 NEONATAL INTENSIVE CARE	10,716,785	83,130	10,799,915	55,425	594,738	35
35.01 PEDIATRIC ICU	3,241,911	25,148	3,267,059	16,767	110,758	35.01
35.03 HEART TRANSPLANT ICU	3,927,219	30,463	3,957,682	20,311	268,435	35.03
35.04 BONE INTENSIVE CARE	5,058,379	39,238	5,097,617	26,161	231,499	35.04
41 SUBPROVIDER - IRF	6,134,138	47,583	6,181,721	31,725	700,178	41
43 NURSERY	1,016,996	7,889	1,024,885	5,260		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	63,039,230	488,995	63,528,225	326,027	3,753,589	50
50.01 AMBULATORY SURGERY CENTER	8,852,627	68,670	8,921,297	45,784	793,798	50.01
51 RECOVERY ROOM	5,761,103	44,689	5,805,792	29,795	839,967	51
52 DELIVERY ROOM & LABOR ROOM	3,702,311	28,719	3,731,030	19,148	209,164	52
53 ANESTHESIOLOGY	3,874,948	30,058	3,905,006	20,040	61,978	53
54 RADIOLOGY-DIAGNOSTIC	17,131,474	132,889	17,264,363	88,601	1,482,518	54
54.01 RADIOLOGY-ULTRASOUND	1,670,767	12,960	1,683,727	8,641	92,895	54.01
56 RADIOISOTOPE	4,615,087	35,799	4,650,886	23,868	338,680	56
57 CT SCAN	5,234,522	40,604	5,275,126	27,072	166,983	57
58 MRI	5,320,306	41,270	5,361,576	27,516	361,909	58
59 CARDIAC CATHETERIZATION	16,296,757	126,414	16,423,171	84,284	889,255	59
60 LABORATORY	24,350,023	188,883	24,538,906	125,934	799,406	60
60.01 LABORATORY-SURGICAL PATHOLOGY	4,219,726	32,732	4,252,458	21,824	594,013	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.	9,404,802	72,953	9,477,755	48,640	165,968	63
64 INTRAVENOUS THERAPY	177,584	1,378	178,962	918	254,004	64
65 RESPIRATORY THERAPY	9,903,805	76,824	9,980,629	51,221	336,287	65
66 PHYSICAL THERAPY	5,791,689	44,926	5,836,615	29,954	145,373	66
67 OCCUPATIONAL THERAPY	2,238,271	17,362	2,255,633	11,576	27,146	67
68 SPEECH PATHOLOGY	1,368,143	10,613	1,378,756	7,076	820,533	68
69 ELECTROCARDIOLOGY	18,329,167	142,179	18,471,346	94,795		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	2,252,018	17,469	2,269,487	11,647	204,910	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,081,287	8,388	1,089,675	5,592		71
73 DRUGS CHARGED TO PATIENTS	29,984,847	232,592	30,217,439	155,076		73
74 RENAL DIALYSIS	6,440,328	49,958	6,490,286	33,308	283,615	74
76 PULMONARY LABS	752,115	5,834	757,949	3,890	80,760	76
76.01 OCCUPATIONAL HEALTH	826,193	6,409	832,602	4,273	88,495	76.01
76.03 HYPERALIMENTATION						76.03
76.04 PERIPHERAL VASCULAR	961,346	7,457	968,803	4,972	31,714	76.04
76.05 PEDIATRIC ENDO NUTRITION						76.05
76.07 GASTROINTESTINAL SERVICE	6,037,935	46,836	6,084,771	31,227	220,477	76.07
76.09 BONE MARROW PROCUREMENT	2,299,809	17,840	2,317,649	11,894		76.09
76.10 BARIATRICS	746,567	5,791	752,358	3,861		76.10
76.11 HEPATOLOGY	783,035	6,074	789,109	4,050		76.11
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	401,151	3,112	404,263	2,075	88,495	90
90.01 CARDIAC REHABILITATION	390,010	3,025	393,035	2,017		90.01
90.02 CANCER CENTER	26,783,785	207,762	26,991,547	138,521	1,269,173	90.02
90.03 PSYCH SOCIAL REHAB	619,328	4,804	624,132	3,203	240,395	90.03
90.04 WELLNESS ASSESSMENT						90.04
90.06 HEART FAILURE CLINIC						90.06
90.07 LOC OUTPATIENT CENTER	39,001,193	302,532	39,303,725	201,707	3,278,722	90.07
90.08 OB OUTPATIENT CENTER	7,822,224	60,677	7,882,901	40,455	2,345	90.08
90.09 ELMHURST IMMEDIATE CARE	2,085,978	16,181	2,102,159	10,788		90.09
90.10 LAGRANGE FAMILY PCC	3,002,244	23,288	3,025,532	15,527		90.10
90.12 NORTH RIVERSIDE PCC	3,373,427	26,168	3,399,595	17,447		90.12
90.13 GLENDALE HEIGHTS PCC						90.13
90.14 WHEATON PCC	2,746,256	21,303	2,767,559	14,203		90.14
90.15 OB II PCC	2,848,101	22,093	2,870,194	14,730		90.15
90.16 HICKORY HILLS PCC	4,039,778	31,337	4,071,115	20,893		90.16
90.18 DARIEN PCC	1,462,052	11,341	1,473,393	7,561		90.18
90.20 ORLANAD PARK - FP	3,636,813	28,211	3,665,024	18,809		90.20
90.21 FAMILY PRACTICE MAYWOOD PCC	1,483,184	11,505	1,494,689	7,671	77,618	90.21
90.22 HOMER GLEN PCC	6,403,904	49,675	6,453,579	33,120		90.22
90.23 OAK PARK PCC	1,740,284	13,499	1,753,783	9,000		90.23
90.24 PARK RIDGE PCC	1,094,949	8,494	1,103,443	5,663		90.24
90.25 LOYOLA CLINIC AT GOTTLIEB	450,826	3,497	454,323	2,332		90.25
90.26 WOODRIDGE PCC						90.26
90.27 NEUROLOGY - NILES	19,038	148	19,186	98		90.27
90.28 MARJORIE WEINBERG CANCER CENTER	5,750,186	44,604	5,794,790	29,739		90.28
90.29 BURR RIDGE PCC	17,337,062	134,484	17,471,546	89,664	2,417,241	90.29
90.30 RIVER FOREST	114,993	892	115,885	595		90.30
91 EMERGENCY	12,398,055	96,172	12,494,227	64,120	601,023	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT	578,775	4,490	583,265	2,993	38,652	92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES	401,408	3,114	404,522	2,076	17,622	95
97 DURABLE MEDICAL EQUIP-SOLD	435,514	3,378	438,892	2,252		97
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	5,951,682	46,167	5,997,849	30,781	138,484	101
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	3,708,690	28,768	3,737,458	19,181	16,993	105
106 HEART ACQUISITION	1,038,717	8,057	1,046,774	5,372	64,226	106
107 LIVER ACQUISITION	2,118,664	16,434	2,135,098	10,957	7,663	107
108 LUNG ACQUISITION	1,529,405	11,864	1,541,269	7,910	57,748	108
109 PANCREAS ACQUISITION	387,356	3,005	390,361	2,003		109
110 INTESTINAL ACQUISITION	403,681	3,131	406,812	2,088		110
111 ISLET ACQUISITION						111
112 OTHER ORGAN ACQUISITION (SPECIFY)	2,046,354	15,874	2,062,228	10,583	3,868	112
116 HOSPICE	1,232,760	9,563	1,242,323	6,376	10,757	116
118 SUBTOTALS (SUM OF LINES 1-117)	697,477,535	5,358,808	696,193,797	3,550,260	32,767,447	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	277,815	2,155	279,970	1,437		190
190.01 HINES RADIATION THERAPY	1,082,652	8,398	1,091,050	5,599		190.01
190.02 HOME INFUSION THERAPY	4,135,870	32,082	4,167,952	21,390		190.02
190.03 OP HOSPITAL PHARMACY	3,658,469	28,379	3,686,848	18,921		190.03
190.04 HOSPITALIST	3,093,881	23,999	3,117,880	16,001		190.04
190.05 STUDENT HEALTH	47,417	368	47,785	245		190.05
192 PHYSICIANS' PRIVATE OFFICES	245,500	1,904	247,404	1,270		192

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

COST CENTER DESCRIPTION	SUBTOTAL (COLS.0-4)	AMBULATORY ADMIN 5.12	SUBTOTAL (COLS.0-4)	PRIMARY CARE ADMIN 5.14	OPERATION OF PLANT 7	
192.01 FACULTY CLINICAL OPERATIONS	152,948,770	1,186,453	154,135,223	790,721		192.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	862,967,909	6,642,546	862,967,909	4,405,844	32,767,447	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 DEPARTMENT						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	4,017,552					7.01
8 LAUNDRY & LINEN SERVICE	25,248	2,897,610				8
9 HOUSEKEEPING	34,815	454	8,138,516			9
10 DIETARY	80,114		339,413	7,452,535		10
11 CAFETERIA	36,396		29,503		878,182	11
12 MAINTENANCE OF PERSONNEL						12
12.01 PATIENT TRANSPORTATION	2,841	84	12,113		9,680	12.01
13 NURSING ADMINISTRATION	27,348		36,418		5,341	13
14 CENTRAL SERVICES & SUPPLY	43,065		155,663		8,387	14
14.01 CENTRAL PROCESSING	11,318		73,828		767	14.01
15 PHARMACY	53,394	1,474	104,079		21,504	15
16 MEDICAL RECORDS & LIBRARY	74,091		46,691		18,169	16
17 SOCIAL SERVICE	11,628		10,070		9,638	17
17.01 HOSPITAL MEDICAL ADMIN						17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD	22,800	18,914	30,433		98,651	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMEDICAL ED-MICU	14,517		17,046		2,073	23.01
23.02 PARAMEDICAL ED-SOCIAL WORK						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	543,968	1,143,547	1,826,340	5,165,822	121,881	30
31 INTENSIVE CARE UNIT	135,215	239,251	252,422	643,810	36,322	31
33 BURN INTENSIVE CARE UNIT	32,316	81,192	92,269	259,354	11,703	33
35 NEONATAL INTENSIVE CARE	73,281	46,770	135,786		17,998	35
35.01 PEDIATRIC ICU	13,647	17,833	58,156		5,501	35.01
35.03 HEART TRANSPLANT ICU	33,075	47,198	61,776	208,147	6,710	35.03
35.04 BONE INTENSIVE CARE	28,524	21,390	121,550	220,408	11,036	35.04
41 SUBPROVIDER - IRF	86,273	76,174	356,460	709,026	14,530	41
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	462,503	228,997	917,457		34,114	50
50.01 AMBULATORY SURGERY CENTER	97,809	90,145	156,694		9,380	50.01
51 RECOVERY ROOM	103,497	52,100	199,947		9,560	51
52 DELIVERY ROOM & LABOR ROOM	25,772	50,808	48,147		7,151	52
53 ANESTHESIOLOGY	7,637	13,980	14,660		2,722	53
54 RADIOLOGY-DIAGNOSTIC	182,670	41,365	362,263		25,001	54
54.01 RADIOLOGY-ULTRASOUND	11,446	23,438	20,545		2,504	54.01
56 RADIOISOTOPE	41,731	16,129	72,432		3,677	56
57 CT SCAN	20,575	37,136	35,893		4,825	57
58 MRI	44,593	32,621	81,977		3,922	58
59 CARDIAC CATHETERIZATION	109,571	50,597	222,069		9,729	59
60 LABORATORY	98,500		207,308		25,466	60
60.01 LABORATORY-SURGICAL PATHOLOGY	73,192		167,978		6,197	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.	20,450	3,051	66,872		4,392	63
64 INTRAVENOUS THERAPY	31,297					64
65 RESPIRATORY THERAPY	41,436	7,618	57,994		20,124	65
66 PHYSICAL THERAPY	17,912	15,876	95,424		9,416	66
67 OCCUPATIONAL THERAPY	3,345		65,638		2,892	67
68 SPEECH PATHOLOGY	101,103		13,488		1,092	68
69 ELECTROCARDIOLOGY		16,190	190,322		9,399	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	25,248	4,700	107,597		4,894	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	34,946	31,297	9,039		10,001	74
76 PULMONARY LABS	9,951	1,646			870	76
76.01 OCCUPATIONAL HEALTH	10,904		42,404		1,818	76.01
76.03 HYPERALIMENTATION						76.03
76.04 PERIPHERAL VASCULAR	3,908	8,309	16,662		1,725	76.04
76.05 PEDIATRIC ENDO NUTRITION						76.05
76.07 GASTROINTESTINAL SERVICE	27,166	25,954	50,755		7,691	76.07
76.09 BONE MARROW PROCUREMENT						76.09
76.10 BARIATRICS					1,474	76.10
76.11 HEPATOLOGY					1,828	76.11
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	10,904	1,065	43,678	211,109	757	90
90.01 CARDIAC REHABILITATION					556	90.01
90.02 CANCER CENTER	156,383	55,128	171,658	34,859	20,742	90.02
90.03 PSYCH SOCIAL REHAB	29,620		13,043		1,359	90.03
90.04 WELLNESS ASSESSMENT						90.04
90.06 HEART FAILURE CLINIC						90.06
90.07 LOC OUTPATIENT CENTER	403,991	72,422	896,892		66,785	90.07
90.08 OB OUTPATIENT CENTER	289	27,769	465		14,246	90.08
90.09 ELMHURST IMMEDIATE CARE		734			3,440	90.09
90.10 LAGRANGE FAMILY PCC		7,300			6,288	90.10
90.12 NORTH RIVERSIDE PCC		6,157			5,968	90.12
90.13 GLENDALE HEIGHTS PCC						90.13
90.14 WHEATON PCC		1,441			3,889	90.14
90.15 OB II PCC		8,202			5,700	90.15
90.16 HICKORY HILLS PCC		12,675			8,110	90.16
90.18 DARIEN PCC		1,889			3,347	90.18
90.20 ORLANAD PARK - FP		5,314			6,696	90.20
90.21 FAMILY PRACTICE MAYWOOD PCC	9,564	18,829			3,497	90.21
90.22 HOMER GLEN PCC		16,174			9,469	90.22
90.23 OAK PARK PCC					3,956	90.23
90.24 PARK RIDGE PCC		3,421			1,313	90.24
90.25 LOYOLA CLINIC AT GOTTLIEB		708			1,142	90.25
90.26 WOODRIDGE PCC						90.26
90.27 NEUROLOGY - NILES					12	90.27
90.28 MARJORIE WEINBERG CANCER CENTER					2,345	90.28
90.29 BURR RIDGE PCC	297,843				23,774	90.29
90.30 RIVER FOREST					131	90.30
91 EMERGENCY	74,056	203,221			27,970	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT	4,763	8,923	8,897		836	92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES	2,171					95
97 DURABLE MEDICAL EQUIP-SOLD			1,193		57	97
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	17,063		7,644		11,977	101
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	2,094		910		1,052	105
106 HEART ACQUISITION	7,914		4,792		532	106
107 LIVER ACQUISITION	944		1,112		756	107
108 LUNG ACQUISITION	7,115		3,903		527	108
109 PANCREAS ACQUISITION					2,966	109
110 INTESTINAL ACQUISITION			283		714	110
111 ISLET ACQUISITION			465			111
112 OTHER ORGAN ACQUISITION (SPECIFY)	477				2,539	112
116 HOSPICE	1,325				2,117	116
118 SUBTOTALS (SUM OF LINES 1-117)	4,017,552	2,897,610	8,138,516	7,452,535	867,320	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					429	190
190.01 HINES RADIATION THERAPY					1,887	190.01
190.02 HOME INFUSION THERAPY					2,604	190.02
190.03 OP HOSPITAL PHARMACY					587	190.03
190.04 HOSPITALIST					5,232	190.04
190.05 STUDENT HEALTH					123	190.05
192 PHYSICIANS' PRIVATE OFFICES						192

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
PERIOD FROM 07/01/2012 TO 06/30/2013

KPMG LLP COMPU-MAX MICRO SYSTEM  
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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	
192.01 FACULTY CLINICAL OPERATIONS						192.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	4,017,552	2,897,610	8,138,516	7,452,535	878,182	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	PATIENT	NURSING	CENTRAL	CENTRAL	PHARMACY	
	TRANSPORT	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 DEPARTMENT						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	1,550,289					12.01
13 NURSING ADMINISTRATION		5,474,688				13
14 CENTRAL SERVICES & SUPPLY			4,302,920			14
14.01 CENTRAL PROCESSING			4,626	645,287		14.01
15 PHARMACY		855	5,243		12,500,601	15
16 MEDICAL RECORDS & LIBRARY			2			16
17 SOCIAL SERVICE			116			17
17.01 HOSPITAL MEDICAL ADMIN						17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD			126			21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMEDICAL ED-MICU			181		144	23.01
23.02 PARAMEDICAL ED-SOCIAL WORK						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	482,110	1,519,700	503,914	282,136	1,463	30
31 INTENSIVE CARE UNIT	93,655	638,745	230,392	65,932	655	31
33 BURN INTENSIVE CARE UNIT	3,173	166,525	99,263	15,284	31	33
35 NEONATAL INTENSIVE CARE	1,799	378,496	25,500	38,426	478	35
35.01 PEDIATRIC ICU	5,679	96,109	27,404	11,644	43	35.01
35.03 HEART TRANSPLANT ICU	12,119	106,637	56,775	14,317	177	35.03
35.04 BONE INTENSIVE CARE	5,836	112,037	31,308	12,308	152	35.04
41 SUBPROVIDER - IRF	10,925	99,303	21,830	16,996	6	41
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	228	372,556	56,722	3,163	37,732	50
50.01 AMBULATORY SURGERY CENTER	141	92,914	6,022	1,233	147,206	50.01
51 RECOVERY ROOM	126	109,247	17,615	9,074	4	51
52 DELIVERY ROOM & LABOR ROOM	1,225	92,329	37,729	83,054	226	52
53 ANESTHESIOLOGY		18,133	1,971	10,527	104	53
54 RADIOLOGY-DIAGNOSTIC	267,148	72,756	12,266	1,192	1,760	54
54.01 RADIOLOGY-ULTRASOUND	17,060		599	20	172	54.01
56 RADIOISOTOPE	7,611		1,145	337		56
57 CT SCAN	154,180		682	497	166	57
58 MRI	51,069		604	831	57	58
59 CARDIAC CATHETERIZATION	11,342	87,290	20,159	9,557	3,448	59
60 LABORATORY	15,245		23,077		2,050	60
60.01 LABORATORY-SURGICAL PATHOLOGY	5,317		5,001		2,690	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.	1,587	18,673	3,829	603	252	63
64 INTRAVENOUS THERAPY						64
65 RESPIRATORY THERAPY	21,309		1,953		160,789	65
66 PHYSICAL THERAPY	27,137		1,532	61	207	66
67 OCCUPATIONAL THERAPY	28,181		46	201	312	67
68 SPEECH PATHOLOGY			2,604			68
69 ELECTROCARDIOLOGY	45,288	71,497	20,580	4,555	1,138	69

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	PATIENT	NURSING	CENTRAL	CENTRAL	PHARMACY	
	TRANSPORT	ADMINIS- TRATION	SERVICES & SUPPLY	PROCESSING		
	12.01	13	14	14.01	15	
70 ELECTROENCEPHALOGRAPHY		45	225		4,771	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS			2,528,403			71
73 DRUGS CHARGED TO PATIENTS					4,860,436	73
74 RENAL DIALYSIS	63,785	82,205	142,065	804	359,919	74
76 PULMONARY LABS		4,319	272	225	34	76
76.01 OCCUPATIONAL HEALTH		135	1,438		1,819	76.01
76.03 HYPERALIMENTATION						76.03
76.04 PERIPHERAL VASCULAR	48,540	4,589	249	48		76.04
76.05 PEDIATRIC ENDO NUTRITION						76.05
76.07 GASTROINTESTINAL SERVICE	48,485	79,956	32,781	899	1,123	76.07
76.09 BONE MARROW PROCUREMENT						76.09
76.10 BARIATRICS						76.10
76.11 HEPATOLOGY						76.11
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	204	7,739			1,183	90
90.01 CARDIAC REHABILITATION			614			90.01
90.02 CANCER CENTER	18,520	109,652	140,891	24,245	4,065,938	90.02
90.03 PSYCH SOCIAL REHAB		4,499	41		229	90.03
90.04 WELLNESS ASSESSMENT						90.04
90.06 HEART FAILURE CLINIC						90.06
90.07 LOC OUTPATIENT CENTER	31	375,976	23,462	262	738,177	90.07
90.08 OB OUTPATIENT CENTER		60,473	8,563		23,556	90.08
90.09 ELMHURST IMMEDIATE CARE		15,793	1,983		32,575	90.09
90.10 LAGRANGE FAMILY PCC		39,595	4,734		24,517	90.10
90.12 NORTH RIVERSIDE PCC		30,326	3,662		116,518	90.12
90.13 GLENDALE HEIGHTS PCC						90.13
90.14 WHEATON PCC		12,913	1,106	2,349	13,459	90.14
90.15 OB II PCC		27,492	3,473		69,239	90.15
90.16 HICKORY HILLS PCC		32,576	5,378	2,087	68,898	90.16
90.18 DARIEN PCC		18,268	1,983		44,714	90.18
90.20 ORLANAD PARK - FP		21,687	4,399		114,162	90.20
90.21 FAMILY PRACTICE MAYWOOD PCC		11,609	2,046		16,696	90.21
90.22 HOMER GLEN PCC		51,294	9,245	2,394	518,507	90.22
90.23 OAK PARK PCC		9,899	1,788		29,948	90.23
90.24 PARK RIDGE PCC		10,799	1,395		2,036	90.24
90.25 LOYOLA CLINIC AT GOTTLIEB		4,679	414		1,271	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					510	90.29
90.30 RIVER FOREST						90.30
91 EMERGENCY	98,281	245,536	157,223	29,764		91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT	2,804	15,793	564	262	322	92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES					24	95
97 DURABLE MEDICAL EQUIP-SOLD						97
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		113,477	1,254		1,025	101
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION		540	20			105
106 HEART ACQUISITION	149	1,035	14			106
107 LIVER ACQUISITION						107
108 LUNG ACQUISITION		1,305	30			108
109 PANCREAS ACQUISITION						109
110 INTESTINAL ACQUISITION						110
111 ISLET ACQUISITION						111
112 OTHER ORGAN ACQUISITION (SPECIFY)		90	1			112
116 HOSPICE		17,998	932		14,368	116
118 SUBTOTALS (SUM OF LINES 1-117)	1,550,289	5,466,094	4,301,464	645,287	11,487,436	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
190.01 HINES RADIATION THERAPY						190.01
190.02 HOME INFUSION THERAPY		5,354	1,062		422,009	190.02
190.03 OP HOSPITAL PHARMACY					591,019	190.03
190.04 HOSPITALIST			258			190.04
190.05 STUDENT HEALTH						190.05
192 PHYSICIANS' PRIVATE OFFICES		3,240	119		137	192

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

COST CENTER DESCRIPTION	PATIENT TRANSPORT 12.01	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	CENTRAL PROCESSING 14.01	PHARMACY 15	
192.01 FACULTY CLINICAL OPERATIONS				17		192.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,550,289	5,474,688	4,302,920	645,287	12,500,601	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 DEPARTMENT						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	10,977,867					16
17 SOCIAL SERVICE		4,451,027				17
17.01 HOSPITAL MEDICAL ADMIN			7,685			17.01
19 NONPHYSICIAN ANESTHETISTS				529,900		19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD			172		50,739,211	21
22 I&R SERVICES-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	1,549,254	1,311,427	167		11,391,243	30
31 INTENSIVE CARE UNIT	577,074	85,891	148		3,173,861	31
33 BURN INTENSIVE CARE UNIT	127,601	97,207			1,050,353	33
35 NEONATAL INTENSIVE CARE	274,772	175,338	203		497,056	35
35.01 PEDIATRIC ICU	77,036	94,081	70		484,895	35.01
35.03 HEART TRANSPLANT ICU	99,788	115,743	108		484,895	35.03
35.04 BONE INTENSIVE CARE	146,186	134,818	29		1,422,765	35.04
41 SUBPROVIDER - IRF	99,546	40,305	68		484,895	41
43 NURSERY	10,839					43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,237,267	115,312	216	529,900	6,109,074	50
50.01 AMBULATORY SURGERY CENTER	2,983	862	358		1,203,878	50.01
51 RECOVERY ROOM	245,100		15			51
52 DELIVERY ROOM & LABOR ROOM	87,862				500,096	52
53 ANESTHESIOLOGY	591,156		1,507		4,885,435	53
54 RADIOLOGY-DIAGNOSTIC	314,309		310		1,656,853	54
54.01 RADIOLOGY-ULTRASOUND	43,921		43		440,814	54.01
56 RADIOISOTOPE	31,235		127		612,579	56
57 CT SCAN	355,765		295		440,814	57
58 MRI	160,068		151		712,903	58
59 CARDIAC CATHETERIZATION	309,403					59
60 LABORATORY	1,104,325	67,894	1,179			60
60.01 LABORATORY-SURGICAL PATHOLOGY	70,226		102		2,106,787	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.	215,238		167			63
64 INTRAVENOUS THERAPY						64
65 RESPIRATORY THERAPY	443,193		21			65
66 PHYSICAL THERAPY	82,391		16			66
67 OCCUPATIONAL THERAPY	75,413					67
68 SPEECH PATHOLOGY	26,564	42,137				68
69 ELECTROCARDIOLOGY	610,752	212,734				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	35,014		27			70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	33,914					71
73 DRUGS CHARGED TO PATIENTS	1,177,245					73
74 RENAL DIALYSIS	36,890	177,063	157			74
76 PULMONARY LABS	8,842		123		355,691	76
76.01 OCCUPATIONAL HEALTH						76.01
76.03 HYPERALIMENTATION						76.03
76.04 PERIPHERAL VASCULAR	31,958		4			76.04
76.05 PEDIATRIC ENDO NUTRITION						76.05
76.07 GASTROINTESTINAL SERVICE	49,123	5,065	70			76.07
76.09 BONE MARROW PROCUREMENT	21,495					76.09
76.10 BARIATRICS	2					76.10
76.11 HEPATOLOGY						76.11
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	1,509				90
90.01 CARDIAC REHABILITATION	5,024	216				90.01
90.02 CANCER CENTER	5,680	3,125	164		53,202	90.02
90.03 PSYCH SOCIAL REHAB	2				706,822	90.03
90.04 WELLNESS ASSESSMENT						90.04
90.06 HEART FAILURE CLINIC						90.06
90.07 LOC OUTPATIENT CENTER	27,582	1,506,162	1,067		8,126,178	90.07
90.08 OB OUTPATIENT CENTER	656		17		945,470	90.08
90.09 ELMHURST IMMEDIATE CARE	49					90.09
90.10 LAGRANGE FAMILY PCC	176		11			90.10
90.12 NORTH RIVERSIDE PCC	88					90.12
90.13 GLENDALE HEIGHTS PCC						90.13
90.14 WHEATON PCC	136				173,286	90.14
90.15 OB II PCC	80					90.15
90.16 HICKORY HILLS PCC	94					90.16
90.18 DARIEN PCC	48					90.18
90.20 ORLANAD PARK - FP	49					90.20
90.21 FAMILY PRACTICE MAYWOOD PCC	80		17			90.21
90.22 HOMER GLEN PCC	141					90.22
90.23 OAK PARK PCC	26					90.23
90.24 PARK RIDGE PCC	464					90.24
90.25 LOYOLA CLINIC AT GOTTLIEB	2					90.25
90.26 WOODRIDGE PCC	1					90.26
90.27 NEUROLOGY - NILES						90.27
90.28 MARJORIE WEINBERG CANCER CENTER	459					90.28
90.29 BURR RIDGE PCC	1,774	133,093	47			90.29
90.30 RIVER FOREST	1					90.30
91 EMERGENCY	392,285				2,719,366	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT	811					92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES						95
97 DURABLE MEDICAL EQUIP-SOLD						97
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			68			101
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	83,094	84,382	161			105
106 HEART ACQUISITION	12,352		4			106
107 LIVER ACQUISITION	40,718		97			107
108 LUNG ACQUISITION	22,491	46,663	153			108
109 PANCREAS ACQUISITION						109
110 INTESTINAL ACQUISITION						110
111 ISLET ACQUISITION						111
112 OTHER ORGAN ACQUISITION (SPECIFY)	19,742		1			112
116 HOSPICE			25			116
118 SUBTOTALS (SUM OF LINES 1-117)	10,977,867	4,451,027	7,685	529,900	50,739,211	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
190.05 STUDENT HEALTH						190.05
192 PHYSICIANS' PRIVATE OFFICES						192

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11  
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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	
192.01 FACULTY CLINICAL OPERATIONS						192.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	10,977,867	4,451,027	7,685	529,900	50,739,211	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

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 DEPARTMENT					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 SERVICES-SALARY & FRINGES APPRVD					21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
23.01 PARAMEDICAL ED-MICU	1,166,833				23.01
23.02 PARAMEDICAL ED-SOCIAL WORK					23.02
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS		88,726,572	-11,391,243	77,335,329	30
31 INTENSIVE CARE UNIT		29,635,323	-3,173,861	26,461,462	31
33 BURN INTENSIVE CARE UNIT		9,210,189	-1,050,353	8,159,836	33
35 NEONATAL INTENSIVE CARE		13,115,981	-497,056	12,618,925	35
35.01 PEDIATRIC ICU		4,286,682	-484,895	3,801,787	35.01
35.03 HEART TRANSPLANT ICU		5,493,893	-484,895	5,008,998	35.03
35.04 BONE INTENSIVE CARE		7,623,624	-1,422,765	6,200,859	35.04
41 SUBPROVIDER - IRF		8,929,961	-484,895	8,445,066	41
43 NURSERY		1,040,984		1,040,984	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		77,713,082	-6,109,074	71,604,008	50
50.01 AMBULATORY SURGERY CENTER		11,570,504	-1,203,878	10,366,626	50.01
51 RECOVERY ROOM		7,421,839		7,421,839	51
52 DELIVERY ROOM & LABOR ROOM		4,893,741	-500,096	4,393,645	52
53 ANESTHESIOLOGY		9,534,856	-4,885,435	4,649,421	53
54 RADIOLOGY-DIAGNOSTIC		21,773,375	-1,656,853	20,116,522	54
54.01 RADIOLOGY-ULTRASOUND		2,345,825	-440,814	1,905,011	54.01
56 RADIOISOTOPE		5,800,437	-612,579	5,187,858	56
57 CT SCAN		6,520,009	-440,814	6,079,195	57
58 MRI		6,839,797	-712,903	6,126,894	58
59 CARDIAC CATHETERIZATION		18,229,875		18,229,875	59
60 LABORATORY		27,009,290		27,009,290	60
60.01 LABORATORY-SURGICAL PATHOLOGY		7,305,785	-2,106,787	5,198,998	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.		10,027,477		10,027,477	63
64 INTRAVENOUS THERAPY		465,181		465,181	64
65 RESPIRATORY THERAPY		11,122,574		11,122,574	65
66 PHYSICAL THERAPY		6,261,914		6,261,914	66
67 OCCUPATIONAL THERAPY		2,470,383		2,470,383	67
68 SPEECH PATHOLOGY		2,393,353		2,393,353	68
69 ELECTROCARDIOLOGY		19,748,596		19,748,596	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	DOWN ADJS	26	
			25		
70 ELECTROENCEPHALOGRAPHY		2,668,565		2,668,565	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		3,657,584		3,657,584	71
73 DRUGS CHARGED TO PATIENTS		36,410,196		36,410,196	73
74 RENAL DIALYSIS		7,755,380	-636,277	7,119,103	74
76 PULMONARY LABS		1,224,572	-355,691	868,881	76
76.01 OCCUPATIONAL HEALTH		983,888		983,888	76.01
76.03 HYPERALIMENTATION					76.03
76.04 PERIPHERAL VASCULAR		1,121,481		1,121,481	76.04
76.05 PEDIATRIC ENDO NUTRITION					76.05
76.07 GASTROINTESTINAL SERVICE		6,665,543		6,665,543	76.07
76.09 BONE MARROW PROCUREMENT		2,351,038		2,351,038	76.09
76.10 BARIATRICS		757,695		757,695	76.10
76.11 HEPATOLOGY		794,987		794,987	76.11
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC		772,993		772,993	90
90.01 CARDIAC REHABILITATION		401,462		401,462	90.01
90.02 CANCER CENTER		33,259,428	-53,202	33,206,226	90.02
90.03 PSYCH SOCIAL REHAB		1,623,345	-706,822	916,523	90.03
90.04 WELLNESS ASSESSMENT					90.04
90.06 HEART FAILURE CLINIC					90.06
90.07 LOC OUTPATIENT CENTER		55,023,141	-8,126,178	46,896,963	90.07
90.08 OUTPATIENT CENTER		9,007,205	-945,470	8,061,735	90.08
90.09 ELMHURST IMMEDIATE CARE		2,167,521		2,167,521	90.09
90.10 LAGRANGE FAMILY PCC		3,123,680		3,123,680	90.10
90.12 NORTH RIVERSIDE PCC		3,579,761		3,579,761	90.12
90.13 GLENDALE HEIGHTS PCC					90.13
90.14 WHEATON PCC		2,990,341	-173,286	2,817,055	90.14
90.15 OUT II PCC		2,999,110		2,999,110	90.15
90.16 HICKORY HILLS PCC		4,221,826		4,221,826	90.16
90.18 DARIEN PCC		1,551,203		1,551,203	90.18
90.20 ORLANAD PARK - FP		3,836,140		3,836,140	90.20
90.21 FAMILY PRACTICE MAYWOOD PCC		1,642,316		1,642,316	90.21
90.22 HOMER GLEN PCC		7,093,923		7,093,923	90.22
90.23 OAK PARK PCC		1,808,400		1,808,400	90.23
90.24 PARK RIDGE PCC		1,128,534		1,128,534	90.24
90.25 LOYOLA CLINIC AT GOTTLIEB		464,871		464,871	90.25
90.26 WOODRIDGE PCC		1		1	90.26
90.27 NEUROLOGY - NILES		19,296		19,296	90.27
90.28 MARJORIE WEINBERG CANCER CENTER		5,827,333		5,827,333	90.28
90.29 BURR RIDGE PCC		20,435,492		20,435,492	90.29
90.30 RIVER FOREST		116,612		116,612	90.30
91 EMERGENCY	1,166,833	18,273,905	-2,719,366	15,554,539	91
92 OBSERVATION BEDS (NON-DISTINCT PART)					92
92.01 OBSERVATION BEDS-DISTINCT		668,885		668,885	92.01
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
95 AMBULANCE SERVICES		426,415		426,415	95
97 DURABLE MEDICAL EQUIP-SOLD		442,394		442,394	97
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		6,319,622		6,319,622	101
SPECIAL PURPOSE COST CENTERS					
105 KIDNEY ACQUISITION		3,945,885		3,945,885	105
106 HEART ACQUISITION		1,143,164		1,143,164	106
107 LIVER ACQUISITION		2,197,345		2,197,345	107
108 LUNG ACQUISITION		1,689,114		1,689,114	108
109 PANCREAS ACQUISITION		395,330		395,330	109
110 INTESTINAL ACQUISITION		409,897		409,897	110
111 ISLET ACQUISITION		465		465	111
112 OTHER ORGAN ACQUISITION (SPECIFY)		2,099,529		2,099,529	112
116 HOSPICE		1,296,221		1,296,221	116
118 SUBTOTALS (SUM OF LINES 1-117)	1,166,833	694,304,136	-51,375,488	642,928,648	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		281,836		281,836	190
190.01 HINES RADIATION THERAPY		1,098,536		1,098,536	190.01
190.02 HOME INFUSION THERAPY		4,620,371		4,620,371	190.02
190.03 OP HOSPITAL PHARMACY		4,297,375		4,297,375	190.03
190.04 HOSPITALIST		3,139,371		3,139,371	190.04
190.05 STUDENT HEALTH		48,153		48,153	190.05
192 PHYSICIANS' PRIVATE OFFICES		252,170		252,170	192

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
PERIOD FROM 07/01/2012 TO 06/30/2013

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

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

COST CENTER DESCRIPTION	PARAMED ED-MICU	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
192.01 FACULTY CLINICAL OPERATIONS		154,925,961		154,925,961	192.01
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	1,166,833	862,967,909	-51,375,488	811,592,421	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 DEPARTMENT		99,693	46,417	2,216	148,326	4
5.01 COMMUNICATION		33,003	15,366	1,991	50,360	5.01
5.02 SYSTEM & COMPUTERS		256,462	119,409	147,003	522,874	5.02
5.03 PURCHASING		265,050	123,407	12,178	400,635	5.03
5.04 OPC STORES		76,876	35,794		112,670	5.04
5.05 PATIENT AFFAIRS		44,778	20,849	16,291	81,918	5.05
5.06 PATIENT ADMITTING		40,314	18,770	11,534	70,618	5.06
5.07 PATIENT ACCOUNTS		161,405	75,150	2,020	238,575	5.07
5.08 ACCOUNTING		87,002	40,508	14,182	141,692	5.08
5.09 EMPLOYEE HEALTH SERVICES		35,959	16,743		52,702	5.09
5.10 PASTORAL CARE		165,015	76,831	9,534	251,380	5.10
5.11 HOSPITAL ADMINISTRATION		944,396	439,712	526,862	1,910,970	5.11
5.12 AMBULATORY ADMINISTRATION		37,055	17,253		54,308	5.12
5.14 PRIMARY CARE ADMINISTRATION						5.14
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		229,553	106,880	437,791	774,224	7
7.01 SAFETY AND SECURITY		67,273	31,322	169,425	268,020	7.01
8 LAUNDRY & LINEN SERVICE		85,243	39,689	2,080	127,012	8
9 HOUSEKEEPING		117,542	54,728	18,684	190,954	9
10 DIETARY		270,480	125,936	64,124	460,540	10
11 CAFETERIA		122,881	57,214	4,431	184,526	11
12 MAINTENANCE OF PERSONNEL						12
12.01 PATIENT TRANSPORTATION		9,593	4,467	5,388	19,448	12.01
13 NURSING ADMINISTRATION		92,332	42,990	10,095	145,417	13
14 CENTRAL SERVICES & SUPPLY		145,396	67,697	696,588	909,681	14
14.01 CENTRAL PROCESSING		38,212	17,791	7,852	63,855	14.01
15 PHARMACY		180,269	83,934	218,326	482,529	15
16 MEDICAL RECORDS & LIBRARY		250,147	116,469	21,623	388,239	16
17 SOCIAL SERVICE		39,258	18,278	3,087	60,623	17
17.01 HOSPITAL MEDICAL ADMIN						17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD		76,977	35,840	1,765	114,582	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMEDICAL ED-MICU		49,012	22,820	5,831	77,663	23.01
23.02 PARAMEDICAL ED-SOCIAL WORK						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		1,836,533	855,093	843,284	3,534,910	30
31 INTENSIVE CARE UNIT		456,511	212,552	399,802	1,068,865	31
33 BURN INTENSIVE CARE UNIT		109,105	50,799	66,043	225,947	33
35 NEONATAL INTENSIVE CARE		247,412	115,195	330,070	692,677	35
35.01 PEDIATRIC ICU		46,075	21,453	86,616	154,144	35.01
35.03 HEART TRANSPLANT ICU		111,669	51,993	59,846	223,508	35.03
35.04 BONE INTENSIVE CARE		96,304	44,839	58,534	199,677	35.04
41 SUBPROVIDER - IRF		291,275	135,618	24,038	450,931	41
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		1,561,498	727,035	4,178,737	6,467,270	50
50.01 AMBULATORY SURGERY CENTER		330,221	153,751	433,132	917,104	50.01
51 RECOVERY ROOM		349,427	162,694	99,137	611,258	51
52 DELIVERY ROOM & LABOR ROOM		87,012	40,513	68,341	195,866	52
53 ANESTHESIOLOGY		25,783	12,005	249,125	286,913	53
54 RADIOLOGY-DIAGNOSTIC		616,729	287,150	1,709,760	2,613,639	54
54.01 RADIOLOGY-ULTRASOUND		38,644	17,993	98,730	155,367	54.01
56 RADIOISOTOPE		140,891	65,599	248,869	455,359	56
57 CT SCAN		69,465	32,343	769,821	871,629	57
58 MRI		150,555	70,098	1,325,436	1,546,089	58
59 CARDIAC CATHETERIZATION		369,931	172,240	1,441,169	1,983,340	59
60 LABORATORY		332,554	154,837	328,668	816,059	60
60.01 LABORATORY-SURGICAL PATHOLOGY		247,110	115,055	109,077	471,242	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.		69,043	32,146	82,250	183,439	63
64 INTRAVENOUS THERAPY		105,666	49,198		154,864	64
65 RESPIRATORY THERAPY		139,896	65,136	300,892	505,924	65
66 PHYSICAL THERAPY		60,475	28,157	2,700	91,332	66
67 OCCUPATIONAL THERAPY		11,293	5,258		16,551	67
68 SPEECH PATHOLOGY		341,343	158,929	22,734	523,006	68
69 ELECTROCARDIOLOGY				1,972,489	1,972,489	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		
70 ELECTROENCEPHALOGRAPHY		85,243	39,689	143,599	268,531	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS		117,984	54,934	69,683	242,601	74
76 PULMONARY LABS		33,596	15,642	164,771	214,009	76
76.01 OCCUPATIONAL HEALTH		36,814	17,141	1,891	55,846	76.01
76.03 HYPERALIMENTATION						76.03
76.04 PERIPHERAL VASCULAR		13,193	6,143	83,470	102,806	76.04
76.05 PEDIATRIC ENDO NUTRITION						76.05
76.07 GASTROINTESTINAL SERVICE		91,719	42,704	465,737	600,160	76.07
76.09 BONE MARROW PROCUREMENT						76.09
76.10 BARIATRICS				65,207	65,207	76.10
76.11 HEPATOLOGY						76.11
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		36,814	17,141	727	54,682	90
90.01 CARDIAC REHABILITATION						90.01
90.02 CANCER CENTER		527,977	245,827	107,493	881,297	90.02
90.03 PSYCH SOCIAL REHAB		100,004	46,562		146,566	90.03
90.04 WELLNESS ASSESSMENT						90.04
90.06 HEART FAILURE CLINIC						90.06
90.07 LOC OUTPATIENT CENTER		1,363,952	635,057	2,223,896	4,222,905	90.07
90.08 OB OUTPATIENT CENTER		975	454	297,131	298,560	90.08
90.09 ELMHURST IMMEDIATE CARE				55,584	55,584	90.09
90.10 LAGRANGE FAMILY PCC				78,574	78,574	90.10
90.12 NORTH RIVERSIDE PCC				144,493	144,493	90.12
90.13 GLENDALE HEIGHTS PCC						90.13
90.14 WHEATON PCC				47,817	47,817	90.14
90.15 OB II PCC				25,206	25,206	90.15
90.16 HICKORY HILLS PCC				82,678	82,678	90.16
90.18 DARIEN PCC				79,406	79,406	90.18
90.20 ORLANAD PARK - FP				89,315	89,315	90.20
90.21 FAMILY PRACTICE MAYWOOD PCC		32,289	15,034	23,127	70,450	90.21
90.22 HOMER GLEN PCC				135,967	135,967	90.22
90.23 OAK PARK PCC				13,224	13,224	90.23
90.24 PARK RIDGE PCC				212,123	212,123	90.24
90.25 LOYOLA CLINIC AT GOTTLIEB				17,052	17,052	90.25
90.26 WOODRIDGE PCC						90.26
90.27 NEUROLOGY - NILES						90.27
90.28 MARJORIE WEINBERG CANCER CENTER				25,448	25,448	90.28
90.29 BURR RIDGE PCC		1,005,575	468,197	918,242	2,392,014	90.29
90.30 RIVER FOREST						90.30
91 EMERGENCY		250,026	116,412	227,960	594,398	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT		16,079	7,486		23,565	92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES		7,331	3,413		10,744	95
97 DURABLE MEDICAL EQUIP-SOLD						97
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		57,609	26,823		84,432	101
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION		7,069	3,291		10,360	105
106 HEART ACQUISITION		26,718	12,440	1,584	40,742	106
107 LIVER ACQUISITION		3,188	1,484		4,672	107
108 LUNG ACQUISITION		24,023	11,185		35,208	108
109 PANCREAS ACQUISITION						109
110 INTESTINAL ACQUISITION						110
111 ISLET ACQUISITION						111
112 OTHER ORGAN ACQUISITION (SPECIFY)		1,609	749	3,196	5,554	112
116 HOSPICE		4,475	2,083		6,558	116
118 SUBTOTALS (SUM OF LINES 1-117)		16,107,858	7,499,834	23,524,802	47,132,494	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				9,620	9,620	190.03
190.04 HOSPITALIST						190.04
190.05 STUDENT HEALTH						190.05
192 PHYSICIANS' PRIVATE OFFICES				1,116	1,116	192

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11  
11/26/2013 08:19

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	
192.01 FACULTY CLINICAL OPERATIONS				636,995	636,995	192.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)		16,107,858	7,499,834	24,172,533	47,780,225	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS DEPARTMENT 4	COMMUNICTN 5.01	SYSTEM + COMPUTERS 5.02	PURCHASING 5.03	OPC STORES 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 DEPARTMENT	148,326					4
5.01 COMMUNICATION	322	50,682				5.01
5.02 SYSTEM & COMPUTERS	1,541	1,019	525,434			5.02
5.03 PURCHASING	435	541		401,611		5.03
5.04 OPC STORES		5		111	112,786	5.04
5.05 PATIENT AFFAIRS	449	252		13		5.05
5.06 PATIENT ADMITTING	677	348		82		5.06
5.07 PATIENT ACCOUNTS	1,401	1,844		26		5.07
5.08 ACCOUNTING	520	577		45		5.08
5.09 EMPLOYEE HEALTH SERVICES	82	56		255		5.09
5.10 PASTORAL CARE	295	326		19		5.10
5.11 HOSPITAL ADMINISTRATION	14,029	3,044		1,120	205	5.11
5.12 AMBULATORY ADMINISTRATION	1,118	107		44		5.12
5.14 PRIMARY CARE ADMINISTRATION	10			1		5.14
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	1,150	858		3,473	175	7
7.01 SAFETY AND SECURITY	629	264		75	205	7.01
8 LAUNDRY & LINEN SERVICE	75			697		8
9 HOUSEKEEPING		338		37	351	9
10 DIETARY	661	527		4,022		10
11 CAFETERIA	356			3,554		11
12 MAINTENANCE OF PERSONNEL						12
12.01 PATIENT TRANSPORTATION	313	216		11	117	12.01
13 NURSING ADMINISTRATION	636	422		169		13
14 CENTRAL SERVICES & SUPPLY	401	23		432		14
14.01 CENTRAL PROCESSING	69	5		572		14.01
15 PHARMACY	2,357	433		7,276		15
16 MEDICAL RECORDS & LIBRARY	1,246	976		112		16
17 SOCIAL SERVICE	936	737		28		17
17.01 HOSPITAL MEDICAL ADMIN		110				17.01
19 NONPHYSICIAN ANESTHETISTS	792					19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD	11,281			1		21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMEDICAL ED-MICU	164			12		23.01
23.02 PARAMEDICAL ED-SOCIAL WORK						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	10,386	7,455	39,485	120,519	29	30
31 INTENSIVE CARE UNIT	3,871	1,319	14,706	52,740		31
33 BURN INTENSIVE CARE UNIT	1,180	169	3,252	10,044		33
35 NEONATAL INTENSIVE CARE	2,096	922	7,002	5,867		35
35.01 PEDIATRIC ICU	601	335	1,963	7,270		35.01
35.03 HEART TRANSPLANT ICU	710	250	2,543	7,788		35.03
35.04 BONE INTENSIVE CARE	990	290	3,725	7,361		35.04
41 SUBPROVIDER - IRF	1,203	679	2,537	5,237		41
43 NURSERY	144		276			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,153	1,210	37,832	24,059		50
50.01 AMBULATORY SURGERY CENTER	825		10,777	12,834	80,059	50.01
51 RECOVERY ROOM	917	258	10,054	8,009		51
52 DELIVERY ROOM & LABOR ROOM	675	364	2,597	8,295		52
53 ANESTHESIOLOGY	150		18,922	672		53
54 RADIOLOGY-DIAGNOSTIC	2,057	2,245	17,120	5,213	614	54
54.01 RADIOLOGY-ULTRASOUND	303		4,067	495	29	54.01
56 RADIOISOTOPE	488	332	6,300	798		56
57 CT SCAN	616		23,421	2,278		57
58 MRI	516	249	13,105	754	731	58
59 CARDIAC CATHETERIZATION	1,331	215	15,351	2,437		59
60 LABORATORY	2,032	1,056	62,927	8,870		60
60.01 LABORATORY-SURGICAL PATHOLOGY	455	589	5,454	1,549		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.	420	142	7,368	901	468	63
64 INTRAVENOUS THERAPY						64
65 RESPIRATORY THERAPY	1,782	87	11,498	4,009		65
66 PHYSICAL THERAPY	1,122	540	4,776	1,000		66
67 OCCUPATIONAL THERAPY	438		2,363	716		67
68 SPEECH PATHOLOGY	153	91	685	303	58	68
69 ELECTROCARDIOLOGY	1,014	602	24,534	3,159		69

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	EMPLOYEE	COMMUNICTN	SYSTEM +	PURCHASING	OPC	
	BENEFITS		COMPUTERS		STORES	
	DEPARTMENT					
	4	5.01	5.02	5.03	5.04	
70 ELECTROENCEPHALOGRAPHY	385	352	1,743	345		70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS			897			71
73 DRUGS CHARGED TO PATIENTS			32,629			73
74 RENAL DIALYSIS	783	225	6,580	3,128		74
76 PULMONARY LABS	75	214	496	1,485		76
76.01 OCCUPATIONAL HEALTH	247		111	56		76.01
76.03 HYPERALIMENTATION					29	76.03
76.04 PERIPHERAL VASCULAR	168	80	2,047	67		76.04
76.05 PEDIATRIC ENDO NUTRITION						76.05
76.07 GASTROINTESTINAL SERVICE	689		6,258	2,413		76.07
76.09 BONE MARROW PROCUREMENT			684			76.09
76.10 BARIATRICS	109		23			76.10
76.11 HEPATOLOGY	168					76.11
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	62		169	931	29	90
90.01 CARDIAC REHABILITATION	60	10	128	13,619	965	90.01
90.02 CANCER CENTER	1,688	1,899	20,726	85		90.02
90.03 PSYCH SOCIAL REHAB	77	340	136			90.03
90.04 WELLNESS ASSESSMENT						90.04
90.06 HEART FAILURE CLINIC						90.06
90.07 LOC OUTPATIENT CENTER	5,634	6,848	26,326	11,781	26,997	90.07
90.08 OB OUTPATIENT CENTER	1,342	778	5,158	2,741	1,199	90.08
90.09 ELMHURST IMMEDIATE CARE	346		692	472		90.09
90.10 LAGRANGE FAMILY PCC	500	596	1,812	1,103		90.10
90.12 NORTH RIVERSIDE PCC	826	763	1,383	783		90.12
90.13 GLENDALE HEIGHTS PCC						90.13
90.14 WHEATON PCC	413	279	1,478	391		90.14
90.15 OB II PCC	560	575	1,479	792	88	90.15
90.16 HICKORY HILLS PCC	934	730	1,945	1,205	29	90.16
90.18 DARIEN PCC	343	387	593	999		90.18
90.20 ORLANAD PARK - FP	897	872	1,213	703	292	90.20
90.21 FAMILY PRACTICE MAYWOOD PCC	254		717	433		90.21
90.22 HOMER GLEN PCC	949	10	4,061	3,103		90.22
90.23 OAK PARK PCC	632		501	500	117	90.23
90.24 PARK RIDGE PCC	110	4	820	360		90.24
90.25 LOYOLA CLINIC AT GOTTLIEB	69		160	122		90.25
90.26 WOODRIDGE PCC						90.26
90.27 NEUROLOGY - NILES	1		4			90.27
90.28 MARJORIE WEINBERG CANCER CENTER	218		4,900			90.28
90.29 BURR RIDGE PCC	1,999		10,996			90.29
90.30 RIVER FOREST	33		234			90.30
91 EMERGENCY	4,622	2,171	23,110	15,701		91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT	87		3,642	489		92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES		11				95
97 DURABLE MEDICAL EQUIP-SOLD	3		200	2		97
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	1,125	665	1,383	98		101
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	226	241	2,118	7		105
106 HEART ACQUISITION	95	95	315	9		106
107 LIVER ACQUISITION	129		1,038	13		107
108 LUNG ACQUISITION	92		573	3		108
109 PANCREAS ACQUISITION	113					109
110 INTESTINAL ACQUISITION	96					110
111 ISLET ACQUISITION						111
112 OTHER ORGAN ACQUISITION (SPECIFY)	220	6	532			112
116 HOSPICE	190	58	634	6		116
118 SUBTOTALS (SUM OF LINES 1-117)	109,142	50,636	525,284	389,309	112,786	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	27	46		23		190
190.01 HINES RADIATION THERAPY	258			6		190.01
190.02 HOME INFUSION THERAPY	278			2,269		190.02
190.03 OP HOSPITAL PHARMACY	54			9,925		190.03
190.04 HOSPITALIST	1,324			15		190.04
190.05 STUDENT HEALTH	13		1			190.05
192 PHYSICIANS' PRIVATE OFFICES	20		149	49		192

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11  
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS DEPARTMENT 4	COMMUNICTN 5.01	SYSTEM + COMPUTERS 5.02	PURCHASING 5.03	OPC STORES 5.04	
192.01 FACULTY CLINICAL OPERATIONS	37,210			15		192.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	148,326	50,682	525,434	401,611	112,786	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 DEPARTMENT					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	82,632				5.05
5.06 PATIENT ADMITTING		71,725			5.06
5.07 PATIENT ACCOUNTS			241,846		5.07
5.08 ACCOUNTING				142,834	5.08
5.09 EMPLOYEE HEALTH SERVICES				115	53,210
5.10 PASTORAL CARE				229	86
5.11 HOSPITAL ADMINISTRATION				17,410	6,529
5.12 AMBULATORY ADMINISTRATION				962	361
5.14 PRIMARY CARE ADMINISTRATION				633	237
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT				4,683	1,756
7.01 SAFETY AND SECURITY				551	207
8 LAUNDRY & LINEN SERVICE				381	143
9 HOUSEKEEPING				1,118	419
10 DIETARY				912	342
11 CAFETERIA				74	28
12 MAINTENANCE OF PERSONNEL					12
12.01 PATIENT TRANSPORTATION				215	81
13 NURSING ADMINISTRATION				741	278
14 CENTRAL SERVICES & SUPPLY				535	201
14.01 CENTRAL PROCESSING				66	25
15 PHARMACY				1,698	637
16 MEDICAL RECORDS & LIBRARY				1,463	549
17 SOCIAL SERVICE				618	232
17.01 HOSPITAL MEDICAL ADMIN				1	
19 NONPHYSICIAN ANESTHETISTS				76	28
20 NURSING SCHOOL					20
21 I&R SERVICES-SALARY & FRINGES APPRVD				7,200	2,700
22 I&R SERVICES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
23.01 PARAMEDICAL ED-MICU				145	54
23.02 PARAMEDICAL ED-SOCIAL WORK					23.02
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS		9,939	18,211	8,356	3,133
31 INTENSIVE CARE UNIT		3,782	6,783	3,196	1,199
33 BURN INTENSIVE CARE UNIT		836	1,500	988	370
35 NEONATAL INTENSIVE CARE		1,801	3,230	1,551	582
35.01 PEDIATRIC ICU		505	905	469	176
35.03 HEART TRANSPLANT ICU		654	1,173	569	213
35.04 BONE INTENSIVE CARE		958	1,718	732	275
41 SUBPROVIDER - IRF		652	1,170	888	333
43 NURSERY		71	127	147	55
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		8,108	17,449	9,126	3,422
50.01 AMBULATORY SURGERY CENTER		20	4,971	1,282	481
51 RECOVERY ROOM		1,606	4,637	834	313
52 DELIVERY ROOM & LABOR ROOM		576	1,198	536	201
53 ANESTHESIOLOGY		3,874	8,727	561	210
54 RADIOLOGY-DIAGNOSTIC		2,060	7,896	2,480	930
54.01 RADIOLOGY-ULTRASOUND		288	1,876	242	91
56 RADIOISOTOPE		205	2,906	668	251
57 CT SCAN		2,331	10,802	758	284
58 MRI		1,049	6,045	770	289
59 CARDIAC CATHETERIZATION		2,027	7,080	2,359	885
60 LABORATORY		7,237	28,524	3,525	1,322
60.01 LABORATORY-SURGICAL PATHOLOGY		460	2,516	611	229
60.02 LABORATORY-NEUROSURGICAL					
60.03 LABORATORY-HLA					
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					
63 BLOOD STORING, PROCESSING & TRANS.		1,410	3,398	1,361	511
64 INTRAVENOUS THERAPY				26	10
65 RESPIRATORY THERAPY			2,904	5,303	1,434
66 PHYSICAL THERAPY	6,049	540	2,203	838	314
67 OCCUPATIONAL THERAPY	1,049	494	1,090	324	122
68 SPEECH PATHOLOGY		174	316	198	74
69 ELECTROCARDIOLOGY		4,002	11,316	2,653	995

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		229	804	326	122	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		222	414	157	59	71
73 DRUGS CHARGED TO PATIENTS		7,714	15,049	4,341	1,628	73
74 RENAL DIALYSIS		242	3,035	932	350	74
76 PULMONARY LABS		58	229	109	41	76
76.01 OCCUPATIONAL HEALTH	560		51	120	45	76.01
76.03 HYPERALIMENTATION						76.03
76.04 PERIPHERAL VASCULAR		209	944	139	52	76.04
76.05 PEDIATRIC ENDO NUTRITION						76.05
76.07 GASTROINTESTINAL SERVICE	905	322	2,886	874	328	76.07
76.09 BONE MARROW PROCUREMENT		141	316	333	125	76.09
76.10 BARIATRICS			11	108	41	76.10
76.11 HEPATOLOGY				113	43	76.11
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	359		78	58	22	90
90.01 CARDIAC REHABILITATION		33	59	56	21	90.01
90.02 CANCER CENTER		37	9,559	3,877	1,454	90.02
90.03 PSYCH SOCIAL REHAB	1,365		63	90	34	90.03
90.04 WELLNESS ASSESSMENT						90.04
90.06 HEART FAILURE CLINIC						90.06
90.07 LOC OUTPATIENT CENTER	34,786	181	12,142	5,646	2,117	90.07
90.08 OB OUTPATIENT CENTER	2,500	4	2,379	1,132	425	90.08
90.09 ELMHURST IMMEDIATE CARE			319	302	113	90.09
90.10 LAGRANGE FAMILY PCC	1,092	1	836	435	163	90.10
90.12 NORTH RIVERSIDE PCC	4,655	1	638	488	183	90.12
90.13 GLENDALE HEIGHTS PCC						90.13
90.14 WHEATON PCC	1,207	1	682	398	149	90.14
90.15 OB II PCC	4,512	1	682	412	155	90.15
90.16 HICKORY HILLS PCC	4,109	1	897	585	219	90.16
90.18 DARIEN PCC	1,897		273	212	79	90.18
90.20 ORLANAD PARK - FP	3,750		560	526	197	90.20
90.21 FAMILY PRACTICE MAYWOOD PCC	2,874	1	331	215	81	90.21
90.22 HOMER GLEN PCC	3,750	1	1,873	927	348	90.22
90.23 OAK PARK PCC	1,724		231	252	94	90.23
90.24 PARK RIDGE PCC	316	3	378	159	59	90.24
90.25 LOYOLA CLINIC AT GOTTLIEB	144		74	65	24	90.25
90.26 WOODRIDGE PCC						90.26
90.27 NEUROLOGY - NILES			2	3	1	90.27
90.28 MARJORIE WEINBERG CANCER CENTER		3	2,260	832	312	90.28
90.29 BURR RIDGE PCC	2,744	12	5,072	2,510	941	90.29
90.30 RIVER FOREST			108	17	6	90.30
91 EMERGENCY		2,571	10,659	1,795	673	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT		5	1,680	84	31	92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES				58	22	95
97 DURABLE MEDICAL EQUIP-SOLD			92	63	24	97
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			638	862	323	101
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION		545	977	537	201	105
106 HEART ACQUISITION		81	145	150	56	106
107 LIVER ACQUISITION		267	479	307	115	107
108 LUNG ACQUISITION		147	264	221	83	108
109 PANCREAS ACQUISITION				56	21	109
110 INTESTINAL ACQUISITION				58	22	110
111 ISLET ACQUISITION						111
112 OTHER ORGAN ACQUISITION (SPECIFY)		129	245	296	111	112
116 HOSPICE			292	178	67	116
118 SUBTOTALS (SUM OF LINES 1-117)	82,632	71,725	241,776	118,722	44,481	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				40	15	190
190.01 HINES RADIATION THERAPY				157	59	190.01
190.02 HOME INFUSION THERAPY				599	225	190.02
190.03 OP HOSPITAL PHARMACY				530	199	190.03
190.04 HOSPITALIST				448	168	190.04
190.05 STUDENT HEALTH			1	7	3	190.05
192 PHYSICIANS' PRIVATE OFFICES			69	36	13	192

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

COST CENTER DESCRIPTION	PATIENT AFFAIRS	PATIENT ADMITTING	PATIENT ACCOUNTS	ACCOUNTING	EMPLOYEE HEALTH SERVICES	
	5.05	5.06	5.07	5.08	5.09	
192.01 FACULTY CLINICAL OPERATIONS				22,295	8,047	192.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	82,632	71,725	241,846	142,834	53,210	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	PASTORAL CARE	HOSPITAL ADMINSTRN	AMBULATORY ADMIN	PRIMARY CARE ADMIN	OPERATION 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 DEPARTMENT						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	252,335					5.10
5.11 HOSPITAL ADMINISTRATION	30,878	1,984,185				5.11
5.12 AMBULATORY ADMINISTRATION	1,705	15,275	73,880			5.12
5.14 PRIMARY CARE ADMINISTRATION	1,122	10,053	376	12,432		5.14
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	8,306	74,388	2,782	456	872,251	7
7.01 SAFETY AND SECURITY	977	8,753	327	54	4,305	7.01
8 LAUNDRY & LINEN SERVICE	676	6,056	226	37	5,455	8
9 HOUSEKEEPING	1,982	17,754	664	109	7,521	9
10 DIETARY	1,618	14,490	542	89	17,308	10
11 CAFETERIA	131	1,173	44	7	7,863	11
12 MAINTENANCE OF PERSONNEL						12
12.01 PATIENT TRANSPORTATION	381	3,411	128	21	614	12.01
13 NURSING ADMINISTRATION	1,314	11,768	440	72	5,908	13
14 CENTRAL SERVICES & SUPPLY	950	8,505	318	52	9,304	14
14.01 CENTRAL PROCESSING	117	1,051	39	6	2,445	14.01
15 PHARMACY	3,011	26,971	1,009	165	11,535	15
16 MEDICAL RECORDS & LIBRARY	2,595	23,241	869	143	16,007	16
17 SOCIAL SERVICE	1,096	9,819	367	60	2,512	17
17.01 HOSPITAL MEDICAL ADMIN	2	17	1			17.01
19 NONPHYSICIAN ANESTHETISTS	134	1,203	45	7		19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD	12,771	114,379	4,278	702	4,926	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMEDICAL ED-MICU	257	2,304	86	14	3,136	23.01
23.02 PARAMEDICAL ED-SOCIAL WORK						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	14,820	132,735	4,964	814	117,517	30
31 INTENSIVE CARE UNIT	5,669	50,772	1,899	312	29,212	31
33 BURN INTENSIVE CARE UNIT	1,752	15,691	587	96	6,981	33
35 NEONATAL INTENSIVE CARE	2,752	24,644	922	151	15,832	35
35.01 PEDIATRIC ICU	832	7,455	279	46	2,948	35.01
35.03 HEART TRANSPLANT ICU	1,008	9,031	338	55	7,146	35.03
35.04 BONE INTENSIVE CARE	1,299	11,632	435	71	6,162	35.04
41 SUBPROVIDER - IRF	1,575	14,106	528	87	18,638	41
43 NURSERY	261	2,339	87	14		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	16,185	144,961	5,421	889	99,918	50
50.01 AMBULATORY SURGERY CENTER	2,273	20,357	761	125	21,130	50.01
51 RECOVERY ROOM	1,479	13,248	495	81	22,359	51
52 DELIVERY ROOM & LABOR ROOM	951	8,514	318	52	5,568	52
53 ANESTHESIOLOGY	995	8,911	333	55	1,650	53
54 RADIOLOGY-DIAGNOSTIC	4,398	39,394	1,473	242	39,464	54
54.01 RADIOLOGY-ULTRASOUND	429	3,842	144	24	2,473	54.01
56 RADIOISOTOPE	1,185	10,613	397	65	9,015	56
57 CT SCAN	1,344	12,037	450	74	4,445	57
58 MRI	1,366	12,234	458	75	9,634	58
59 CARDIAC CATHETERIZATION	4,184	37,475	1,402	230	23,671	59
60 LABORATORY	6,252	55,994	2,094	344	21,280	60
60.01 LABORATORY-SURGICAL PATHOLOGY	1,083	9,703	363	60	15,812	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.	2,415	21,627	809	133	4,418	63
64 INTRAVENOUS THERAPY	46	408	15	3	6,761	64
65 RESPIRATORY THERAPY	2,543	22,774	852	140	8,952	65
66 PHYSICAL THERAPY	1,487	13,318	498	82	3,870	66
67 OCCUPATIONAL THERAPY	575	5,147	192	32	723	67
68 SPEECH PATHOLOGY	351	3,146	118	19	21,842	68
69 ELECTROCARDIOLOGY	4,706	42,148	1,576	259		69

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	PASTORAL CARE	HOSPITAL ADMINSTRN	AMBULATORY ADMIN	PRIMARY CARE ADMIN	OPERATION OF PLANT	
	5.10	5.11	5.12	5.14	7	
70 ELECTROENCEPHALOGRAPHY	578	5,179	194	32	5,455	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	278	2,486	93	15		71
73 DRUGS CHARGED TO PATIENTS	7,699	68,951	2,579	423		73
74 RENAL DIALYSIS	1,654	14,810	554	91	7,550	74
76 PULMONARY LABS	193	1,730	65	11	2,150	76
76.01 OCCUPATIONAL HEALTH	212	1,900	71	12	2,356	76.01
76.03 HYPERALIMENTATION						76.03
76.04 PERIPHERAL VASCULAR	247	2,211	83	14	844	76.04
76.05 PEDIATRIC ENDO NUTRITION						76.05
76.07 GASTROINTESTINAL SERVICE	1,550	13,884	519	85	5,869	76.07
76.09 BONE MARROW PROCUREMENT	590	5,288	198	32		76.09
76.10 BARIATRICS	192	1,717	64	11		76.10
76.11 HEPATOLOGY	201	1,801	67	11		76.11
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	103	922	34	6	2,356	90
90.01 CARDIAC REHABILITATION	100	897	34	6		90.01
90.02 CANCER CENTER	6,877	61,590	2,303	378	33,785	90.02
90.03 PSYCH SOCIAL REHAB	159	1,424	53	9	6,399	90.03
90.04 WELLNESS ASSESSMENT						90.04
90.06 HEART FAILURE CLINIC						90.06
90.07 LOC OUTPATIENT CENTER	10,013	89,684	3,354	550	87,278	90.07
90.08 OB OUTPATIENT CENTER	2,008	17,987	673	110	62	90.08
90.09 ELMHURST IMMEDIATE CARE	536	4,797	179	29		90.09
90.10 LAGRANGE FAMILY PCC	771	6,904	258	42		90.10
90.12 NORTH RIVERSIDE PCC	866	7,757	290	48		90.12
90.13 GLENDALE HEIGHTS PCC						90.13
90.14 WHEATON PCC	705	6,315	236	39		90.14
90.15 OB II PCC	731	6,549	245	40		90.15
90.16 HICKORY HILLS PCC	1,037	9,290	347	57		90.16
90.18 DARIEN PCC	375	3,362	126	21		90.18
90.20 ORLANAD PARK - FP	934	8,363	313	51		90.20
90.21 FAMILY PRACTICE MAYWOOD PCC	381	3,411	128	21	2,066	90.21
90.22 HOMER GLEN PCC	1,644	14,726	551	90		90.22
90.23 OAK PARK PCC	447	4,002	150	25		90.23
90.24 PARK RIDGE PCC	281	2,518	94	15		90.24
90.25 LOYOLA CLINIC AT GOTTLIEB	116	1,037	39	6		90.25
90.26 WOODRIDGE PCC						90.26
90.27 NEUROLOGY - NILES	5	44	2			90.27
90.28 MARJORIE WEINBERG CANCER CENTER	1,476	13,223	495	81		90.28
90.29 BURR RIDGE PCC	4,451	39,867	1,491	245	64,346	90.29
90.30 RIVER FOREST	30	264	10	2		90.30
91 EMERGENCY	3,183	28,510	1,066	175	15,999	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT	149	1,331	50	8	1,029	92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES	103	923	35	6	469	95
97 DURABLE MEDICAL EQUIP-SOLD	112	1,001	37	6		97
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	1,528	13,686	512	84	3,686	101
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	952	8,528	319	52	452	105
106 HEART ACQUISITION	267	2,389	89	15	1,710	106
107 LIVER ACQUISITION	544	4,872	182	30	204	107
108 LUNG ACQUISITION	393	3,517	132	22	1,537	108
109 PANCREAS ACQUISITION	99	891	33	5		109
110 INTESTINAL ACQUISITION	104	928	35	6		110
111 ISLET ACQUISITION						111
112 OTHER ORGAN ACQUISITION (SPECIFY)	525	4,706	176	29	103	112
116 HOSPICE	317	2,835	106	17	286	116
118 SUBTOTALS (SUM OF LINES 1-117)	209,954	1,603,874	59,413	9,687	872,251	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	71	639	24	4		190
190.01 HINES RADIATION THERAPY	278	2,490	93	15		190.01
190.02 HOME INFUSION THERAPY	1,062	9,511	356	58		190.02
190.03 OP HOSPITAL PHARMACY	939	8,413	315	52		190.03
190.04 HOSPITALIST	794	7,114	266	44		190.04
190.05 STUDENT HEALTH	12	109	4	1		190.05
192 PHYSICIANS' PRIVATE OFFICES	63	565	21	3		192

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

COST CENTER DESCRIPTION	PASTORAL CARE	HOSPITAL ADMINSTRN	AMBULATORY ADMIN	PRIMARY CARE ADMIN	OPERATION OF PLANT	
	5.10	5.11	5.12	5.14	7	
192.01 FACULTY CLINICAL OPERATIONS	39,162	351,470	13,388	2,568		192.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	252,335	1,984,185	73,880	12,432	872,251	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 DEPARTMENT						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	284,367					7.01
8 LAUNDRY & LINEN SERVICE	1,787	142,545				8
9 HOUSEKEEPING	2,464	22	223,733			9
10 DIETARY	5,671		9,331	516,053		10
11 CAFETERIA	2,576		811		201,143	11
12 MAINTENANCE OF PERSONNEL						12
12.01 PATIENT TRANSPORTATION	201	4	333		2,217	12.01
13 NURSING ADMINISTRATION	1,936		1,001		1,223	13
14 CENTRAL SERVICES & SUPPLY	3,048		4,279		1,921	14
14.01 CENTRAL PROCESSING	801		2,030		176	14.01
15 PHARMACY	3,779	72	2,861		4,925	15
16 MEDICAL RECORDS & LIBRARY	5,244		1,284		4,162	16
17 SOCIAL SERVICE	823		277		2,208	17
17.01 HOSPITAL MEDICAL ADMIN						17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD	1,614	930	837		22,596	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMEDICAL ED-MICU	1,028		469		475	23.01
23.02 PARAMEDICAL ED-SOCIAL WORK						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	38,498	56,257	50,204	357,709	27,912	30
31 INTENSIVE CARE UNIT	9,571	11,770	6,939	44,581	8,320	31
33 BURN INTENSIVE CARE UNIT	2,287	3,994	2,537	17,959	2,681	33
35 NEONATAL INTENSIVE CARE	5,187	2,301	3,733		4,122	35
35.01 PEDIATRIC ICU	966	877	1,599		1,260	35.01
35.03 HEART TRANSPLANT ICU	2,341	2,322	1,698	14,413	1,537	35.03
35.04 BONE INTENSIVE CARE	2,019	1,052	3,341	15,262	2,528	35.04
41 SUBPROVIDER - IRF	6,107	3,747	9,799	49,097	3,328	41
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	32,737	11,265	25,221		7,814	50
50.01 AMBULATORY SURGERY CENTER	6,923	4,435	4,308		2,148	50.01
51 RECOVERY ROOM	7,326	2,563	5,497		2,190	51
52 DELIVERY ROOM & LABOR ROOM	1,824	2,499	1,324		1,638	52
53 ANESTHESIOLOGY	541	688	403		624	53
54 RADIOLOGY-DIAGNOSTIC	12,930	2,035	9,959		5,726	54
54.01 RADIOLOGY-ULTRASOUND	810	1,153	565		574	54.01
56 RADIOISOTOPE	2,954	793	1,991		842	56
57 CT SCAN	1,456	1,827	987		1,105	57
58 MRI	3,156	1,605	2,254		898	58
59 CARDIAC CATHETERIZATION	7,756	2,489	6,105		2,228	59
60 LABORATORY	6,972		5,699		5,833	60
60.01 LABORATORY-SURGICAL PATHOLOGY	5,181		4,618		1,419	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.	1,447	150	1,838		1,006	63
64 INTRAVENOUS THERAPY	2,215					64
65 RESPIRATORY THERAPY	2,933	375	1,594		4,609	65
66 PHYSICAL THERAPY	1,268	781	2,623		2,157	66
67 OCCUPATIONAL THERAPY	237		1,804		662	67
68 SPEECH PATHOLOGY	7,156		371		250	68
69 ELECTROCARDIOLOGY		796	5,232		2,153	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	1,787	231	2,958		1,121	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	2,474	1,540	248		2,291	74
76 PULMONARY LABS	704	81			199	76
76.01 OCCUPATIONAL HEALTH	772		1,166		416	76.01
76.03 HYPERALIMENTATION						76.03
76.04 PERIPHERAL VASCULAR	277	409	458		395	76.04
76.05 PEDIATRIC ENDO NUTRITION						76.05
76.07 GASTROINTESTINAL SERVICE	1,923	1,277	1,395		1,762	76.07
76.09 BONE MARROW PROCUREMENT						76.09
76.10 BARIATRICS					338	76.10
76.11 HEPATOLOGY					419	76.11
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	772	52	1,201	14,618	173	90
90.01 CARDIAC REHABILITATION					127	90.01
90.02 CANCER CENTER	11,069	2,712	4,719	2,414	4,751	90.02
90.03 PSYCH SOCIAL REHAB	2,097		359		311	90.03
90.04 WELLNESS ASSESSMENT						90.04
90.06 HEART FAILURE CLINIC						90.06
90.07 LOC OUTPATIENT CENTER	28,595	3,563	24,656		15,297	90.07
90.08 OB OUTPATIENT CENTER	20	1,366	13		3,263	90.08
90.09 ELMHURST IMMEDIATE CARE						788
90.10 LAGRANGE FAMILY PCC						1,440
90.12 NORTH RIVERSIDE PCC						1,367
90.13 GLENDALE HEIGHTS PCC						
90.14 WHEATON PCC		71				891
90.15 OB II PCC		404				1,306
90.16 HICKORY HILLS PCC		624				1,858
90.18 DARIEN PCC		93				767
90.20 ORLANAD PARK - FP		261				1,534
90.21 FAMILY PRACTICE MAYWOOD PCC	677	926				801
90.22 HOMER GLEN PCC		796				2,169
90.23 OAK PARK PCC						906
90.24 PARK RIDGE PCC		168				301
90.25 LOYOLA CLINIC AT GOTTLIEB		35				262
90.26 WOODRIDGE PCC						
90.27 NEUROLOGY - NILES						3
90.28 MARJORIE WEINBERG CANCER CENTER						537
90.29 BURR RIDGE PCC	21,082					5,445
90.30 RIVER FOREST						30
91 EMERGENCY	5,242	9,997				6,407
92 OBSERVATION BEDS (NON-DISTINCT PART)						
92.01 OBSERVATION BEDS-DISTINCT	337	439	245			191
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						
95 AMBULANCE SERVICES	154					
97 DURABLE MEDICAL EQUIP-SOLD			33			13
99.10 CORF						
99.20 OUTPATIENT PHYSICAL THERAPY						
99.30 OUTPATIENT OCCUPATIONAL THERAPY						
99.40 OUTPATIENT SPEECH PATHOLOGY						
101 HOME HEALTH AGENCY	1,208		210		2,743	101
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	148		25		241	105
106 HEART ACQUISITION	560		132		122	106
107 LIVER ACQUISITION	67		31		173	107
108 LUNG ACQUISITION	504		107		121	108
109 PANCREAS ACQUISITION					679	109
110 INTESTINAL ACQUISITION			8		164	110
111 ISLET ACQUISITION			13			111
112 OTHER ORGAN ACQUISITION (SPECIFY)	34					582
116 HOSPICE	94					485
118 SUBTOTALS (SUM OF LINES 1-117)	284,367	142,545	223,733	516,053	198,656	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						98
190.01 HINES RADIATION THERAPY						432
190.02 HOME INFUSION THERAPY						597
190.03 OP HOSPITAL PHARMACY						134
190.04 HOSPITALIST						1,198
190.05 STUDENT HEALTH						28
192 PHYSICIANS' PRIVATE OFFICES						192

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11  
11/26/2013 08:19

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	
192.01 FACULTY CLINICAL OPERATIONS						192.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	284,367	142,545	223,733	516,053	201,143	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	PATIENT	NURSING	CENTRAL	CENTRAL	PHARMACY	
	TRANSPORT	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 DEPARTMENT						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	27,711					12.01
13 NURSING ADMINISTRATION		171,325				13
14 CENTRAL SERVICES & SUPPLY			939,650			14
14.01 CENTRAL PROCESSING			1,010	72,267		14.01
15 PHARMACY		27	1,145		550,430	15
16 MEDICAL RECORDS & LIBRARY			1			16
17 SOCIAL SERVICE			25			17
17.01 HOSPITAL MEDICAL ADMIN						17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD			27			21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMEDICAL ED-MICU			39		6	23.01
23.02 PARAMEDICAL ED-SOCIAL WORK						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	8,614	47,559	110,042	31,602	64	30
31 INTENSIVE CARE UNIT	1,674	19,989	50,312	7,384	29	31
33 BURN INTENSIVE CARE UNIT	57	5,211	21,677	1,712	1	33
35 NEONATAL INTENSIVE CARE	32	11,845	5,569	4,303	21	35
35.01 PEDIATRIC ICU	102	3,008	5,984	1,304	2	35.01
35.03 HEART TRANSPLANT ICU	217	3,337	12,398	1,603	8	35.03
35.04 BONE INTENSIVE CARE	104	3,506	6,837	1,378	7	35.04
41 SUBPROVIDER - IRF	195	3,108	4,767	1,903		41
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	4	11,659	12,387	354	1,661	50
50.01 AMBULATORY SURGERY CENTER	3	2,908	1,315	138	6,482	50.01
51 RECOVERY ROOM	2	3,419	3,847	1,016		51
52 DELIVERY ROOM & LABOR ROOM	22	2,889	8,239	9,301	10	52
53 ANESTHESIOLOGY		567	430	1,179	5	53
54 RADIOLOGY-DIAGNOSTIC	4,775	2,277	2,679	133	77	54
54.01 RADIOLOGY-ULTRASOUND	305		131	2	8	54.01
56 RADIOISOTOPE	136		250	38		56
57 CT SCAN	2,756		149	56	7	57
58 MRI	913		132	93	3	58
59 CARDIAC CATHETERIZATION	203	2,732	4,402	1,070	152	59
60 LABORATORY	273		5,040		90	60
60.01 LABORATORY-SURGICAL PATHOLOGY	95		1,092		118	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.	28	584	836	67	11	63
64 INTRAVENOUS THERAPY						64
65 RESPIRATORY THERAPY	381		426		7,080	65
66 PHYSICAL THERAPY	485		335	7	9	66
67 OCCUPATIONAL THERAPY	504		10	22	14	67
68 SPEECH PATHOLOGY			569			68
69 ELECTROCARDIOLOGY	810	2,237	4,494	510	50	69

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	PATIENT	NURSING	CENTRAL	CENTRAL	PHARMACY	
	TRANSPORT	ADMINIS- TRATION	SERVICES & SUPPLY	PROCESSING	15	
	12.01	13	14	14.01		
70 ELECTROENCEPHALOGRAPHY		1	49		210	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS			552,139			71
73 DRUGS CHARGED TO PATIENTS					214,021	73
74 RENAL DIALYSIS	1,140	2,573	31,024	90	15,848	74
76 PULMONARY LABS		135	59	25	2	76
76.01 OCCUPATIONAL HEALTH		4	314		80	76.01
76.03 HYPERALIMENTATION						76.03
76.04 PERIPHERAL VASCULAR	868	144	54	5		76.04
76.05 PEDIATRIC ENDO NUTRITION						76.05
76.07 GASTROINTESTINAL SERVICE	867	2,502	7,159	101	49	76.07
76.09 BONE MARROW PROCUREMENT						76.09
76.10 BARIATRICS						76.10
76.11 HEPATOLOGY						76.11
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	242			52	90
90.01 CARDIAC REHABILITATION			134			90.01
90.02 CANCER CENTER	331	3,431	30,767	2,715	179,030	90.02
90.03 PSYCH SOCIAL REHAB		141	9		10	90.03
90.04 WELLNESS ASSESSMENT						90.04
90.06 HEART FAILURE CLINIC						90.06
90.07 LOC OUTPATIENT CENTER	1	11,766	5,124	29	32,503	90.07
90.08 OB OUTPATIENT CENTER		1,892	1,870		1,037	90.08
90.09 ELMHURST IMMEDIATE CARE		494	433		1,434	90.09
90.10 LAGRANGE FAMILY PCC		1,239	1,034		1,080	90.10
90.12 NORTH RIVERSIDE PCC		949	800		5,130	90.12
90.13 GLENDALE HEIGHTS PCC						90.13
90.14 WHEATON PCC		404	242	263	593	90.14
90.15 OB II PCC		860	758		3,049	90.15
90.16 HICKORY HILLS PCC		1,019	1,174	234	3,034	90.16
90.18 DARIEN PCC		572	433		1,969	90.18
90.20 ORLANAD PARK - FP		679	961		5,027	90.20
90.21 FAMILY PRACTICE MAYWOOD PCC		363	447		735	90.21
90.22 HOMER GLEN PCC		1,605	2,019	268	22,831	90.22
90.23 OAK PARK PCC		310	390		1,319	90.23
90.24 PARK RIDGE PCC		338	305		90	90.24
90.25 LOYOLA CLINIC AT GOTTLIEB		146	90		56	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					22	90.29
90.30 RIVER FOREST						90.30
91 EMERGENCY	1,757	7,684	34,334	3,333		91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT	50	494	123	29	14	92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES					1	95
97 DURABLE MEDICAL EQUIP-SOLD						97
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		3,551	274		45	101
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION		17	4			105
106 HEART ACQUISITION	3	32	3			106
107 LIVER ACQUISITION						107
108 LUNG ACQUISITION		41	7			108
109 PANCREAS ACQUISITION						109
110 INTESTINAL ACQUISITION						110
111 ISLET ACQUISITION						111
112 OTHER ORGAN ACQUISITION (SPECIFY)		3				112
116 HOSPICE		563	203		633	116
118 SUBTOTALS (SUM OF LINES 1-117)	27,711	171,056	939,332	72,267	505,819	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
190.01 HINES RADIATION THERAPY						190.01
190.02 HOME INFUSION THERAPY		168	232		18,582	190.02
190.03 OP HOSPITAL PHARMACY					26,023	190.03
190.04 HOSPITALIST			56			190.04
190.05 STUDENT HEALTH						190.05
192 PHYSICIANS' PRIVATE OFFICES		101	26		6	192

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

COST CENTER DESCRIPTION	PATIENT TRANSPORT	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	CENTRAL PROCESSING	PHARMACY	
	12.01	13	14	14.01	15	
192.01 FACULTY CLINICAL OPERATIONS			4			192.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	27,711	171,325	939,650	72,267	550,430	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 DEPARTMENT					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	446,131				16
17 SOCIAL SERVICE		80,361			17
17.01 HOSPITAL MEDICAL ADMIN			131		17.01
19 NONPHYSICIAN ANESTHETISTS				2,285	19
20 NURSING SCHOOL					20
21 I&R SERVICES-SALARY & FRINGES APPRVD			3		21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD					298,827
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	62,672	23,677	3		30
31 INTENSIVE CARE UNIT	23,470	1,551	3		31
33 BURN INTENSIVE CARE UNIT	5,190	1,755			33
35 NEONATAL INTENSIVE CARE	11,175	3,166	3		35
35.01 PEDIATRIC ICU	3,133	1,699	1		35.01
35.03 HEART TRANSPLANT ICU	4,058	2,090	2		35.03
35.04 BONE INTENSIVE CARE	5,945	2,434	1		35.04
41 SUBPROVIDER - IRF	4,049	728	1		41
43 NURSERY	441				43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	50,319	2,082	4		50
50.01 AMBULATORY SURGERY CENTER	121	16	6		50.01
51 RECOVERY ROOM	9,968				51
52 DELIVERY ROOM & LABOR ROOM	3,573				52
53 ANESTHESIOLOGY	24,042		26		53
54 RADIOLOGY-DIAGNOSTIC	12,783		5		54
54.01 RADIOLOGY-ULTRASOUND	1,786		1		54.01
56 RADIOISOTOPE	1,270		2		56
57 CT SCAN	14,469		5		57
58 MRI	6,510		3		58
59 CARDIAC CATHETERIZATION	12,583				59
60 LABORATORY	44,913	1,226	20		60
60.01 LABORATORY-SURGICAL PATHOLOGY	2,856		2		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.	8,754		3		63
64 INTRAVENOUS THERAPY					64
65 RESPIRATORY THERAPY	18,025				65
66 PHYSICAL THERAPY	3,351				66
67 OCCUPATIONAL THERAPY	3,067				67
68 SPEECH PATHOLOGY	1,080	761			68
69 ELECTROCARDIOLOGY	24,839	3,841			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	1,424					70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,379					71
73 DRUGS CHARGED TO PATIENTS	47,878					73
74 RENAL DIALYSIS	1,500	3,197	3			74
76 PULMONARY LABS	360		2			76
76.01 OCCUPATIONAL HEALTH						76.01
76.03 HYPERALIMENTATION						76.03
76.04 PERIPHERAL VASCULAR	1,300					76.04
76.05 PEDIATRIC ENDO NUTRITION						76.05
76.07 GASTROINTESTINAL SERVICE	1,998	91	1			76.07
76.09 BONE MARROW PROCUREMENT	874					76.09
76.10 BARIATRICS						76.10
76.11 HEPATOLOGY						76.11
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		27				90
90.01 CARDIAC REHABILITATION	204	4				90.01
90.02 CANCER CENTER	231	56	3			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	1,122	27,192	18			90.07
90.08 OB OUTPATIENT CENTER	27					90.08
90.09 ELMHURST IMMEDIATE CARE	2					90.09
90.10 LAGRANGE FAMILY PCC	7					90.10
90.12 NORTH RIVERSIDE PCC	4					90.12
90.13 GLENDALE HEIGHTS PCC						90.13
90.14 WHEATON PCC	6					90.14
90.15 OB II PCC	3					90.15
90.16 HICKORY HILLS PCC	4					90.16
90.18 DARIEN PCC	2					90.18
90.20 ORLANAD PARK - FP	2					90.20
90.21 FAMILY PRACTICE MAYWOOD PCC	3					90.21
90.22 HOMER GLEN PCC	6					90.22
90.23 OAK PARK PCC	1					90.23
90.24 PARK RIDGE PCC	19					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	19					90.28
90.29 BURR RIDGE PCC	72	2,403	1			90.29
90.30 RIVER FOREST						90.30
91 EMERGENCY	15,954					91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT	33					92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES						95
97 DURABLE MEDICAL EQUIP-SOLD						97
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			101
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	3,379	1,523	3			105
106 HEART ACQUISITION	502					106
107 LIVER ACQUISITION	1,656		2			107
108 LUNG ACQUISITION	915	842	3			108
109 PANCREAS ACQUISITION						109
110 INTESTINAL ACQUISITION						110
111 ISLET ACQUISITION						111
112 OTHER ORGAN ACQUISITION (SPECIFY)	803					112
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117)	446,131	80,361	131			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
190.05 STUDENT HEALTH						190.05
192 PHYSICIANS' PRIVATE OFFICES						192

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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	
192.01 FACULTY CLINICAL OPERATIONS						192.01
200 CROSS FOOT ADJUSTMENTS				2,285	298,827	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	446,131	80,361	131	2,285	298,827	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	PARAMED ED-MICU		I&R COST & POST STEP- DOWN ADJS	TOTAL	
	23.01	SUBTOTAL	25	26	
		24			
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 DEPARTMENT					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 SERVICES-SALARY & FRINGES APPRVD					21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
23.01 PARAMEDICAL ED-MICU	85,852				23.01
23.02 PARAMEDICAL ED-SOCIAL WORK					23.02
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS		4,838,086		4,838,086	30
31 INTENSIVE CARE UNIT		1,429,918		1,429,918	31
33 BURN INTENSIVE CARE UNIT		334,454		334,454	33
35 NEONATAL INTENSIVE CARE		811,486		811,486	35
35.01 PEDIATRIC ICU		197,863		197,863	35.01
35.03 HEART TRANSPLANT ICU		301,010		301,010	35.03
35.04 BONE INTENSIVE CARE		279,739		279,739	35.04
41 SUBPROVIDER - IRF		585,393		585,393	41
43 NURSERY		3,962		3,962	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		6,994,510		6,994,510	50
50.01 AMBULATORY SURGERY CENTER		1,101,802		1,101,802	50.01
51 RECOVERY ROOM		711,376		711,376	51
52 DELIVERY ROOM & LABOR ROOM		257,030		257,030	52
53 ANESTHESIOLOGY		360,478		360,478	53
54 RADIOLOGY-DIAGNOSTIC		2,792,604		2,792,604	54
54.01 RADIOLOGY-ULTRASOUND		175,005		175,005	54.01
56 RADIOISOTOPE		496,858		496,858	56
57 CT SCAN		953,286		953,286	57
58 MRI		1,608,931		1,608,931	58
59 CARDIAC CATHETERIZATION		2,121,707		2,121,707	59
60 LABORATORY		1,087,582		1,087,582	60
60.01 LABORATORY-SURGICAL PATHOLOGY		525,507		525,507	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.		243,544		243,544	63
64 INTRAVENOUS THERAPY		164,348		164,348	64
65 RESPIRATORY THERAPY		604,163		604,163	65
66 PHYSICAL THERAPY		138,985		138,985	66
67 OCCUPATIONAL THERAPY		36,136		36,136	67
68 SPEECH PATHOLOGY		560,721		560,721	68
69 ELECTROCARDIOLOGY		2,114,415		2,114,415	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	DOWN ADJS	26	
			25		
70 ELECTROENCEPHALOGRAPHY		292,056		292,056	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		558,139		558,139	71
73 DRUGS CHARGED TO PATIENTS		402,912		402,912	73
74 RENAL DIALYSIS		344,463		344,463	74
76 PULMONARY LABS		222,432		222,432	76
76.01 OCCUPATIONAL HEALTH		64,368		64,368	76.01
76.03 HYPERALIMENTATION					76.03
76.04 PERIPHERAL VASCULAR		113,821		113,821	76.04
76.05 PEDIATRIC ENDO NUTRITION					76.05
76.07 GASTROINTESTINAL SERVICE		655,867		655,867	76.07
76.09 BONE MARROW PROCUREMENT		8,581		8,581	76.09
76.10 BARIATRICS		67,821		67,821	76.10
76.11 HEPATOLOGY		2,823		2,823	76.11
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC		76,952		76,952	90
90.01 CARDIAC REHABILITATION		16,457		16,457	90.01
90.02 CANCER CENTER		1,267,784		1,267,784	90.02
90.03 PSYCH SOCIAL REHAB		159,642		159,642	90.03
90.04 WELLNESS ASSESSMENT					90.04
90.06 HEART FAILURE CLINIC					90.06
90.07 LOC OUTPATIENT CENTER		4,696,108		4,696,108	90.07
90.08 OB OUTPATIENT CENTER		346,546		346,546	90.08
90.09 ELMHURST IMMEDIATE CARE		68,841		68,841	90.09
90.10 LAGRANGE FAMILY PCC		98,246		98,246	90.10
90.12 NORTH RIVERSIDE PCC		171,727		171,727	90.12
90.13 GLENDALE HEIGHTS PCC					90.13
90.14 WHEATON PCC		62,580		62,580	90.14
90.15 OB II PCC		48,407		48,407	90.15
90.16 HICKORY HILLS PCC		112,010		112,010	90.16
90.18 DARIEN PCC		91,909		91,909	90.18
90.20 ORLANAD PARK - FP		116,450		116,450	90.20
90.21 FAMILY PRACTICE MAYWOOD PCC		85,315		85,315	90.21
90.22 HOMER GLEN PCC		197,694		197,694	90.22
90.23 OAK PARK PCC		24,825		24,825	90.23
90.24 PARK RIDGE PCC		218,461		218,461	90.24
90.25 LOYOLA CLINIC AT GOTTLIEB		19,497		19,497	90.25
90.26 WOODRIDGE PCC					90.26
90.27 NEUROLOGY - NILES		65		65	90.27
90.28 MARJORIE WEINBERG CANCER CENTER		49,804		49,804	90.28
90.29 BURR RIDGE PCC		2,555,713		2,555,713	90.29
90.30 RIVER FOREST		734		734	90.30
91 EMERGENCY		789,341		789,341	91
92 OBSERVATION BEDS (NON-DISTINCT PART)					92
92.01 OBSERVATION BEDS-DISTINCT		34,105		34,105	92.01
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
95 AMBULANCE SERVICES		12,526		12,526	95
97 DURABLE MEDICAL EQUIP-SOLD		1,586		1,586	97
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		117,054		117,054	101
SPECIAL PURPOSE COST CENTERS					
105 KIDNEY ACQUISITION		30,855		30,855	105
106 HEART ACQUISITION		47,512		47,512	106
107 LIVER ACQUISITION		14,781		14,781	107
108 LUNG ACQUISITION		44,732		44,732	108
109 PANCREAS ACQUISITION		1,897		1,897	109
110 INTESTINAL ACQUISITION		1,421		1,421	110
111 ISLET ACQUISITION		13		13	111
112 OTHER ORGAN ACQUISITION (SPECIFY)		14,054		14,054	112
116 HOSPICE		13,522		13,522	116
118 SUBTOTALS (SUM OF LINES 1-117)		46,173,348		46,173,348	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		987		987	190
190.01 HINES RADIATION THERAPY		3,788		3,788	190.01
190.02 HOME INFUSION THERAPY		33,937		33,937	190.02
190.03 OP HOSPITAL PHARMACY		56,204		56,204	190.03
190.04 HOSPITALIST		11,427		11,427	190.04
190.05 STUDENT HEALTH		179		179	190.05
192 PHYSICIANS' PRIVATE OFFICES		2,237		2,237	192

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
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KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-10 (08/2011)

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

COST CENTER DESCRIPTION	PARAMED ED-MICU	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
192.01 FACULTY CLINICAL OPERATIONS		1,111,154		1,111,154	192.01
200 CROSS FOOT ADJUSTMENTS	85,852	386,964		386,964	200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	85,852	47,780,225		47,780,225	202

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 DEPARTMENT GROSS SALARIES 4	COMMUNICTN PHONE COST 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			18,129,047			2
4 EMPLOYEE BENEFITS DEPARTMENT	9,914	9,914	1,662	468,431,375		4
5.01 COMMUNICATION	3,282	3,282	1,493	1,015,265	207,917	5.01
5.02 SYSTEM & COMPUTERS	25,504	25,504	110,250	4,861,124	4,179	5.02
5.03 PURCHASING	26,358	26,358	9,133	1,373,731	2,219	5.03
5.04 OPC STORES	7,645	7,645			21	5.04
5.05 PATIENT AFFAIRS	4,453	4,453	12,218	1,417,099	1,034	5.05
5.06 PATIENT ADMITTING	4,009	4,009	8,650	2,135,666	1,428	5.06
5.07 PATIENT ACCOUNTS	16,051	16,051	1,515	4,418,470	7,565	5.07
5.08 ACCOUNTING	8,652	8,652	10,636	1,639,319	2,366	5.08
5.09 EMPLOYEE HEALTH SERVICES	3,576	3,576		257,623	228	5.09
5.10 PASTORAL CARE	16,410	16,410	7,150	929,718	1,336	5.10
5.11 HOSPITAL ADMINISTRATION	93,916	93,916	395,139	44,256,685	12,487	5.11
5.12 AMBULATORY ADMINISTRATION	3,685	3,685		3,525,409	439	5.12
5.14 PRIMARY CARE ADMINISTRATION				31,915		5.14
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	22,828	22,828	328,337	3,627,783	3,520	7
7.01 SAFETY AND SECURITY	6,690	6,690	127,066	1,984,517	1,083	7.01
8 LAUNDRY & LINEN SERVICE	8,477	8,477	1,560	238,162		8
9 HOUSEKEEPING	11,689	11,689	14,013	348	1,386	9
10 DIETARY	26,898	26,898	48,092	2,085,183	2,160	10
11 CAFETERIA	12,220	12,220	3,323	1,122,036		11
12 MAINTENANCE OF PERSONNEL						12
12.01 PATIENT TRANSPORTATION	954	954	4,041	987,058	887	12.01
13 NURSING ADMINISTRATION	9,182	9,182	7,571	2,005,790	1,731	13
14 CENTRAL SERVICES & SUPPLY	14,459	14,459	522,431	1,265,404	94	14
14.01 CENTRAL PROCESSING	3,800	3,800	5,889	216,561	19	14.01
15 PHARMACY	17,927	17,927	163,741	7,436,596	1,776	15
16 MEDICAL RECORDS & LIBRARY	24,876	24,876	16,217	3,930,464	4,002	16
17 SOCIAL SERVICE	3,904	3,904	2,315	2,952,581	3,023	17
17.01 HOSPITAL MEDICAL ADMIN					452	17.01
19 NONPHYSICIAN ANESTHETISTS				2,499,929		19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD	7,655	7,655	1,324	35,587,263		21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMEDICAL ED-MICU	4,874	4,874	4,373	518,425		23.01
23.02 PARAMEDICAL ED-SOCIAL WORK						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	182,635	182,635	632,451	32,762,831	30,605	30
31 INTENSIVE CARE UNIT	45,398	45,398	299,846	12,210,103	5,412	31
33 BURN INTENSIVE CARE UNIT	10,850	10,850	49,531	3,722,928	695	33
35 NEONATAL INTENSIVE CARE	24,604	24,604	247,548	6,611,324	3,783	35
35.01 PEDIATRIC ICU	4,582	4,582	64,961	1,895,187	1,375	35.01
35.03 HEART TRANSPLANT ICU	11,105	11,105	44,884	2,238,604	1,025	35.03
35.04 BONE INTENSIVE CARE	9,577	9,577	43,900	3,123,176	1,190	35.04
41 SUBPROVIDER - IRF	28,966	28,966	18,028	3,793,620	2,787	41
43 NURSERY				453,016		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	155,284	155,284	3,133,992	9,947,505	4,963	50
50.01 AMBULATORY SURGERY CENTER	32,839	32,839	324,843	2,603,064		50.01
51 RECOVERY ROOM	34,749	34,749	74,351	2,893,917	1,057	51
52 DELIVERY ROOM & LABOR ROOM	8,653	8,653	51,255	2,130,001	1,494	52
53 ANESTHESIOLOGY	2,564	2,564	186,840	472,208		53
54 RADIOLOGY-DIAGNOSTIC	61,331	61,331	1,282,295	6,487,664	9,210	54
54.01 RADIOLOGY-ULTRASOUND	3,843	3,843	74,046	954,952		54.01
56 RADIOISOTOPE	14,011	14,011	186,648	1,540,267	1,360	56
57 CT SCAN	6,908	6,908	577,355	1,943,361		57
58 MRI	14,972	14,972	994,058	1,629,308	1,021	58
59 CARDIAC CATHETERIZATION	36,788	36,788	1,080,856	4,197,614	884	59
60 LABORATORY	33,071	33,071	246,496	6,409,374	4,334	60
60.01 LABORATORY-SURGICAL PATHOLOGY	24,574	24,574	81,806	1,435,918	2,415	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.	6,866	6,866	61,686	1,326,468	582	63
64 INTRAVENOUS THERAPY	10,508	10,508				64
65 RESPIRATORY THERAPY	13,912	13,912	225,665	5,621,091	355	65
66 PHYSICAL THERAPY	6,014	6,014	2,025	3,539,286	2,215	66
67 OCCUPATIONAL THERAPY	1,123	1,123		1,380,682		67
68 SPEECH PATHOLOGY	33,945	33,945	17,050	481,605	372	68

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CAP BLDGS & FIXTURES SQUARE FEET	NEW CPTL BLG INSTRST  SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	COMMUNICTN   PHONE COST	
		1	1.01	2	4	5.01	
69	ELECTROCARDIOLOGY			1,479,338	3,198,664	2,471	69
70	ELECTROENCEPHALOGRAPHY	8,477	8,477	107,697	1,214,489	1,444	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						71
73	DRUGS CHARGED TO PATIENTS						73
74	RENAL DIALYSIS	11,733	11,733	52,261	2,468,754	923	74
76	PULMONARY LABS	3,341	3,341	123,576	235,591	876	76
76.01	OCCUPATIONAL HEALTH	3,661	3,661	1,418	780,105		76.01
76.03	HYPERALIMENTATION						76.03
76.04	PERIPHERAL VASCULAR	1,312	1,312	62,601	530,090	330	76.04
76.05	PEDIATRIC ENDO NUTRITION						76.05
76.07	GASTROINTESTINAL SERVICE	9,121	9,121	349,296	2,172,078		76.07
76.09	BONE MARROW PROCUREMENT						76.09
76.10	BIARIATRICS			48,904	344,388		76.10
76.11	HEPATOLOGY				530,669		76.11
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	545	194,018		90
90.01	CARDIAC REHABILITATION				188,012	42	90.01
90.02	CANCER CENTER	52,505	52,505	80,618	5,324,940	7,790	90.02
90.03	PSYCH SOCIAL REHAB	9,945	9,945		243,896	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	1,667,890	17,773,192	28,093	90.07
90.08	OBT OUTPATIENT CENTER	97	97	222,844	4,234,457	3,190	90.08
90.09	ELMHURST IMMEDIATE CARE			41,687	1,090,702		90.09
90.10	LAGRANGE FAMILY PCC			58,929	1,578,573	2,445	90.10
90.12	NORTH RIVERSIDE PCC			108,368	2,605,693	3,129	90.12
90.13	GLENDALE HEIGHTS PCC						90.13
90.14	WHEATON PCC			35,862	1,303,275	1,143	90.14
90.15	OBT II PCC			18,904	1,766,107	2,358	90.15
90.16	HICKORY HILLS PCC			62,007	2,947,428	2,993	90.16
90.18	DARIEN PCC			59,553	1,080,522	1,588	90.18
90.20	ORLANAD PARK - FP			66,985	2,830,822	3,576	90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	3,211	3,211	17,345	800,904		90.21
90.22	HOMER GLEN PCC			101,973	2,993,020	41	90.22
90.23	OAK PARK PCC			9,918	1,992,663		90.23
90.24	PARK RIDGE PCC			159,089	347,567	17	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB			12,789	218,340		90.25
90.26	WOODRIDGE PCC						90.26
90.27	NEUROLOGY - NILES				2,980		90.27
90.28	MARJORIE WEINBERG CANCER CENTER			19,086	686,211		90.28
90.29	BURR RIDGE PCC	100,000	100,000	688,668	6,306,379		90.29
90.30	RIVER FOREST				103,263		90.30
91	EMERGENCY	24,864	24,864	170,967	14,580,127	8,906	91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01	OBSERVATION BEDS-DISTINCT	1,599	1,599		275,686		92.01
	OTHER REIMBURSABLE COST CENTERS						
94	HOME PROGRAM DIALYSIS						94
95	AMBULANCE SERVICES	729	729			47	95
97	DURABLE MEDICAL EQUIP-SOLD				9,258		97
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		3,548,048	2,729	101
	SPECIAL PURPOSE COST CENTERS						
105	KIDNEY ACQUISITION	703	703		712,798	988	105
106	HEART ACQUISITION	2,657	2,657	1,188	299,878	389	106
107	LIVER ACQUISITION	317	317		406,895		107
108	LUNG ACQUISITION	2,389	2,389		290,552		108
109	PANCREAS ACQUISITION				357,169		109
110	INTESTINAL ACQUISITION				302,140		110
111	ISLET ACQUISITION						111
112	OTHER ORGAN ACQUISITION (SPECIFY)	160	160	2,397	692,522	23	112
116	HOSPICE	445	445		600,946	237	116
118	SUBTOTALS (SUM OF LINES 1-117)	1,601,855	1,601,855	17,643,258	344,289,009	207,730	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN				84,818	187	190
190.01	HINES RADIATION THERAPY				812,611		190.01
190.02	HOME INFUSION THERAPY				877,854		190.02
190.03	OP HOSPITAL PHARMACY			7,215	169,827		190.03
190.04	HOSPITALIST				4,177,575		190.04

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
 PERIOD FROM 07/01/2012 TO 06/30/2013

KPMG LLP COMPU-MAX MICRO SYSTEM  
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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 DEPARTMENT GROSS SALARIES 4	COMMUNICTN PHONE COST 5.01	
190.05 STUDENT HEALTH				42,188		190.05
192 PHYSICIANS' PRIVATE OFFICES			837	62,867		192
192.01 FACULTY CLINICAL OPERATIONS			477,737	117,914,626		192.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	16,107,858	7,499,834	24,172,533	85,483,180	3,043,350	202
203 UNIT COST MULT-WS B PT I	10.055753	4.681968	1.333359	0.182488	14.637331	203
204 COST TO BE ALLOC PER B PT II				148,326	50,682	204
205 UNIT COST MULT-WS B PT II				0.000317	0.243761	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 DEPARTMENT					4
5.01 COMMUNICATION					5.01
5.02 SYSTEM & COMPUTERS	2,142,998,504				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			1,141,879,408
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 SERVICES-SALARY & FRINGES APPRVD		2			21
22 I&R SERVICES-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	161,162,480	297,435	1		161,162,480
31 INTENSIVE CARE UNIT	60,024,326	130,162			60,024,326
33 BURN INTENSIVE CARE UNIT	13,272,404	24,788			13,272,404
35 NEONATAL INTENSIVE CARE	28,580,420	14,479			28,580,420
35.01 PEDIATRIC ICU	8,012,947	17,941			8,012,947
35.03 HEART TRANSPLANT ICU	10,379,442	19,220			10,379,442
35.04 BONE INTENSIVE CARE	15,205,554	18,166			15,205,554
41 SUBPROVIDER - IRF	10,354,271	12,925			10,354,271
43 NURSERY	1,127,385				1,127,385
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	154,414,498	59,377			128,694,286
50.01 AMBULATORY SURGERY CENTER	43,989,282	31,673	2,737		310,273
51 RECOVERY ROOM	41,037,646	19,767			25,494,045
52 DELIVERY ROOM & LABOR ROOM	10,600,292	20,473			9,139,012
53 ANESTHESIOLOGY	77,231,291	1,658			61,489,129
54 RADIOLOGY-DIAGNOSTIC	69,877,805	12,865	21		32,692,861
54.01 RADIOLOGY-ULTRASOUND	16,599,357	1,221	1		4,568,491
56 RADIOISOTOPE	25,713,551	1,969			3,248,904
57 CT SCAN	95,596,124	5,623			37,004,854
58 MRI	53,491,302	1,862	25		16,649,423
59 CARDIAC CATHETERIZATION	62,657,854	6,015			32,182,521
60 LABORATORY	255,208,565	21,892			114,866,290
60.01 LABORATORY-SURGICAL PATHOLOGY	22,261,559	3,822			7,304,538
60.02 LABORATORY-NEUROSURGICAL					
60.03 LABORATORY-HLA					
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					
63 BLOOD STORING, PROCESSING & TRANS.	30,074,763	2,223	16		22,387,936
64 INTRAVENOUS THERAPY					
65 RESPIRATORY THERAPY	46,929,457	9,895			46,098,741
66 PHYSICAL THERAPY	19,495,323	2,467		421	8,569,880
67 OCCUPATIONAL THERAPY	9,644,209	1,768		73	7,844,110
68 SPEECH PATHOLOGY	2,796,853	748	2		2,763,028

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	100,138,570	7,796			63,527,309	69
70 ELECTROENCEPHALOGRAPHY	7,113,593	851			3,641,938	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,660,994				3,527,588	71
73 DRUGS CHARGED TO PATIENTS	133,179,839				122,451,064	73
74 RENAL DIALYSIS	26,857,294	7,721			3,837,112	74
76 PULMONARY LABS	2,026,304	3,666			919,741	76
76.01 OCCUPATIONAL HEALTH	454,184	139		1		76.01
76.03 HYPERALIMENTATION						76.03
76.04 PERIPHERAL VASCULAR	8,356,417	166			3,324,122	76.04
76.05 PEDIATRIC ENDO NUTRITION						76.05
76.07 GASTROINTESTINAL SERVICE	25,541,830	5,954			5,109,498	76.07
76.09 BONE MARROW PROCUREMENT	2,793,547			63	2,235,826	76.09
76.10 BARIATRICS	95,886				191	76.10
76.11 HEPATOLOGY						76.11
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	688,791	2,297		1	1,251	90
90.01 CARDIAC REHABILITATION	522,607	33,612		33	522,607	90.01
90.02 CANCER CENTER	84,596,309	211			590,834	90.02
90.03 PSYCH SOCIAL REHAB	553,947				194	90.03
90.04 WELLNESS ASSESSMENT						90.04
90.06 HEART FAILURE CLINIC						90.06
90.07 LOC OUTPATIENT CENTER	107,453,400	29,076		923	2,868,985	90.07
90.08 OB OUTPATIENT CENTER	21,053,038	6,765		41	68,261	90.08
90.09 ELMHURST IMMEDIATE CARE	2,826,517	1,165			5,045	90.09
90.10 LAGRANGE FAMILY PCC	7,396,527	2,721			18,280	90.10
90.12 NORTH RIVERSIDE PCC	5,645,000	1,933			9,166	90.12
90.13 GLENDALE HEIGHTS PCC						90.13
90.14 WHEATON PCC	6,033,497	966			14,105	90.14
90.15 OB II PCC	6,035,903	1,955		3	8,296	90.15
90.16 HICKORY HILLS PCC	7,939,912	2,974		1	9,763	90.16
90.18 DARIEN PCC	2,419,435	2,465			4,954	90.18
90.20 ORLANAD PARK - FP	4,952,575	1,735		10	5,145	90.20
90.21 FAMILY PRACTICE MAYWOOD PCC	2,926,408	1,068			8,298	90.21
90.22 HOMER GLEN PCC	16,573,542	7,659			14,711	90.22
90.23 OAK PARK PCC	2,043,489	1,235		4	2,747	90.23
90.24 PARK RIDGE PCC	3,345,132	889			48,211	90.24
90.25 LOYOLA CLINIC AT GOTTLIEB	652,803	302			209	90.25
90.26 WOODRIDGE PCC					141	90.26
90.27 NEUROLOGY - NILES	17,890					90.27
90.28 MARJORIE WEINBERG CANCER CENTER	20,000,510				47,780	90.28
90.29 BURR RIDGE PCC	44,882,025				184,521	90.29
90.30 RIVER FOREST	953,218				70	90.30
91 EMERGENCY	94,327,030	38,750			40,803,556	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT	14,865,461	1,207			84,350	92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES						95
97 DURABLE MEDICAL EQUIP-SOLD	815,655	4				97
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	5,644,976	242				101
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	8,642,978	18			8,642,978	105
106 HEART ACQUISITION	1,284,836	22			1,284,836	106
107 LIVER ACQUISITION	4,235,245	33			4,235,245	107
108 LUNG ACQUISITION	2,339,978	7			2,339,441	108
109 PANCREAS ACQUISITION						109
110 INTESTINAL ACQUISITION						110
111 ISLET ACQUISITION						111
112 OTHER ORGAN ACQUISITION (SPECIFY)	2,170,644	1			2,053,488	112
116 HOSPICE	2,587,696	14				116
118 SUBTOTALS (SUM OF LINES 1-117)	2,142,384,392	960,808		3,856	5,751	1,141,879,408
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		56				190
190.01 HINES RADIATION THERAPY		14				190.01
190.02 HOME INFUSION THERAPY		5,599				190.02
190.03 OP HOSPITAL PHARMACY		24,494				190.03
190.04 HOSPITALIST		36				190.04

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11  
 11/26/2013 08:19

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	
190.05 STUDENT HEALTH	4,763					190.05
192 PHYSICIANS' PRIVATE OFFICES		122				192
192.01 FACULTY CLINICAL OPERATIONS	609,349	36				192.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	9,545,501	3,190,430	113,862	2,181,626	2,908,651	202
203 UNIT COST MULT-WS B PT I	0.004454	3.218869	29.528527	379.347244	0.002547	203
204 COST TO BE ALLOC PER B PT II	525,434	401,611	112,786	82,632	71,725	204
205 UNIT COST MULT-WS B PT II	0.000245	0.405191	29.249481	14.368284	0.000063	205

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	
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 DEPARTMENT						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	2,142,998,504					5.07
5.08 ACCOUNTING		-3,456,728	859,511,181			5.08
5.09 EMPLOYEE HEALTH SERVICES			690,293	-693,069	862,274,840	5.09
5.10 PASTORAL CARE			1,378,233		1,383,776	5.10
5.11 HOSPITAL ADMINISTRATION			104,880,143		105,301,971	5.11
5.12 AMBULATORY ADMINISTRATION			5,792,719		5,816,017	5.12
5.14 PRIMARY CARE ADMINISTRATION			3,812,600		3,827,934	5.14
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT			28,210,551		28,324,014	7
7.01 SAFETY AND SECURITY			3,319,617		3,332,968	7.01
8 LAUNDRY & LINEN SERVICE			2,296,496		2,305,733	8
9 HOUSEKEEPING			6,733,090		6,760,170	9
10 DIETARY			5,495,174		5,517,276	10
11 CAFETERIA			445,013		446,803	11
12 MAINTENANCE OF PERSONNEL						12
12.01 PATIENT TRANSPORTATION			1,293,560		1,298,763	12.01
13 NURSING ADMINISTRATION			4,462,755		4,480,704	13
14 CENTRAL SERVICES & SUPPLY			3,225,307		3,238,279	14
14.01 CENTRAL PROCESSING			398,519		400,122	14.01
15 PHARMACY			10,228,488		10,269,627	15
16 MEDICAL RECORDS & LIBRARY			8,813,882		8,849,331	16
17 SOCIAL SERVICE			3,723,709		3,738,686	17
17.01 HOSPITAL MEDICAL ADMIN			6,616		6,643	17.01
19 NONPHYSICIAN ANESTHETISTS			456,207		458,042	19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD			43,376,413		43,550,873	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMEDICAL ED-MICU			873,895		877,410	23.01
23.02 PARAMEDICAL ED-SOCIAL WORK						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	161,162,480		50,337,742		50,540,200	30
31 INTENSIVE CARE UNIT	60,024,326		19,254,380		19,331,821	31
33 BURN INTENSIVE CARE UNIT	13,272,404		5,950,460		5,974,393	33
35 NEONATAL INTENSIVE CARE	28,580,420		9,345,713		9,383,301	35
35.01 PEDIATRIC ICU	8,012,947		2,827,151		2,838,522	35.01
35.03 HEART TRANSPLANT ICU	10,379,442		3,424,783		3,438,557	35.03
35.04 BONE INTENSIVE CARE	15,205,554		4,411,225		4,428,967	35.04
41 SUBPROVIDER - IRF	10,354,271		5,349,355		5,370,870	41
43 NURSERY	1,127,385		886,885		890,452	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	154,414,498		54,974,185		55,195,291	50
50.01 AMBULATORY SURGERY CENTER	43,989,282		7,720,049		7,751,099	50.01
51 RECOVERY ROOM	41,037,646		5,024,044		5,044,251	51
52 DELIVERY ROOM & LABOR ROOM	10,600,292		3,228,649		3,241,635	52
53 ANESTHESIOLOGY	77,231,291		3,379,199		3,392,790	53
54 RADIOLOGY-DIAGNOSTIC	69,877,805		14,939,725		14,999,813	54
54.01 RADIOLOGY-ULTRASOUND	16,599,357		1,457,014		1,462,874	54.01
56 RADIOISOTOPE	25,713,551		4,024,647		4,040,834	56
57 CT SCAN	95,596,124		4,564,833		4,583,193	57
58 MRI	53,491,302		4,639,642		4,658,303	58
59 CARDIAC CATHETERIZATION	62,657,854		14,211,800		14,268,960	59
60 LABORATORY	255,208,565		21,234,756		21,320,162	60
60.01 LABORATORY-SURGICAL PATHOLOGY	22,261,559		3,679,867		3,694,667	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.	30,074,763		8,201,579		8,234,566	63
64 INTRAVENOUS THERAPY			154,864		155,487	64
65 RESPIRATORY THERAPY	46,929,457		8,636,743		8,671,480	65
66 PHYSICAL THERAPY	19,495,323		5,050,718		5,071,032	66
67 OCCUPATIONAL THERAPY	9,644,209		1,951,913		1,959,764	67
68 SPEECH PATHOLOGY	2,796,853		1,193,106		1,197,905	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	100,138,570		15,984,190		16,048,478 69
70 ELECTROENCEPHALOGRAPHY	7,113,593		1,963,902		1,971,801 70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,660,994		942,950		946,743 71
73 DRUGS CHARGED TO PATIENTS	133,179,839		26,148,678		26,253,848 73
74 RENAL DIALYSIS	26,857,294		5,616,372		5,638,961 74
76 PULMONARY LABS	2,026,304		655,892		658,530 76
76.01 OCCUPATIONAL HEALTH	454,184		720,492		723,390 76.01
76.03 HYPERALIMENTATION					76.03
76.04 PERIPHERAL VASCULAR	8,356,417		838,354		841,726 76.04
76.05 PEDIATRIC ENDO NUTRITION					76.05
76.07 GASTROINTESTINAL SERVICE	25,541,830		5,265,461		5,286,639 76.07
76.09 BONE MARROW PROCUREMENT	2,793,547		2,005,578		2,013,644 76.09
76.10 BARIATRICS	95,886		651,053		653,672 76.10
76.11 HEPATOLOGY			682,856		685,602 76.11
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	688,791		349,829		351,236 90
90.01 CARDIAC REHABILITATION	522,607		340,113		341,481 90.01
90.02 CANCER CENTER	84,596,309		23,357,150		23,451,092 90.02
90.03 PSYCH SOCIAL REHAB	553,947		540,093		542,265 90.03
90.04 WELLNESS ASSESSMENT					90.04
90.06 HEART FAILURE CLINIC					90.06
90.07 LOC OUTPATIENT CENTER	107,453,400		34,011,501		34,148,295 90.07
90.08 OBT OUTPATIENT CENTER	21,053,038		6,821,472		6,848,908 90.08
90.09 ELMHURST IMMEDIATE CARE	2,826,517		1,819,106		1,826,422 90.09
90.10 LAGRANGE FAMILY PCC	7,396,527		2,618,146		2,628,676 90.10
90.12 NORTH RIVERSIDE PCC	5,645,000		2,941,841		2,953,673 90.12
90.13 GLENDALE HEIGHTS PCC					90.13
90.14 WHEATON PCC	6,033,497		2,394,909		2,404,541 90.14
90.15 OBT II PCC	6,035,903		2,483,723		2,493,713 90.15
90.16 HICKORY HILLS PCC	7,939,912		3,522,941		3,537,110 90.16
90.18 DARIEN PCC	2,419,435		1,275,002		1,280,130 90.18
90.20 ORLANAD PARK - FP	4,952,575		3,171,531		3,184,287 90.20
90.21 FAMILY PRACTICE MAYWOOD PCC	2,926,408		1,293,430		1,298,632 90.21
90.22 HOMER GLEN PCC	16,573,542		5,584,608		5,607,069 90.22
90.23 OAK PARK PCC	2,043,489		1,517,637		1,523,741 90.23
90.24 PARK RIDGE PCC	3,345,132		954,865		958,705 90.24
90.25 LOYOLA CLINIC AT GOTTLIEB	652,803		393,149		394,730 90.25
90.26 WOODRIDGE PCC					90.26
90.27 NEUROLOGY - NILES	17,890		16,602		16,669 90.27
90.28 MARJORIE WEINBERG CANCER CENTER	20,000,510		5,014,525		5,034,693 90.28
90.29 BURR RIDGE PCC	44,882,025		15,119,010		15,179,819 90.29
90.30 RIVER FOREST	953,218		100,281		100,684 90.30
91 EMERGENCY	94,327,030		10,811,886		10,855,371 91
92 OBSERVATION BEDS (NON-DISTINCT PART)					92
92.01 OBSERVATION BEDS-DISTINCT	14,865,461		504,729		506,759 92.01
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
95 AMBULANCE SERVICES			350,053		351,461 95
97 DURABLE MEDICAL EQUIP-SOLD	815,655		379,795		381,323 97
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	5,644,976		5,190,242		5,211,117 101
SPECIAL PURPOSE COST CENTERS					
105 KIDNEY ACQUISITION	8,642,978		3,234,212		3,247,220 105
106 HEART ACQUISITION	1,284,836		905,827		909,470 106
107 LIVER ACQUISITION	4,235,245		1,847,610		1,855,041 107
108 LUNG ACQUISITION	2,339,978		1,333,737		1,339,101 108
109 PANCREAS ACQUISITION			337,799		339,158 109
110 INTESTINAL ACQUISITION			352,036		353,452 110
111 ISLET ACQUISITION					111
112 OTHER ORGAN ACQUISITION (SPECIFY)	2,170,644		1,784,549		1,791,726 112
116 HOSPICE	2,587,696		1,075,044		1,079,368 116
118 SUBTOTALS (SUM OF LINES 1-117)	2,142,384,392	-3,456,728	715,193,068	-693,069	717,376,503 118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			242,272		243,246 190
190.01 HINES RADIATION THERAPY			944,141		947,938 190.01
190.02 HOME INFUSION THERAPY			3,606,740		3,621,246 190.02
190.03 OP HOSPITAL PHARMACY			3,190,416		3,203,248 190.03
190.04 HOSPITALIST			2,698,059		2,708,911 190.04

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11  
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PATIENT	RECON- CILIATION	ACCOUNTING	RECON- CILIATION	EMPLOYEE	
	ACCOUNTS		ACCUM		HEALTH	
	GROSS		COST		SERVICES	
	REVENUE	5A.08	5.08		ACCUM	
	5.07				COST	5.09
190.05 STUDENT HEALTH	4,763		41,351		41,517	190.05
192 PHYSICIANS' PRIVATE OFFICES	609,349		214,091		214,952	192
192.01 FACULTY CLINICAL OPERATIONS			133,381,043		133,917,279	192.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	8,127,584		3,456,728		693,069	202
203 UNIT COST MULT-WS B PT I	0.003793		0.004022		0.000804	203
204 COST TO BE ALLOC PER B PT II	241,846		142,834		53,210	204
205 UNIT COST MULT-WS B PT II	0.000113		0.000166		0.000062	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 DEPARTMENT					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	-1,384,889	861,583,020			5.10
5.11 HOSPITAL ADMINISTRATION		105,386,634	-105,555,990	757,411,919	5.11
5.12 AMBULATORY ADMINISTRATION		5,820,693		5,830,047	5.12
5.14 PRIMARY CARE ADMINISTRATION		3,831,012		3,837,168	5.14
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT		28,346,787		28,392,340	7
7.01 SAFETY AND SECURITY		3,335,648		3,341,008	7.01
8 LAUNDRY & LINEN SERVICE		2,307,587		2,311,295	8
9 HOUSEKEEPING		6,765,605		6,776,477	9
10 DIETARY		5,521,712		5,530,585	10
11 CAFETERIA		447,162		447,881	11
12 MAINTENANCE OF PERSONNEL					12
12.01 PATIENT TRANSPORTATION		1,299,807		1,301,896	12.01
13 NURSING ADMINISTRATION		4,484,306		4,491,512	13
14 CENTRAL SERVICES & SUPPLY		3,240,883		3,246,091	14
14.01 CENTRAL PROCESSING		400,444		401,088	14.01
15 PHARMACY		10,277,884		10,294,401	15
16 MEDICAL RECORDS & LIBRARY		8,856,446		8,870,678	16
17 SOCIAL SERVICE		3,741,692		3,747,705	17
17.01 HOSPITAL MEDICAL ADMIN		6,648		6,659	17.01
19 NONPHYSICIAN ANESTHETISTS		458,410		459,147	19
20 NURSING SCHOOL					20
21 I&R SERVICES-SALARY & FRINGES APPRVD		43,585,888		43,655,931	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
23.01 PARAMEDICAL ED-MICU		878,115		879,526	23.01
23.02 PARAMEDICAL ED-SOCIAL WORK					23.02
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS		50,580,834		50,662,117	30
31 INTENSIVE CARE UNIT		19,347,364		19,378,455	31
33 BURN INTENSIVE CARE UNIT		5,979,196		5,988,805	33
35 NEONATAL INTENSIVE CARE		9,390,845		9,405,936	35
35.01 PEDIATRIC ICU		2,840,804		2,845,369	35.01
35.03 HEART TRANSPLANT ICU		3,441,322		3,446,852	35.03
35.04 BONE INTENSIVE CARE		4,432,528		4,439,651	35.04
41 SUBPROVIDER - IRF		5,375,188		5,383,826	41
43 NURSERY		891,168		892,600	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		55,239,668		55,328,438	50
50.01 AMBULATORY SURGERY CENTER		7,757,331		7,769,797	50.01
51 RECOVERY ROOM		5,048,307		5,056,420	51
52 DELIVERY ROOM & LABOR ROOM		3,244,241		3,249,454	52
53 ANESTHESIOLOGY		3,395,518		3,400,975	53
54 RADIOLOGY-DIAGNOSTIC		15,011,873		15,035,997	54
54.01 RADIOLOGY-ULTRASOUND		1,464,050		1,466,403	54.01
56 RADIOISOTOPE		4,044,083		4,050,582	56
57 CT SCAN		4,586,878		4,594,249	57
58 MRI		4,662,048		4,669,540	58
59 CARDIAC CATHETERIZATION		14,280,432		14,303,381	59
60 LABORATORY		21,337,303		21,371,592	60
60.01 LABORATORY-SURGICAL PATHOLOGY		3,697,638		3,703,580	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.		8,241,187		8,254,431	63
64 INTRAVENOUS THERAPY		155,612		155,862	64
65 RESPIRATORY THERAPY		8,678,452		8,692,398	65
66 PHYSICAL THERAPY		5,075,109		5,083,265	66
67 OCCUPATIONAL THERAPY		1,961,340		1,964,492	67
68 SPEECH PATHOLOGY		1,198,868		1,200,795	68

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION	PASTORAL	RECON- CILIATION	HOSPITAL	RECON- CILIATION
		CARE		ADMINSTRTN	
		ACCUM COST		ACCUM COST	
		5.10		5.11	
69 ELECTROCARDIOLOGY		16,061,381		16,087,192	69
70 ELECTROENCEPHALOGRAPHY		1,973,386		1,976,557	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		947,504		949,027	71
73 DRUGS CHARGED TO PATIENTS		26,274,956		26,317,180	73
74 RENAL DIALYSIS		5,643,495		5,652,564	74
76 PULMONARY LABS		659,059		660,118	76
76.01 OCCUPATIONAL HEALTH		723,972		725,135	76.01
76.03 HYPERALIMENTATION					76.03
76.04 PERIPHERAL VASCULAR		842,403		843,757	76.04
76.05 PEDIATRIC ENDO NUTRITION					76.05
76.07 GASTROINTESTINAL SERVICE		5,290,889		5,299,391	76.07
76.09 BONE MARROW PROCUREMENT		2,015,263		2,018,502	76.09
76.10 BARIATRICS		654,198		655,249	76.10
76.11 HEPATOLOGY		686,153		687,256	76.11
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC		351,518		352,083	90
90.01 CARDIAC REHABILITATION		341,756		342,305	90.01
90.02 CANCER CENTER		23,469,947		23,507,663	90.02
90.03 PSYCH SOCIAL REHAB		542,701		543,573	90.03
90.04 WELLNESS ASSESSMENT					90.04
90.06 HEART FAILURE CLINIC					90.06
90.07 LOC OUTPATIENT CENTER		34,175,750		34,230,670	90.07
90.08 OB OUTPATIENT CENTER		6,854,415		6,865,430	90.08
90.09 ELMHURST IMMEDIATE CARE		1,827,890		1,830,827	90.09
90.10 LAGRANGE FAMILY PCC		2,630,789		2,635,017	90.10
90.12 NORTH RIVERSIDE PCC		2,956,048		2,960,798	90.12
90.13 GLENDALE HEIGHTS PCC					90.13
90.14 WHEATON PCC		2,406,474		2,410,341	90.14
90.15 OB II PCC		2,495,718		2,499,729	90.15
90.16 HICKORY HILLS PCC		3,539,954		3,545,643	90.16
90.18 DARIEN PCC		1,281,159		1,283,218	90.18
90.20 ORLANAD PARK - FP		3,186,847		3,191,968	90.20
90.21 FAMILY PRACTICE MAYWOOD PCC		1,299,676		1,301,765	90.21
90.22 HOMER GLEN PCC		5,611,577		5,620,595	90.22
90.23 OAK PARK PCC		1,524,966		1,527,417	90.23
90.24 PARK RIDGE PCC		959,476		961,018	90.24
90.25 LOYOLA CLINIC AT GOTTLIEB		395,047		395,682	90.25
90.26 WOODRIDGE PCC					90.26
90.27 NEUROLOGY - NILES		16,682		16,709	90.27
90.28 MARJORIE WEINBERG CANCER CENTER		5,038,741		5,046,838	90.28
90.29 BURR RIDGE PCC		15,192,024		15,216,438	90.29
90.30 RIVER FOREST		100,765		100,927	90.30
91 EMERGENCY		10,864,099		10,881,558	91
92 OBSERVATION BEDS (NON-DISTINCT PART)					92
92.01 OBSERVATION BEDS-DISTINCT		507,166		507,981	92.01
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
95 AMBULANCE SERVICES		351,744		352,309	95
97 DURABLE MEDICAL EQUIP-SOLD		381,630		382,243	97
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		5,215,307		5,223,688	101
SPECIAL PURPOSE COST CENTERS					
105 KIDNEY ACQUISITION		3,249,831		3,255,053	105
106 HEART ACQUISITION		910,201		911,664	106
107 LIVER ACQUISITION		1,856,532		1,859,515	107
108 LUNG ACQUISITION		1,340,178		1,342,332	108
109 PANCREAS ACQUISITION		339,431		339,976	109
110 INTRESTINAL ACQUISITION		353,736		354,304	110
111 ISLET ACQUISITION					111
112 OTHER ORGAN ACQUISITION (SPECIFY)		1,793,167		1,796,049	112
116 HOSPICE		1,080,236		1,081,972	116
118 SUBTOTALS (SUM OF LINES 1-117)	-1,384,889	716,568,387	-105,555,990	612,163,923	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		243,442		243,833	190
190.01 HINES RADIATION THERAPY		948,700		950,225	190.01
190.02 HOME INFUSION THERAPY		3,624,157		3,629,981	190.02
190.03 OP HOSPITAL PHARMACY		3,205,823		3,210,975	190.03
190.04 HOSPITALIST		2,711,089		2,715,446	190.04

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11  
 11/26/2013 08:19

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION	PASTORAL CARE  ACCUM COST	RECON- CILIATION	HOSPITAL ADMINSTRN  ACCUM COST	RECON- CILIATION
		5.10		5.11	
190.05 STUDENT HEALTH		41,550		41,617	190.05
192 PHYSICIANS' PRIVATE OFFICES		215,125		215,471	192
192.01 FACUALTY CLINICAL OPERATIONS		134,024,747		134,240,448	192.01
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 COST TO BE ALLOC PER B PT I		1,384,889		105,555,990	202
203 UNIT COST MULT-WS B PT I		0.001607		0.139364	203
204 COST TO BE ALLOC PER B PT II		252,335		1,984,185	204
205 UNIT COST MULT-WS B PT II		0.000293		0.002620	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	AMBULATORY	RECON- CILIATION	PRIMARY	MAIN-	OPERATION
	ADMIN		CARE	TENANCE &	OF PLANT
	ACCUM		ADMIN	REPAIRS	SQUARE
	COST		COST	SQUARE	FEET
	5.12		5.14	6	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 DEPARTMENT					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	856,325,363				5.12
5.14 PRIMARY CARE ADMINISTRATION	4,371,931	-4,405,844	858,562,065		5.14
6 MAINTENANCE & REPAIRS				1,378,400	6
7 OPERATION OF PLANT	32,349,210		32,600,143	22,828	1,355,572
7.01 SAFETY AND SECURITY	3,806,624		3,836,152	6,690	6,690
8 LAUNDRY & LINEN SERVICE	2,633,406		2,653,833	8,477	8,477
9 HOUSEKEEPING	7,720,874		7,780,765	11,689	11,689
10 DIETARY	6,301,349		6,350,229	26,898	26,898
11 CAFETERIA	510,299		514,257	12,220	12,220
12 MAINTENANCE OF PERSONNEL					12
12.01 PATIENT TRANSPORTATION	1,483,333		1,494,839	954	954
13 NURSING ADMINISTRATION	5,117,467		5,157,163	9,182	9,182
14 CENTRAL SERVICES & SUPPLY	3,698,479		3,727,168	14,459	14,459
14.01 CENTRAL PROCESSING	456,985		460,530	3,800	3,800
15 PHARMACY	11,729,070		11,820,052	17,927	17,927
16 MEDICAL RECORDS & LIBRARY	10,106,931		10,185,330	24,876	24,876
17 SOCIAL SERVICE	4,270,000		4,303,122	3,904	3,904
17.01 HOSPITAL MEDICAL ADMIN	7,587		7,646		
19 NONPHYSICIAN ANESTHETISTS	523,136		527,194		
20 NURSING SCHOOL					20
21 I&R SERVICES-SALARY & FRINGES APPRVD	49,739,996		50,125,829	7,655	7,655
22 I&R SERVICES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
23.01 PARAMEDICAL ED-MICU	1,002,100		1,009,873	4,874	4,874
23.02 PARAMEDICAL ED-SOCIAL WORK					23.02
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	57,722,592		58,170,346	182,635	182,635
31 INTENSIVE CARE UNIT	22,079,114		22,250,382	45,398	45,398
33 BURN INTENSIVE CARE UNIT	6,823,429		6,876,358	10,850	10,850
35 NEONATAL INTENSIVE CARE	10,716,785		10,799,915	24,604	24,604
35.01 PEDIATRIC ICU	3,241,911		3,267,059	4,582	4,582
35.03 HEART TRANSPLANT ICU	3,927,219		3,957,682	11,105	11,105
35.04 BONE INTENSIVE CARE	5,058,379		5,097,617	9,577	9,577
41 SUBPROVIDER - IRF	6,134,138		6,181,721	28,966	28,966
43 NURSERY	1,016,996		1,024,885		43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	63,039,230		63,528,225	155,284	155,284
50.01 AMBULATORY SURGERY CENTER	8,852,627		8,921,297	32,839	32,839
51 RECOVERY ROOM	5,761,103		5,805,792	34,749	34,749
52 DELIVERY ROOM & LABOR ROOM	3,702,311		3,731,030	8,653	8,653
53 ANESTHESIOLOGY	3,874,948		3,905,006	2,564	2,564
54 RADIOLOGY-DIAGNOSTIC	17,131,474		17,264,363	61,331	61,331
54.01 RADIOLOGY-ULTRASOUND	1,670,767		1,683,727	3,843	3,843
56 RADIOISOTOPE	4,615,087		4,650,886	14,011	14,011
57 CT SCAN	5,234,522		5,275,126	6,908	6,908
58 MRI	5,320,306		5,361,576	14,972	14,972
59 CARDIAC CATHETERIZATION	16,296,757		16,423,171	36,788	36,788
60 LABORATORY	24,350,023		24,538,906	33,071	33,071
60.01 LABORATORY-SURGICAL PATHOLOGY	4,219,726		4,252,458	24,574	24,574
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.	9,404,802		9,477,755	6,866	6,866
64 INTRAVENOUS THERAPY	177,584		178,962	10,508	10,508
65 RESPIRATORY THERAPY	9,903,805		9,980,629	13,912	13,912
66 PHYSICAL THERAPY	5,791,689		5,836,615	6,014	6,014
67 OCCUPATIONAL THERAPY	2,238,271		2,255,633	1,123	1,123
68 SPEECH PATHOLOGY	1,368,143		1,378,756	33,945	33,945

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	AMBULATORY	RECON- CILIATION	PRIMARY	MAIN-	OPERATION	
	ADMIN		CARE	TENANCE &	OF PLANT	
	ACCUM		ADMIN	REPAIRS	SQUARE	
	COST		COST	SQUARE	FEET	
	5.12		5.14	6	7	
69 ELECTROCARDIOLOGY	18,329,167		18,471,346			69
70 ELECTROENCEPHALOGRAPHY	2,252,018		2,269,487	8,477	8,477	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,081,287		1,089,675			71
73 DRUGS CHARGED TO PATIENTS	29,984,847		30,217,439			73
74 RENAL DIALYSIS	6,440,328		6,490,286	11,733	11,733	74
76 PULMONARY LABS	752,115		757,949	3,341	3,341	76
76.01 OCCUPATIONAL HEALTH	826,193		832,602	3,661	3,661	76.01
76.03 HYPERALIMENTATION						76.03
76.04 PERIPHERAL VASCULAR	961,346		968,803	1,312	1,312	76.04
76.05 PEDIATRIC ENDO NUTRITION						76.05
76.07 GASTROINTESTINAL SERVICE	6,037,935		6,084,771	9,121	9,121	76.07
76.09 BONE MARROW PROCUREMENT	2,299,809		2,317,649			76.09
76.10 BARIATRICS	746,567		752,358			76.10
76.11 HEPATOLOGY	783,035		789,109			76.11
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	401,151		404,263	3,661	3,661	90
90.01 CARDIAC REHABILITATION	390,010		393,035			90.01
90.02 CANCER CENTER	26,783,785		26,991,547	52,505	52,505	90.02
90.03 PSYCH SOCIAL REHAB	619,328		624,132	9,945	9,945	90.03
90.04 WELLNESS ASSESSMENT						90.04
90.06 HEART FAILURE CLINIC						90.06
90.07 LOC OUTPATIENT CENTER	39,001,193		39,303,725	135,639	135,639	90.07
90.08 OBT OUTPATIENT CENTER	7,822,224		7,882,901	97	97	90.08
90.09 ELMHURST IMMEDIATE CARE	2,085,978		2,102,159			90.09
90.10 LAGRANGE FAMILY PCC	3,002,244		3,025,532			90.10
90.12 NORTH RIVERSIDE PCC	3,373,427		3,399,595			90.12
90.13 GLENDALE HEIGHTS PCC						90.13
90.14 WHEATON PCC	2,746,256		2,767,559			90.14
90.15 OBT II PCC	2,848,101		2,870,194			90.15
90.16 HICKORY HILLS PCC	4,039,778		4,071,115			90.16
90.18 DARIEN PCC	1,462,052		1,473,393			90.18
90.20 ORLANAD PARK - FP	3,636,813		3,665,024			90.20
90.21 FAMILY PRACTICE MAYWOOD PCC	1,483,184		1,494,689	3,211	3,211	90.21
90.22 HOMER GLEN PCC	6,403,904		6,453,579			90.22
90.23 OAK PARK PCC	1,740,284		1,753,783			90.23
90.24 PARK RIDGE PCC	1,094,949		1,103,443			90.24
90.25 LOYOLA CLINIC AT GOTTLIEB	450,826		454,323			90.25
90.26 WOODRIDGE PCC						90.26
90.27 NEUROLOGY - NILES	19,038		19,186			90.27
90.28 MARJORIE WEINBERG CANCER CENTER	5,750,186		5,794,790			90.28
90.29 BURR RIDGE PCC	17,337,062		17,471,546	100,000	100,000	90.29
90.30 RIVER FOREST	114,993		115,885			90.30
91 EMERGENCY	12,398,055		12,494,227	24,864	24,864	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT	578,775		583,265	1,599	1,599	92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES	401,408		404,522	729	729	95
97 DURABLE MEDICAL EQUIP-SOLD	435,514		438,892			97
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	5,951,682		5,997,849	5,729	5,729	101
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	3,708,690		3,737,458	703	703	105
106 HEART ACQUISITION	1,038,717		1,046,774	2,657	2,657	106
107 LIVER ACQUISITION	2,118,664		2,135,098	317	317	107
108 LUNG ACQUISITION	1,529,405		1,541,269	2,389	2,389	108
109 PANCREAS ACQUISITION	387,356		390,361			109
110 INTESTINAL ACQUISITION	403,681		406,812			110
111 ISLET ACQUISITION						111
112 OTHER ORGAN ACQUISITION (SPECIFY)	2,046,354		2,062,228	160	160	112
116 HOSPICE	1,232,760		1,242,323	445	445	116
118 SUBTOTALS (SUM OF LINES 1-117)	690,834,989	-4,405,844	691,787,953	1,378,400	1,355,572	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEN	277,815		279,970			190
190.01 HINES RADIATION THERAPY	1,082,652		1,091,050			190.01
190.02 HOME INFUSION THERAPY	4,135,870		4,167,952			190.02
190.03 OP HOSPITAL PHARMACY	3,658,469		3,686,848			190.03
190.04 HOSPITALIST	3,093,881		3,117,880			190.04

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	AMBULATORY ADMIN  ACCUM COST 5.12	RECON- CILATION	PRIMARY CARE ADMIN ACCUM COST 5.14	MAIN- TENANCE & REPAIRS SQUARE FEET 6	OPERATION OF PLANT  SQUARE FEET 7	
190.05 STUDENT HEALTH	47,417		47,785			190.05
192 PHYSICIANS' PRIVATE OFFICES	245,500		247,404			192
192.01 FACULTY CLINICAL OPERATIONS	152,948,770		154,135,223			192.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	6,642,546		4,405,844		32,767,447	202
203 UNIT COST MULT-WS B PT I	0.007757		0.005132		24.172414	203
204 COST TO BE ALLOC PER B PT II	73,880		12,432		872,251	204
205 UNIT COST MULT-WS B PT II	0.000086		0.000014		0.643456	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SAFETY & SECURITY	LAUNDRY + LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
	SQUARE FEET	LAUNDRY COST	HOURS OF SERVICE	MEALS SERVED	PAID HOURS	
	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 DEPARTMENT						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	1,348,882					7.01
8 LAUNDRY & LINEN SERVICE	8,477	892,704				8
9 HOUSEKEEPING	11,689	140	402,474			9
10 DIETARY	26,898		16,785	251,632		10
11 CAFETERIA	12,220		1,459		7,875,745	11
12 MAINTENANCE OF PERSONNEL						12
12.01 PATIENT TRANSPORTATION	954	26	599		86,815	12.01
13 NURSING ADMINISTRATION	9,182		1,801		47,901	13
14 CENTRAL SERVICES & SUPPLY	14,459		7,698		75,220	14
14.01 CENTRAL PROCESSING	3,800		3,651		6,877	14.01
15 PHARMACY	17,927	454	5,147		192,854	15
16 MEDICAL RECORDS & LIBRARY	24,876		2,309		162,946	16
17 SOCIAL SERVICE	3,904		498		86,438	17
17.01 HOSPITAL MEDICAL ADMIN						17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD	7,655	5,827	1,505		884,724	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMEDICAL ED-MICU	4,874		843		18,589	23.01
23.02 PARAMEDICAL ED-SOCIAL WORK						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	182,635	352,307	90,318	174,422	1,093,060	30
31 INTENSIVE CARE UNIT	45,398	73,709	12,483	21,738	325,747	31
33 BURN INTENSIVE CARE UNIT	10,850	25,014	4,563	8,757	104,957	33
35 NEONATAL INTENSIVE CARE	24,604	14,409	6,715		161,411	35
35.01 PEDIATRIC ICU	4,582	5,494	2,876		49,338	35.01
35.03 HEART TRANSPLANT ICU	11,105	14,541	3,055	7,028	60,181	35.03
35.04 BONE INTENSIVE CARE	9,577	6,590	6,011	7,442	98,970	35.04
41 SUBPROVIDER - IRF	28,966	23,468	17,628	23,940	130,311	41
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	155,284	70,550	45,371		305,941	50
50.01 AMBULATORY SURGERY CENTER	32,839	27,772	7,749		84,121	50.01
51 RECOVERY ROOM	34,749	16,051	9,888		85,740	51
52 DELIVERY ROOM & LABOR ROOM	8,653	15,653	2,381		64,130	52
53 ANESTHESIOLOGY	2,564	4,307	725		24,415	53
54 RADIOLOGY-DIAGNOSTIC	61,331	12,744	17,915		224,216	54
54.01 RADIOLOGY-ULTRASOUND	3,843	7,221	1,016		22,456	54.01
56 RADIOISOTOPE	14,011	4,969	3,582		32,973	56
57 CT SCAN	6,908	11,441	1,775		43,270	57
58 MRI	14,972	10,050	4,054		35,173	58
59 CARDIAC CATHETERIZATION	36,788	15,588	10,982		87,251	59
60 LABORATORY	33,071		10,252		228,382	60
60.01 LABORATORY-SURGICAL PATHOLOGY	24,574		8,307		55,579	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.	6,866	940	3,307		39,385	63
64 INTRAVENOUS THERAPY	10,508					64
65 RESPIRATORY THERAPY	13,912	2,347	2,868		180,473	65
66 PHYSICAL THERAPY	6,014	4,891	4,719		84,446	66
67 OCCUPATIONAL THERAPY	1,123		3,246		25,939	67
68 SPEECH PATHOLOGY	33,945		667		9,794	68

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		SAFETY & SECURITY	LAUNDRY + LINEN SERVICE LAUNDRY COST	HOUSE- KEEPING	DIETARY	CAFETERIA	
		SQUARE FEET		HOURS OF SERVICE	MEALS SERVED	PAID HOURS	
		7.01	8	9	10	11	
69	ELECTROCARDIOLOGY		4,988	9,412		84,296	69
70	ELECTROENCEPHALOGRAPHY	8,477	1,448	5,321		43,889	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						71
73	DRUGS CHARGED TO PATIENTS						73
74	RENAL DIALYSIS	11,733	9,642	447		89,693	74
76	PULMONARY LABS	3,341	507			7,806	76
76.01	OCCUPATIONAL HEALTH	3,661		2,097		16,302	76.01
76.03	HYPERALIMENTATION						76.03
76.04	PERIPHERAL VASCULAR	1,312	2,560	824		15,472	76.04
76.05	PEDIATRIC ENDO NUTRITION						76.05
76.07	GASTROINTESTINAL SERVICE	9,121	7,996	2,510		68,973	76.07
76.09	BONE MARROW PROCUREMENT						76.09
76.10	BIATRICS					13,222	76.10
76.11	HEPATOLOGY					16,393	76.11
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	328	2,160	7,128	6,786	90
90.01	CARDIAC REHABILITATION					4,983	90.01
90.02	CANCER CENTER	52,505	16,984	8,489	1,177	186,021	90.02
90.03	PSYCH SOCIAL REHAB	9,945		645		12,191	90.03
90.04	WELLNESS ASSESSMENT						90.04
90.06	HEART FAILURE CLINIC						90.06
90.07	LOC OUTPATIENT CENTER	135,639	22,312	44,354		598,939	90.07
90.08	OBT OUTPATIENT CENTER	97	8,555	23		127,760	90.08
90.09	ELMHURST IMMEDIATE CARE		226			30,852	90.09
90.10	LAGRANGE FAMILY PCC		2,249			56,395	90.10
90.12	NORTH RIVERSIDE PCC		1,897			53,519	90.12
90.13	GLENDALE HEIGHTS PCC						90.13
90.14	WHEATON PCC		444			34,881	90.14
90.15	OBT II PCC		2,527			51,120	90.15
90.16	HICKORY HILLS PCC		3,905			72,735	90.16
90.18	DARIEN PCC		582			30,017	90.18
90.20	ORLANAD PARK - FP		1,637			60,052	90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	3,211	5,801			31,366	90.21
90.22	HOMER GLEN PCC		4,983			84,918	90.22
90.23	OAK PARK PCC					35,478	90.23
90.24	PARK RIDGE PCC		1,054			11,776	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB		218			10,240	90.25
90.26	WOODRIDGE PCC						90.26
90.27	NEUROLOGY - NILES					106	90.27
90.28	MARJORIE WEINBERG CANCER CENTER					21,026	90.28
90.29	BURR RIDGE PCC	100,000				213,207	90.29
90.30	RIVER FOREST					1,175	90.30
91	EMERGENCY	24,864	62,609			250,842	91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01	OBSERVATION BEDS-DISTINCT	1,599	2,749	440		7,493	92.01
OTHER REIMBURSABLE COST CENTERS							
94	HOME PROGRAM DIALYSIS						94
95	AMBULANCE SERVICES	729					95
97	DURABLE MEDICAL EQUIP-SOLD			59		507	97
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		378		107,408	101
SPECIAL PURPOSE COST CENTERS							
105	KIDNEY ACQUISITION	703		45		9,431	105
106	HEART ACQUISITION	2,657		237		4,767	106
107	LIVER ACQUISITION	317		55		6,783	107
108	LUNG ACQUISITION	2,389		193		4,726	108
109	PANCREAS ACQUISITION					26,596	109
110	INTESTINAL ACQUISITION			14		6,407	110
111	ISLET ACQUISITION			23			111
112	OTHER ORGAN ACQUISITION (SPECIFY)	160				22,773	112
116	HOSPICE	445				18,982	116
118	SUBTOTALS (SUM OF LINES 1-117)	1,348,882	892,704	402,474	251,632	7,778,327	118
NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN					3,848	190
190.01	HINES RADIATION THERAPY					16,920	190.01
190.02	HOME INFUSION THERAPY					23,357	190.02
190.03	OP HOSPITAL PHARMACY					5,265	190.03
190.04	HOSPITALIST					46,924	190.04

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
 PERIOD FROM 07/01/2012 TO 06/30/2013

KPMG LLP COMPU-MAX MICRO SYSTEM  
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SAFETY & SECURITY	LAUNDRY + LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
	SQUARE FEET	LAUNDRY COST	HOURS OF SERVICE	MEALS SERVED	PAID HOURS	
	7.01	8	9	10	11	
190.05 STUDENT HEALTH						190.05
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 FACULTY CLINICAL OPERATIONS						192.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	4,017,552	2,897,610	8,138,516	7,452,535	878,182	202
203 UNIT COST MULT-WS B PT I	2.978431	3.245880	20.221222	29.616802	0.111505	203
204 COST TO BE ALLOC PER B PT II	284,367	142,545	223,733	516,053	201,143	204
205 UNIT COST MULT-WS B PT II	0.210817	0.159678	0.555894	2.050824	0.025540	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PATIENT	NURSING	CENTRAL	CENTRAL	PHARMACY
	TRANSPORT	ADMINIS- TRATION	SERVICES & SUPPLY	PROCESSING	
	NUMBER OF TRIPS	RN FTES	COSTED REQUIS.	NUMBER OF INSTRUMENT	COSTED REQUIS.
	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 DEPARTMENT					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	197,381				12.01
13 NURSING ADMINISTRATION		121,674			13
14 CENTRAL SERVICES & SUPPLY			12,075,287		14
14.01 CENTRAL PROCESSING			12,982	189,528	14.01
15 PHARMACY		19	14,713		15
16 MEDICAL RECORDS & LIBRARY			7		16
17 SOCIAL SERVICE			326		17
17.01 HOSPITAL MEDICAL ADMIN					17.01
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SERVICES-SALARY & FRINGES APPRVD			353		21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
23.01 PARAMEDICAL ED-MICU			507		23.01
23.02 PARAMEDICAL ED-SOCIAL WORK					23.02
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	61,382	33,775	1,414,134	82,867	7,246
31 INTENSIVE CARE UNIT	11,924	14,196	646,550	19,365	3,244
33 BURN INTENSIVE CARE UNIT	404	3,701	278,563	4,489	152
35 NEONATAL INTENSIVE CARE	229	8,412	71,562	11,286	2,367
35.01 PEDIATRIC ICU	723	2,136	76,904	3,420	213
35.03 HEART TRANSPLANT ICU	1,543	2,370	159,328	4,205	874
35.04 BONE INTENSIVE CARE	743	2,490	87,861	3,615	753
41 SUBPROVIDER - IRF	1,391	2,207	61,261	4,992	32
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	29	8,280	159,179	929	186,844
50.01 AMBULATORY SURGERY CENTER	18	2,065	16,900	362	728,936
51 RECOVERY ROOM	16	2,428	49,432	2,665	20
52 DELIVERY ROOM & LABOR ROOM	156	2,052	105,880	24,394	1,119
53 ANESTHESIOLOGY		403	5,532	3,092	514
54 RADIOLOGY-DIAGNOSTIC	34,013	1,617	34,421	350	8,715
54.01 RADIOLOGY-ULTRASOUND	2,172		1,682	6	853
56 RADIOISOTOPE	969		3,213	99	
57 CT SCAN	19,630		1,913	146	823
58 MRI	6,502		1,694	244	283
59 CARDIAC CATHETERIZATION	1,444	1,940	56,573	2,807	17,076
60 LABORATORY	1,941		64,762		10,150
60.01 LABORATORY-SURGICAL PATHOLOGY	677		14,033		13,319
60.02 LABORATORY-NEUROSURGICAL					
60.03 LABORATORY-HLA					
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					
63 BLOOD STORING, PROCESSING & TRANS.	202	415	10,744	177	1,250
64 INTRAVENOUS THERAPY					
65 RESPIRATORY THERAPY	2,713		5,480		796,198
66 PHYSICAL THERAPY	3,455		4,299	18	1,023
67 OCCUPATIONAL THERAPY	3,588		129	59	1,546
68 SPEECH PATHOLOGY			7,309		

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PATIENT	NURSING	CENTRAL	CENTRAL	PHARMACY	
	TRANSPORT	ADMINIS- TRATION	SERVICES & SUPPLY	PROCESSING	COSTED	
	NUMBER OF TRIPS 12.01	RN FTES 13	COSTED REQUIS. 14	NUMBER OF INSTRUMENT 14.01	REQUIS. 15	
69 ELECTROCARDIOLOGY	5,766	1,589	57,755	1,338	5,633	69
70 ELECTROENCEPHALOGRAPHY		1	631		23,625	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS			7,095,461			71
73 DRUGS CHARGED TO PATIENTS					24,068,143	73
74 RENAL DIALYSIS	8,121	1,827	398,678	236	1,782,252	74
76 PULMONARY LABS		96	764	66	170	76
76.01 OCCUPATIONAL HEALTH		3	4,035		9,005	76.01
76.03 HYPERALIMENTATION						76.03
76.04 PERIPHERAL VASCULAR	6,180	102	698	14		76.04
76.05 PEDIATRIC ENDO NUTRITION						76.05
76.07 GASTROINTESTINAL SERVICE	6,173	1,777	91,993	264	5,562	76.07
76.09 BONE MARROW PROCUREMENT						76.09
76.10 BARIATRICS						76.10
76.11 HEPATOLOGY						76.11
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	26	172			5,856	90
90.01 CARDIAC REHABILITATION			1,723			90.01
90.02 CANCER CENTER	2,358	2,437	395,383	7,121	20,133,790	90.02
90.03 PSYCH SOCIAL REHAB		100	116		1,133	90.03
90.04 WELLNESS ASSESSMENT						90.04
90.06 HEART FAILURE CLINIC						90.06
90.07 LOC OUTPATIENT CENTER	4	8,356	65,842	77	3,655,317	90.07
90.08 OBT OUTPATIENT CENTER		1,344	24,031		116,644	90.08
90.09 ELMHURST IMMEDIATE CARE		351	5,565		161,306	90.09
90.10 LAGRANGE FAMILY PCC		880	13,285		121,404	90.10
90.12 NORTH RIVERSIDE PCC		674	10,276		576,974	90.12
90.13 GLENDALE HEIGHTS PCC						90.13
90.14 WHEATON PCC		287	3,105	690	66,648	90.14
90.15 OBT II PCC		611	9,745		342,861	90.15
90.16 HICKORY HILLS PCC		724	15,092	613	341,169	90.16
90.18 DARIEN PCC		406	5,564		221,418	90.18
90.20 ORLANAD PARK - FP		482	12,344		565,309	90.20
90.21 FAMILY PRACTICE MAYWOOD PCC		258	5,741		82,677	90.21
90.22 HOMER GLEN PCC		1,140	25,944	703	2,567,554	90.22
90.23 OAK PARK PCC		220	5,018		148,295	90.23
90.24 PARK RIDGE PCC		240	3,914		10,081	90.24
90.25 LOYOLA CLINIC AT GOTTLIEB		104	1,161		6,293	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					2,525	90.29
90.30 RIVER FOREST						90.30
91 EMERGENCY	12,513	5,457	441,214	8,742		91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT	357	351	1,584	77	1,595	92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES					119	95
97 DURABLE MEDICAL EQUIP-SOLD						97
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	101
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION		12	56			105
106 HEART ACQUISITION	19	23	38			106
107 LIVER ACQUISITION						107
108 LUNG ACQUISITION		29	85			108
109 PANCREAS ACQUISITION						109
110 INTESTINAL ACQUISITION						110
111 ISLET ACQUISITION						111
112 OTHER ORGAN ACQUISITION (SPECIFY)		2	2			112
116 HOSPICE		400	2,615		71,146	116
118 SUBTOTALS (SUM OF LINES 1-117)	197,381	121,483	12,071,203	189,528	56,883,847	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						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

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PATIENT	NURSING	CENTRAL	CENTRAL	PHARMACY	
	TRANSPORT	ADMINIS-	SERVICES &	PROCESSING		
	NUMBER	TRATION	SUPPLY	NUMBER OF	COSTED	
	OF TRIPS	RN	COSTED	INSTRUMENT	REQUIS.	
	12.01	FTES	REQUIS.	14.01	15	
190.05 STUDENT HEALTH						190.05
192 PHYSICIANS' PRIVATE OFFICES		72	334		676	192
192.01 FACULTY CLINICAL OPERATIONS			48			192.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	1,550,289	5,474,688	4,302,920	645,287	12,500,601	202
203 UNIT COST MULT-WS B PT I	7.854297	44.994724	0.356341	3.404705	0.201946	203
204 COST TO BE ALLOC PER B PT II	27,711	171,325	939,650	72,267	550,430	204
205 UNIT COST MULT-WS B PT II	0.140393	1.408066	0.077816	0.381300	0.008892	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY INPATIENT REVENUE	SOCIAL SERVICE TIME SPENT	HOSPITAL MEDICAL ADMIN MED ADMIN COMPENSATI	NONPHYSIC. ANESTHET. ASSIGNED TIME	NURSING SCHOOL PATIENT DAYS
	16	17	17.01	19	20
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 DEPARTMENT					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	1,141,879,408				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					125,726
21 I&R SERVICES-SALARY & FRINGES APPRVD			172,946		21
22 I&R SERVICES-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	161,162,480	12,169	168,723		80,243 30
31 INTENSIVE CARE UNIT	60,024,326	797	148,795		15,085 31
33 BURN INTENSIVE CARE UNIT	13,272,404	902			3,177 33
35 NEONATAL INTENSIVE CARE	28,580,420	1,627	204,900		9,267 35
35.01 PEDIATRIC ICU	8,012,947	873	70,400		2,101 35.01
35.03 HEART TRANSPLANT ICU	10,379,442	1,074	108,800		2,991 35.03
35.04 BONE INTENSIVE CARE	15,205,554	1,251	29,713		2,590 35.04
41 SUBPROVIDER - IRF	10,354,271	374	68,476		8,507 41
43 NURSERY	1,127,385				1,765 43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	128,694,286	1,070	217,600	10,000	50
50.01 AMBULATORY SURGERY CENTER	310,273	8	360,990		50.01
51 RECOVERY ROOM	25,494,045		15,360		51
52 DELIVERY ROOM & LABOR ROOM	9,139,012				52
53 ANESTHESIOLOGY	61,489,129		1,521,162		53
54 RADIOLOGY-DIAGNOSTIC	32,692,861		312,529		54
54.01 RADIOLOGY-ULTRASOUND	4,568,491		43,384		54.01
56 RADIOISOTOPE	3,248,904		128,178		56
57 CT SCAN	37,004,854		297,312		57
58 MRI	16,649,423		152,578		58
59 CARDIAC CATHETERIZATION	32,182,521				59
60 LABORATORY	114,866,290	630	1,188,294		60
60.01 LABORATORY-SURGICAL PATHOLOGY	7,304,538		103,166		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.	22,387,936		168,741		63
64 INTRAVENOUS THERAPY					64
65 RESPIRATORY THERAPY	46,098,741		20,979		65
66 PHYSICAL THERAPY	8,569,880		16,000		66
67 OCCUPATIONAL THERAPY	7,844,110				67
68 SPEECH PATHOLOGY	2,763,028	391			68

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY INPATIENT REVENUE 16	SOCIAL SERVICE TIME SPENT 17	HOSPITAL MEDICAL ADMIN MED ADMIN COMPENSATI 17.01	NONPHYSIC. ANESTHET. ASSIGNED TIME 19	NURSING SCHOOL PATIENT DAYS 20	
69 ELECTROCARDIOLOGY	63,527,309	1,974				69
70 ELECTROENCEPHALOGRAPHY	3,641,938		27,482			70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,527,588					71
73 DRUGS CHARGED TO PATIENTS	122,451,064					73
74 RENAL DIALYSIS	3,837,112	1,643	158,106			74
76 PULMONARY LABS	919,741		123,904			76
76.01 OCCUPATIONAL HEALTH						76.01
76.03 HYPERALIMENTATION						76.03
76.04 PERIPHERAL VASCULAR	3,324,122		4,393			76.04
76.05 PEDIATRIC ENDO NUTRITION						76.05
76.07 GASTROINTESTINAL SERVICE	5,109,498	47	70,400			76.07
76.09 BONE MARROW PROCUREMENT	2,235,826					76.09
76.10 BARIATRICS	191					76.10
76.11 HEPATOLOGY						76.11
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,251	14				90
90.01 CARDIAC REHABILITATION	522,607	2				90.01
90.02 CANCER CENTER	590,834	29	165,018			90.02
90.03 PSYCH SOCIAL REHAB	194					90.03
90.04 WELLNESS ASSESSMENT						90.04
90.06 HEART FAILURE CLINIC						90.06
90.07 LOC OUTPATIENT CENTER	2,868,985	13,976	1,075,683			90.07
90.08 OBT OUTPATIENT CENTER	68,261		16,896			90.08
90.09 ELMHURST IMMEDIATE CARE	5,045					90.09
90.10 LAGRANGE FAMILY PCC	18,280		10,667			90.10
90.12 NORTH RIVERSIDE PCC	9,166					90.12
90.13 GLENDALE HEIGHTS PCC						90.13
90.14 WHEATON PCC	14,105					90.14
90.15 OBT II PCC	8,296					90.15
90.16 HICKORY HILLS PCC	9,763					90.16
90.18 DARIEN PCC	4,954					90.18
90.20 ORLANAD PARK - FP	5,145					90.20
90.21 FAMILY PRACTICE MAYWOOD PCC	8,298		16,800			90.21
90.22 HOMER GLEN PCC	14,711					90.22
90.23 OAK PARK PCC	2,747					90.23
90.24 PARK RIDGE PCC	48,211					90.24
90.25 LOYOLA CLINIC AT GOTTLIEB	209					90.25
90.26 WOODRIDGE PCC	141					90.26
90.27 NEUROLOGY - NILES						90.27
90.28 MARJORIE WEINBERG CANCER CENTER	47,780					90.28
90.29 BURR RIDGE PCC	184,521	1,235	47,245			90.29
90.30 RIVER FOREST	70					90.30
91 EMERGENCY	40,803,556					91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT	84,350					92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES						95
97 DURABLE MEDICAL EQUIP-SOLD						97
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			68,791			101
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	8,642,978	783	162,092			105
106 HEART ACQUISITION	1,284,836		4,182			106
107 LIVER ACQUISITION	4,235,245		97,801			107
108 LUNG ACQUISITION	2,339,441	433	154,219			108
109 PANCREAS ACQUISITION						109
110 INTESTINAL ACQUISITION						110
111 ISLET ACQUISITION						111
112 OTHER ORGAN ACQUISITION (SPECIFY)	2,053,488		757			112
116 HOSPICE			25,600			116
118 SUBTOTALS (SUM OF LINES 1-117)	1,141,879,408	41,302	7,749,062	10,000	125,726	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

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY INPATIENT REVENUE 16	SOCIAL SERVICE TIME SPENT 17	HOSPITAL MEDICAL ADMIN MED ADMIN COMPENSATI 17.01	NONPHYSIC. ANESTHET. ASSIGNED TIME 19	NURSING SCHOOL PATIENT DAYS 20	
190.05 STUDENT HEALTH						190.05
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 FACULTY CLINICAL OPERATIONS						192.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	10,977,867	4,451,027	7,685	529,900		202
203 UNIT COST MULT-WS B PT I	0.009614	107.767832	0.000992	52.990000		203
204 COST TO BE ALLOC PER B PT II	446,131	80,361	131	2,285		204
205 UNIT COST MULT-WS B PT II	0.000391	1.945693	0.000017	0.228500		205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R SALARY & FRINGES ASSIGNED TIME	PARAMED ED-MICU  TIME SPENT	
	21	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 DEPARTMENT			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 SERVICES-SALARY & FRINGES APPRVD	33,380		21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD			22
23 PARAMED ED PRGM-(SPECIFY)			23
23.01 PARAMEDICAL ED-MICU		1,000	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 ICU	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
56 RADIOISOTOPE	403		56
57 CT SCAN	290		57
58 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
64 INTRAVENOUS THERAPY			64
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 SALARY & FRINGES ASSIGNED TIME	PARAMED ED-MICU	TIME SPENT
	21		23.01
69 ELECTROCARDIOLOGY			69
70 ELECTROENCEPHALOGRAPHY			70
71 MEDICAL SUPPLIES CHARGED 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
76.10 BARIATRICS			76.10
76.11 HEPATOLOGY			76.11
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 OB 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 OB 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
90.30 RIVER FOREST			90.30
91 EMERGENCY	1,789	1,000	91
92 OBSERVATION BEDS (NON-DISTINCT PART)			92
92.01 OBSERVATION BEDS-DISTINCT			92.01
OTHER REIMBURSABLE COST CENTERS			
94 HOME PROGRAM DIALYSIS			94
95 AMBULANCE SERVICES			95
97 DURABLE MEDICAL EQUIP-SOLD			97
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
109 PANCREAS ACQUISITION			109
110 INTESTINAL ACQUISITION			110
111 ISLET ACQUISITION			111
112 OTHER ORGAN ACQUISITION (SPECIFY)			112
116 HOSPICE			116
118 SUBTOTALS (SUM OF LINES 1-117)	33,380	1,000	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

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R SALARY & FRINGES ASSIGNED TIME	PARAMED ED-MICU	TIME SPENT
	21		23.01
190.05 STUDENT HEALTH			190.05
192 PHYSICIANS' PRIVATE OFFICES			192
192.01 FACULTY CLINICAL OPERATIONS			192.01
200 CROSS FOOT ADJUSTMENTS			200
201 NEGATIVE COST CENTER			201
202 COST TO BE ALLOC PER B PT I	50,739,211	1,166,833	202
203 UNIT COST MULT-WS B PT I	1,520.048262	1,166.833000	203
204 COST TO BE ALLOC PER B PT II	298,827	85,852	204
205 UNIT COST MULT-WS B PT II	8.952277	85.852000	205

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POST STEP DOWN ADJUSTMENTS

WORKSHEET B-2

DESCRIPTION		----- WORKSHEET B -----		
1		PART	LINE NO.	AMOUNT
		2	3	4
1				1
2				2
3				3
4				4
5	ADJUSTMENT FOR ESA COSTS IN RENAL DI	1	74	-636,277
6	ADJUSTMENT FOR ESA COSTS IN HOME PRO	1	94	
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
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	77,335,329		77,335,329		77,335,329	30
31 INTENSIVE CARE UNIT	26,461,462		26,461,462		26,461,462	31
33 BURN INTENSIVE CARE UNIT	8,159,836		8,159,836		8,159,836	33
35 NEONATAL INTENSIVE CARE	12,618,925		12,618,925		12,618,925	35
35.01 PEDIATRIC ICU	3,801,787		3,801,787		3,801,787	35.01
35.03 HEART TRANSPLANT ICU	5,008,998		5,008,998		5,008,998	35.03
35.04 BONE INTENSIVE CARE	6,200,859		6,200,859		6,200,859	35.04
41 SUBPROVIDER - IRF	8,445,066		8,445,066		8,445,066	41
43 NURSERY	1,040,984		1,040,984		1,040,984	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	71,604,008		71,604,008		71,604,008	50
50.01 AMBULATORY SURGERY CENTER	10,366,626		10,366,626		10,366,626	50.01
51 RECOVERY ROOM	7,421,839		7,421,839		7,421,839	51
52 DELIVERY ROOM & LABOR ROOM	4,393,645		4,393,645		4,393,645	52
53 ANESTHESIOLOGY	4,649,421		4,649,421		4,649,421	53
54 RADIOLOGY-DIAGNOSTIC	20,116,522		20,116,522		20,116,522	54
54.01 RADIOLOGY-ULTRASOUND	1,905,011		1,905,011		1,905,011	54.01
56 RADIOISOTOPE	5,187,858		5,187,858		5,187,858	56
57 CT SCAN	6,079,195		6,079,195		6,079,195	57
58 MRI	6,126,894		6,126,894		6,126,894	58
59 CARDIAC CATHETERIZATION	18,229,875		18,229,875		18,229,875	59
60 LABORATORY	27,009,290		27,009,290		27,009,290	60
60.01 LABORATORY-SURGICAL PATHOLO	5,198,998		5,198,998		5,198,998	60.01
60.02 LABORATORY-NEUROSURGICAL						60.02
60.03 LABORATORY-HLA						60.03
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	10,027,477		10,027,477		10,027,477	63
64 INTRAVENOUS THERAPY	465,181		465,181		465,181	64
65 RESPIRATORY THERAPY	11,122,574		11,122,574		11,122,574	65
66 PHYSICAL THERAPY	6,261,914		6,261,914		6,261,914	66
67 OCCUPATIONAL THERAPY	2,470,383		2,470,383		2,470,383	67
68 SPEECH PATHOLOGY	2,393,353		2,393,353		2,393,353	68
69 ELECTROCARDIOLOGY	19,748,596		19,748,596		19,748,596	69
70 ELECTROENCEPHALOGRAPHY	2,668,565		2,668,565		2,668,565	70
71 MEDICAL SUPPLIES CHARGED TO	3,657,584		3,657,584		3,657,584	71
73 DRUGS CHARGED TO PATIENTS	36,410,196		36,410,196		36,410,196	73
74 RENAL DIALYSIS	7,119,103		7,119,103		7,119,103	74
76 PULMONARY LABS	868,881		868,881		868,881	76
76.01 OCCUPATIONAL HEALTH	983,888		983,888		983,888	76.01
76.03 HYPERALIMENTATION						76.03
76.04 PERIPHERAL VASCULAR	1,121,481		1,121,481		1,121,481	76.04
76.05 PEDIATRIC ENDO NUTRITION						76.05
76.07 GASTROINTESTINAL SERVICE	6,665,543		6,665,543		6,665,543	76.07
76.09 BONE MARROW PROCUREMENT	2,351,038		2,351,038		2,351,038	76.09
76.10 BARIATRICS	757,695		757,695		757,695	76.10
76.11 HEPATOLOGY	794,987		794,987		794,987	76.11
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	772,993		772,993		772,993	90
90.01 CARDIAC REHABILITATION	401,462		401,462		401,462	90.01
90.02 CANCER CENTER	33,206,226		33,206,226		33,206,226	90.02
90.03 PSYCH SOCIAL REHAB	916,523		916,523		916,523	90.03
90.04 WELLNESS ASSESSMENT						90.04
90.06 HEART FAILURE CLINIC						90.06
90.07 LOC OUTPATIENT CENTER	46,896,963		46,896,963		46,896,963	90.07
90.08 OBST OUTPATIENT CENTER	8,061,735		8,061,735		8,061,735	90.08
90.09 ELMHURST IMMEDIATE CARE	2,167,521		2,167,521		2,167,521	90.09
90.10 LAGRANGE FAMILY PCC	3,123,680		3,123,680		3,123,680	90.10
90.12 NORTH RIVERSIDE PCC	3,579,761		3,579,761		3,579,761	90.12
90.13 GLENDALE HEIGHTS PCC						90.13
90.14 WHEATON PCC	2,817,055		2,817,055		2,817,055	90.14
90.15 OBST II PCC	2,999,110		2,999,110		2,999,110	90.15
90.16 HICKORY HILLS PCC	4,221,826		4,221,826		4,221,826	90.16
90.18 DARIEN PCC	1,551,203		1,551,203		1,551,203	90.18
90.20 ORLANAD PARK - FP	3,836,140		3,836,140		3,836,140	90.20
90.21 FAMILY PRACTICE MAYWOOD PCC	1,642,316		1,642,316		1,642,316	90.21
90.22 HOMER GLEN PCC	7,093,923		7,093,923		7,093,923	90.22
90.23 OAK PARK PCC	1,808,400		1,808,400		1,808,400	90.23
90.24 PARK RIDGE PCC	1,128,534		1,128,534		1,128,534	90.24
90.25 LOYOLA CLINIC AT GOTTLIEB	464,871		464,871		464,871	90.25
90.26 WOODRIDGE PCC	1		1		1	90.26
90.27 NEUROLOGY - NILES	19,296		19,296		19,296	90.27

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL	RCE	TOTAL	
	(FROM WKST B, PART I, COL 26)	LIMIT ADJUSTMENT	COSTS	DISALLOWANCE	COSTS	
	1	2	3	4	5	
90.28 MARJORIE WEINBERG CANCER CE	5,827,333		5,827,333		5,827,333	90.28
90.29 BURR RIDGE PCC	20,435,492		20,435,492		20,435,492	90.29
90.30 RIVER FOREST	116,612		116,612		116,612	90.30
91 EMERGENCY	15,554,539		15,554,539		15,554,539	91
92 OBSERVATION BEDS (NON-DISTI	7,271,593		7,271,593		7,271,593	92
92.01 OBSERVATION BEDS-DISTINCT	668,885		668,885		668,885	92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES	426,415		426,415		426,415	95
97 DURABLE MEDICAL EQUIP-SOLD	442,394		442,394		442,394	97
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	6,319,622		6,319,622		6,319,622	101
105 KIDNEY ACQUISITION	3,945,885		3,945,885		3,945,885	105
106 HEART ACQUISITION	1,143,164		1,143,164		1,143,164	106
107 LIVER ACQUISITION	2,197,345		2,197,345		2,197,345	107
108 LUNG ACQUISITION	1,689,114		1,689,114		1,689,114	108
109 PANCREAS ACQUISITION	395,330		395,330		395,330	109
110 INTESTINAL ACQUISITION	409,897		409,897		409,897	110
111 ISLET ACQUISITION	465		465		465	111
112 OTHER ORGAN ACQUISITION (SP	2,099,529		2,099,529		2,099,529	112
116 HOSPICE	1,296,221		1,296,221		1,296,221	116
200 SUBTOTAL (SEE INSTRUCTIONS)	650,200,241		650,200,241		650,200,241	200
201 LESS OBSERVATION BEDS	7,271,593		7,271,593		7,271,593	201
202 TOTAL (SEE INSTRUCTIONS)	642,928,648		642,928,648		642,928,648	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	161,162,480		161,162,480				30
31 INTENSIVE CARE UNIT	60,024,326		60,024,326				31
33 BURN INTENSIVE CARE UNIT	13,272,404		13,272,404				33
35 NEONATAL INTENSIVE CARE	28,580,420		28,580,420				35
35.01 PEDIATRIC ICU	8,012,947		8,012,947				35.01
35.03 HEART TRANSPLANT ICU	10,379,442		10,379,442				35.03
35.04 BONE INTENSIVE CARE	15,205,554		15,205,554				35.04
41 SUBPROVIDER - IRF	10,354,271		10,354,271				41
43 NURSERY	1,127,385		1,127,385				43
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	128,694,286	25,720,212	154,414,498	0.463713	0.463713	0.463713	50
50.01 AMBULATORY SURGERY CENTER	310,273	43,679,009	43,989,282	0.235663	0.235663	0.235663	50.01
51 RECOVERY ROOM	25,494,045	15,543,601	41,037,646	0.180854	0.180854	0.180854	51
52 DELIVERY ROOM & LABOR ROOM	9,139,012	1,461,281	10,600,293	0.414483	0.414483	0.414483	52
53 ANESTHESIOLOGY	61,489,129	15,742,162	77,231,291	0.060201	0.060201	0.060201	53
54 RADIOLOGY-DIAGNOSTIC	32,692,861	37,184,944	69,877,805	0.287881	0.287881	0.287881	54
54.01 RADIOLOGY-ULTRASOUND	4,568,491	12,030,866	16,599,357	0.114764	0.114764	0.114764	54.01
56 RADIOISOTOPE	3,248,904	22,464,647	25,713,551	0.201756	0.201756	0.201756	56
57 CT SCAN	37,004,854	58,591,270	95,596,124	0.063592	0.063592	0.063592	57
58 MRI	16,649,423	36,841,879	53,491,302	0.114540	0.114540	0.114540	58
59 CARDIAC CATHETERIZATION	32,182,521	30,475,333	62,657,854	0.290943	0.290943	0.290943	59
60 LABORATORY	114,866,290	140,342,275	255,208,565	0.105832	0.105832	0.105832	60
60.01 LABORATORY-SURGICAL PATHOLO	7,304,538	14,957,021	22,261,559	0.233542	0.233542	0.233542	60.01
60.02 LABORATORY-NEUROSURGICAL							60.02
60.03 LABORATORY-HLA							60.03
62.30 BLOOD CLOTTING FOR HEMOPHIL							62.30
63 BLOOD STORING, PROCESSING &	22,387,936	7,686,827	30,074,763	0.333418	0.333418	0.333418	63
64 INTRAVENOUS THERAPY							64
65 RESPIRATORY THERAPY	46,098,741	830,716	46,929,457	0.237006	0.237006	0.237006	65
66 PHYSICAL THERAPY	8,569,880	10,925,443	19,495,323	0.321201	0.321201	0.321201	66
67 OCCUPATIONAL THERAPY	7,844,110	1,800,099	9,644,209	0.256152	0.256152	0.256152	67
68 SPEECH PATHOLOGY	2,763,028	33,825	2,796,853	0.855731	0.855731	0.855731	68
69 ELECTROCARDIOLOGY	63,527,309	36,611,261	100,138,570	0.197213	0.197213	0.197213	69
70 ELECTROENCEPHALOGRAPHY	3,641,938	3,471,655	7,113,593	0.375136	0.375136	0.375136	70
71 MEDICAL SUPPLIES CHARGED TO	3,527,588	133,406	3,660,994	0.999069	0.999069	0.999069	71
73 DRUGS CHARGED TO PATIENTS	122,451,064	10,728,774	133,179,838	0.273391	0.273391	0.273391	73
74 RENAL DIALYSIS	3,837,112	23,020,181	26,857,293	0.265072	0.265072	0.265072	74
76 PULMONARY LABS	919,741	1,106,563	2,026,304	0.428801	0.428801	0.428801	76
76.01 OCCUPATIONAL HEALTH		454,184	454,184	2.166276	2.166276	2.166276	76.01
76.03 HYPERALIMENTATION							76.03
76.04 PERIPHERAL VASCULAR	3,324,122	5,032,296	8,356,418	0.134206	0.134206	0.134206	76.04
76.05 PEDIATRIC ENDO NUTRITION							76.05
76.07 GASTROINTESTINAL SERVICE	5,109,498	20,432,331	25,541,829	0.260966	0.260966	0.260966	76.07
76.09 BONE MARROW PROCUREMENT	2,235,826	557,721	2,793,547	0.841596	0.841596	0.841596	76.09
76.10 BARIATRICS	191	95,695	95,886	7.902040	7.902040	7.902040	76.10
76.11 HEPATOLOGY							76.11
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	1,251	687,540	688,791	1.122246	1.122246	1.122246	90
90.01 CARDIAC REHABILITATION	522,607		522,607	0.768191	0.768191	0.768191	90.01
90.02 CANCER CENTER	590,834	84,005,475	84,596,309	0.392526	0.392526	0.392526	90.02
90.03 PSYCH SOCIAL REHAB	194	553,753	553,947	1.654532	1.654532	1.654532	90.03
90.04 WELLNESS ASSESSMENT							90.04
90.06 HEART FAILURE CLINIC							90.06
90.07 LOC OUTPATIENT CENTER	2,868,985	104,584,414	107,453,399	0.436440	0.436440	0.436440	90.07
90.08 OBT OUTPATIENT CENTER	68,261	20,984,777	21,053,038	0.382925	0.382925	0.382925	90.08
90.09 ELMHURST IMMEDIATE CARE	5,045	2,821,472	2,826,517	0.766852	0.766852	0.766852	90.09
90.10 LAGRANGE FAMILY PCC	18,280	7,378,247	7,396,527	0.422317	0.422317	0.422317	90.10
90.12 NORTH RIVERSIDE PCC	9,166	5,635,835	5,645,001	0.634147	0.634147	0.634147	90.12
90.13 GLENDALE HEIGHTS PCC							90.13
90.14 WHEATON PCC	14,105	6,019,392	6,033,497	0.466903	0.466903	0.466903	90.14
90.15 OBT II PCC	8,296	6,027,607	6,035,903	0.496878	0.496878	0.496878	90.15
90.16 HICKORY HILLS PCC	9,763	7,930,149	7,939,912	0.531722	0.531722	0.531722	90.16
90.18 DARIEN PCC	4,954	2,414,481	2,419,435	0.641143	0.641143	0.641143	90.18
90.20 ORLANAD PARK - FP	5,145	4,947,431	4,952,576	0.774575	0.774575	0.774575	90.20
90.21 FAMILY PRACTICE MAYWOOD PCC	8,298	2,918,110	2,926,408	0.561205	0.561205	0.561205	90.21
90.22 HOMER GLEN PCC	14,711	16,558,832	16,573,543	0.428027	0.428027	0.428027	90.22
90.23 OAK PARK PCC	2,747	2,040,743	2,043,490	0.884957	0.884957	0.884957	90.23
90.24 PARK RIDGE PCC	48,211	3,296,921	3,345,132	0.337366	0.337366	0.337366	90.24
90.25 LOYOLA CLINIC AT GOTTLIEB	209	652,594	652,803	0.712115	0.712115	0.712115	90.25
90.26 WOODRIDGE PCC	141	609,208	609,349	0.000002	0.000002	0.000002	90.26
90.27 NEUROLOGY - NILES		17,890	17,890	1.078591	1.078591	1.078591	90.27

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			
90.28 MARJORIE WEINBERG CANCER CE	47,780	19,952,729	20,000,509	0.291359	0.291359	0.291359 90.28
90.29 BURR RIDGE PCC	184,521	44,697,505	44,882,026	0.455316	0.455316	0.455316 90.29
90.30 RIVER FOREST	70	953,148	953,218	0.122335	0.122335	0.122335 90.30
91 EMERGENCY	40,803,556	53,523,473	94,327,029	0.164900	0.164900	0.164900 91
92 OBSERVATION BEDS (NON-DISTI						92
92.01 OBSERVATION BEDS-DISTINCT	84,350	14,781,111	14,865,461	0.044996	0.044996	0.044996 92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES						95
97 DURABLE MEDICAL EQUIP-SOLD		815,655	815,655	0.542379	0.542379	0.542379 97
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		5,644,976	5,644,976			101
105 KIDNEY ACQUISITION	8,642,978		8,642,978			105
106 HEART ACQUISITION	1,284,836		1,284,836			106
107 LIVER ACQUISITION	4,235,245		4,235,245			107
108 LUNG ACQUISITION	2,339,441	537	2,339,978			108
109 PANCREAS ACQUISITION						109
110 INTESTINAL ACQUISITION						110
111 ISLET ACQUISITION						111
112 OTHER ORGAN ACQUISITION (SP	2,053,488	117,156	2,170,644			112
116 HOSPICE		2,587,696	2,587,696			116
200 SUBTOTAL (SEE INSTRUCTIONS)	1,141,879,408	1,001,114,334	2,142,993,742			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	1,141,879,408	1,001,114,334	2,142,993,742			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	4,838,086		4,838,086	88,571	54.62	30,914	1,688,523 30
31 INTENSIVE CARE UNIT	1,429,918		1,429,918	15,085	94.79	8,213	778,510 31
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT	334,454		334,454	3,177	105.27	755	79,479 33
34 SURGICAL INTENSIVE CARE UNIT							34
35 NEONATAL INTENSIVE CARE	811,486		811,486	9,267	87.57		35
35.01 PEDIATRIC ICU	197,863		197,863	2,101	94.18		35.01
35.03 HEART TRANSPLANT ICU	301,010		301,010	2,991	100.64	1,771	178,233 35.03
35.04 BONE INTENSIVE CARE	279,739		279,739	2,590	108.01	1,662	179,513 35.04
40 SUBPROVIDER - IPF							40
41 SUBPROVIDER - IRF	585,393		585,393	8,507	68.81	6,028	414,787 41
42 SUBPROVIDER I							42
43 NURSERY	3,962		3,962	1,765	2.24		43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	8,781,911		8,781,911	134,054		49,343	3,319,045 200

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	6,994,510	154,414,498	0.045297	47,786,820	2,164,600		50
50.01	AMBULATORY SURGERY CENTER	1,101,802	43,989,282	0.025047	138,982	3,481		50.01
51	RECOVERY ROOM	711,376	41,037,646	0.017335	8,640,510	149,783		51
52	DELIVERY ROOM & LABOR ROOM	257,030	10,600,293	0.024247	142,275	3,450		52
53	ANESTHESIOLOGY	360,478	77,231,291	0.004668	23,335,797	108,932		53
54	RADIOLOGY-DIAGNOSTIC	2,792,604	69,877,805	0.039964	13,955,803	557,730		54
54.01	RADIOLOGY-ULTRASOUND	175,005	16,599,357	0.010543	1,765,557	18,614		54.01
56	RADIOISOTOPE	496,858	25,713,551	0.019323	1,739,267	33,608		56
57	CT SCAN	953,286	95,596,124	0.009972	15,014,289	149,722		57
58	MRI	1,608,931	53,491,302	0.030078	6,566,843	197,518		58
59	CARDIAC CATHETERIZATION	2,121,707	62,657,854	0.033862	16,830,595	569,918		59
60	LABORATORY	1,087,582	255,208,565	0.004262	49,865,439	212,527		60
60.01	LABORATORY-SURGICAL PATHOLOGY	525,507	22,261,559	0.023606	2,690,071	63,502		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	243,544	30,074,763	0.008098	9,062,600	73,389		63
64	INTRAVENOUS THERAPY	164,348						64
65	RESPIRATORY THERAPY	604,163	46,929,457	0.012874	18,419,957	237,139		65
66	PHYSICAL THERAPY	138,985	19,495,323	0.007129	2,696,229	19,221		66
67	OCCUPATIONAL THERAPY	36,136	9,644,209	0.003747	2,366,675	8,868		67
68	SPEECH PATHOLOGY	560,721	2,796,853	0.200483	1,031,628	206,824		68
69	ELECTROCARDIOLOGY	2,114,415	100,138,570	0.021115	29,311,174	618,905		69
70	ELECTROENCEPHALOGRAPHY	292,056	7,113,593	0.041056	1,290,373	52,978		70
71	MEDICAL SUPPLIES CHARGED TO P	558,139	3,660,994	0.152456	1,343,154	204,772		71
73	DRUGS CHARGED TO PATIENTS	402,912	133,179,838	0.003025	44,380,119	134,250		73
74	RENAL DIALYSIS	344,463	26,857,293	0.012826	2,102,097	26,961		74
76	PULMONARY LABS	222,432	2,026,304	0.109772	493,657	54,190		76
76.01	OCCUPATIONAL HEALTH	64,368	454,184	0.141722				76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	113,821	8,356,418	0.013621	1,830,787	24,937		76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	655,867	25,541,829	0.025678	2,377,015	61,037		76.07
76.09	BONE MARROW PROCUREMENT	8,581	2,793,547	0.003072	520,201	1,598		76.09
76.10	BIATRICS	67,821	95,886	0.707309	119	84		76.10
76.11	HEPATOLOGY	2,823						76.11
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	76,952	688,791	0.111720	1,166	130		90
90.01	CARDIAC REHABILITATION	16,457	522,607	0.031490	284,812	8,969		90.01
90.02	CANCER CENTER	1,267,784	84,596,309	0.014986	500,263	7,497		90.02
90.03	PSYCH SOCIAL REHAB	159,642	553,947	0.288190	181	52		90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	4,696,108	107,453,399	0.043704	1,293,796	56,544		90.07
90.08	OBT OUTPATIENT CENTER	346,546	21,053,038	0.016461	62,632	1,031		90.08
90.09	ELMHURST IMMEDIATE CARE	68,841	2,826,517	0.024355	4,700	114		90.09
90.10	LAGRANGE FAMILY PCC	98,246	7,396,527	0.013283	16,495	219		90.10
90.12	NORTH RIVERSIDE PCC	171,727	5,645,001	0.030421	8,139	248		90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	62,580	6,033,497	0.010372	12,636	131		90.14
90.15	OBT II PCC	48,407	6,035,903	0.008020	7,252	58		90.15
90.16	HICKORY HILLS PCC	112,010	7,939,912	0.014107	9,097	128		90.16
90.18	DARIEN PCC	91,909	2,419,435	0.037988	4,615	175		90.18
90.20	ORLANAD PARK - FP	116,450	4,952,576	0.023513	4,073	96		90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	85,315	2,926,408	0.029153	7,687	224		90.21
90.22	HOMER GLEN PCC	197,694	16,573,543	0.011928	13,569	162		90.22
90.23	OAK PARK PCC	24,825	2,043,490	0.012148	2,559	31		90.23
90.24	PARK RIDGE PCC	218,461	3,345,132	0.065307	44,714	2,920		90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	19,497	652,803	0.029867	195	6		90.25
90.26	WOODRIDGE PCC		609,349		609,349			90.26
90.27	NEUROLOGY - NILES	65	17,890	0.003633				90.27
90.28	MARJORIE WEINBERG CANCER CENT	49,804	20,000,509	0.002490	37,602	94		90.28
90.29	BURR RIDGE PCC	2,555,713	44,882,026	0.056943	155,504	8,855		90.29
90.30	RIVER FOREST	734	953,218	0.000770	65			90.30
91	EMERGENCY	789,341	94,327,029	0.008368	16,826,980	140,808		91

APPORIONMENT 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	
92 OBSERVATION BEDS (NON-DISTINC	454,911					92
92.01 OBSERVATION BEDS-DISTINCT	34,105	14,865,461	0.002294	40,600	93	92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES						95
97 DURABLE MEDICAL EQUIP-SOLD	1,586	815,655	0.001944			97
200 TOTAL (SUM OF LINES 50-199)	37,547,981	1,807,968,160		325,037,365	6,187,123	200

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11  
11/26/2013 08:19

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 ICU					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

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	88,571		30,914		30
31 INTENSIVE CARE UNIT	15,085		8,213		31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT	3,177		755		33
34 SURGICAL INTENSIVE CARE UNIT					34
35 NEONATAL INTENSIVE CARE	9,267				35
35.01 PEDIATRIC ICU	2,101				35.01
35.03 HEART TRANSPLANT ICU	2,991		1,771		35.03
35.04 BONE INTENSIVE CARE	2,590		1,662		35.04
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF	8,507		6,028		41
42 SUBPROVIDER I					42
43 NURSERY	1,765				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	134,054		49,343		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			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
56 RADIOISOTOPE						56
57 CT SCAN						57
58 MRI						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
64 INTRAVENOUS THERAPY						64
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 CHARGED TO P						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
76.10 BARIATRICS						76.10
76.11 HEPATOLOGY						76.11
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 OB 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 OB 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
90.30 RIVER FOREST						90.30
91 EMERGENCY			1,166,833		1,166,833	91
92 OBSERVATION BEDS (NON-DISTINC						92
92.01 OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES						95
97 DURABLE MEDICAL EQUIP-SOLD						97
200 TOTAL (SUM OF LINES 50-199)			1,166,833		1,166,833	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	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	154,414,498		47,786,820		5,652,882	50	
50.01	AMBULATORY SURGERY CENTER	43,989,282		138,982		7,714,616	50.01	
51	RECOVERY ROOM	41,037,646		8,640,510		3,205,092	51	
52	DELIVERY ROOM & LABOR ROOM	10,600,293		142,275		16,740	52	
53	ANESTHESIOLOGY	77,231,291		23,335,797		3,197,973	53	
54	RADIOLOGY-DIAGNOSTIC	69,877,805		13,955,803		9,517,464	54	
54.01	RADIOLOGY-ULTRASOUND	16,599,357		1,765,557		2,260,592	54.01	
56	RADIOISOTOPE	25,713,551		1,739,267		7,924,489	56	
57	CT SCAN	95,596,124		15,014,289		17,232,161	57	
58	MRI	53,491,302		6,566,843		8,203,040	58	
59	CARDIAC CATHETERIZATION	62,657,854		16,830,595		11,983,610	59	
60	LABORATORY	255,208,565		49,865,439		38,709,163	60	
60.01	LABORATORY-SURGICAL PATHOLOG	22,261,559		2,690,071		3,795,666	60.01	
60.02	LABORATORY-NEUROSURGICAL						60.02	
60.03	LABORATORY-HLA						60.03	
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30	
63	BLOOD STORING, PROCESSING &	30,074,763		9,062,600		2,387,432	63	
64	INTRAVENOUS THERAPY						64	
65	RESPIRATORY THERAPY	46,929,457		18,419,957		235,875	65	
66	PHYSICAL THERAPY	19,495,323		2,696,229		2,175,665	66	
67	OCCUPATIONAL THERAPY	9,644,209		2,366,675		296,547	67	
68	SPEECH PATHOLOGY	2,796,853		1,031,628		6,914	68	
69	ELECTROCARDIOLOGY	100,138,570		29,311,174		13,005,193	69	
70	ELECTROENCEPHALOGRAPHY	7,113,593		1,290,373		683,149	70	
71	MEDICAL SUPPLIES CHARGED TO	3,660,994		1,343,154		39,649	71	
73	DRUGS CHARGED TO PATIENTS	133,179,838		44,380,119		2,830,492	73	
74	RENAL DIALYSIS	26,857,293		2,102,097		13,608,573	74	
76	PULMONARY LABS	2,026,304		493,657		464,633	76	
76.01	OCCUPATIONAL HEALTH	454,184				595	76.01	
76.03	HYPERALIMENTATION						76.03	
76.04	PERIPHERAL VASCULAR	8,356,418		1,830,787		2,111,841	76.04	
76.05	PEDIATRIC ENDO NUTRITION						76.05	
76.07	GASTROINTESTINAL SERVICE	25,541,829		2,377,015		5,889,054	76.07	
76.09	BONE MARROW PROCUREMENT	2,793,547		520,201		109,198	76.09	
76.10	BARIATRICS	95,886		119		13,121	76.10	
76.11	HEPATOLOGY						76.11	
76.97	CARDIAC REHABILITATION						76.97	
76.98	HYPERBARIC OXYGEN THERAPY						76.98	
76.99	LITHOTRIPSY						76.99	
OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	688,791		1,166		83,184	90	
90.01	CARDIAC REHABILITATION	522,607		284,812			90.01	
90.02	CANCER CENTER	84,596,309		500,263		26,769,263	90.02	
90.03	PSYCH SOCIAL REHAB	553,947		181		83,620	90.03	
90.04	WELLNESS ASSESSMENT						90.04	
90.06	HEART FAILURE CLINIC						90.06	
90.07	LOC OUTPATIENT CENTER	107,453,399		1,293,796		31,533,301	90.07	
90.08	OBT OUTPATIENT CENTER	21,053,038		62,632		4,711,652	90.08	
90.09	ELMHURST IMMEDIATE CARE	2,826,517		4,700		648,264	90.09	
90.10	LAGRANGE FAMILY PCC	7,396,527		16,495		2,423,345	90.10	
90.12	NORTH RIVERSIDE PCC	5,645,001		8,139		514,563	90.12	
90.13	GLENDALE HEIGHTS PCC						90.13	
90.14	WHEATON PCC	6,033,497		12,636		1,551,471	90.14	
90.15	OBT II PCC	6,035,903		7,252		836,752	90.15	
90.16	HICKORY HILLS PCC	7,939,912		9,097		1,605,456	90.16	
90.18	DARIEN PCC	2,419,435		4,615		320,543	90.18	
90.20	ORLANAD PARK - FP	4,952,576		4,073		1,054,791	90.20	
90.21	FAMILY PRACTICE MAYWOOD PCC	2,926,408		7,687		382,376	90.21	
90.22	HOMER GLEN PCC	16,573,543		13,569		5,179,630	90.22	
90.23	OAK PARK PCC	2,043,490		2,559		401,687	90.23	
90.24	PARK RIDGE PCC	3,345,132		44,714		1,269,465	90.24	
90.25	LOYOLA CLINIC AT GOTTLIEB	652,803		195		66,896	90.25	
90.26	WOODRIDGE PCC	609,349					90.26	
90.27	NEUROLOGY - NILES	17,890					90.27	
90.28	MARJORIE WEINBERG CANCER CEN	20,000,509		37,602		8,721,048	90.28	
90.29	BURR RIDGE PCC	44,882,026		155,504		11,411,436	90.29	
90.30	RIVER FOREST	953,218		65		189,321	90.30	
91	EMERGENCY	94,327,029	0.012370	0.012370	16,826,980	208,150	8,874,616	109,779
92	OBSERVATION BEDS (NON-DISTIN							92

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11  
 11/26/2013 08:19

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	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
92.01 OBSERVATION BEDS-DISTINCT	14,865,461			40,600		151,766	92.01
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
95 AMBULANCE SERVICES							95
97 DURABLE MEDICAL EQUIP-SOLD	815,655						97
200 TOTAL (SUM OF LINES 50-199)	1,807,968,160			325,037,365	208,150	272,055,865	109,779 200

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 CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCS NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCS NOT SUBJECT TO DED & COINS 7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.463713	5,652,882			2,621,315			50
50.01 AMBULATORY SURGERY CENTER	0.235663	7,714,616			1,818,050			50.01
51 RECOVERY ROOM	0.180854	3,205,092			579,654			51
52 DELIVERY ROOM & LABOR ROOM	0.414483	16,740			6,938			52
53 ANESTHESIOLOGY	0.060201	3,197,973			192,521			53
54 RADIOLOGY-DIAGNOSTIC	0.287881	9,517,464			2,739,897			54
54.01 RADIOLOGY-ULTRASOUND	0.114764	2,260,592			259,435			54.01
56 RADIOISOTOPE	0.201756	7,924,489			1,598,813			56
57 CT SCAN	0.063592	17,232,161			1,095,828			57
58 MRI	0.114540	8,203,040			939,576			58
59 CARDIAC CATHETERIZATION	0.290943	11,983,610			3,486,547			59
60 LABORATORY	0.105832	38,709,163			4,096,668			60
60.01 LABORATORY-SURGICAL PATHOLOGY	0.233542	3,795,666			886,447			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 & TRA	0.333418	2,387,432			796,013			63
64 INTRAVENOUS THERAPY								64
65 RESPIRATORY THERAPY	0.237006	235,875			55,904			65
66 PHYSICAL THERAPY	0.321201	2,175,665			698,826			66
67 OCCUPATIONAL THERAPY	0.256152	296,547			75,961			67
68 SPEECH PATHOLOGY	0.855731	6,914			5,917			68
69 ELECTROCARDIOLOGY	0.197213	13,005,193			2,564,793			69
70 ELECTROENCEPHALOGRAPHY	0.375136	683,149			256,274			70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.999069	39,649			39,612			71
73 DRUGS CHARGED TO PATIENTS	0.273391	2,830,492			773,831			73
74 RENAL DIALYSIS	0.265072	13,608,573			3,607,252			74
76 PULMONARY LABS	0.428801	464,633			199,235			76
76.01 OCCUPATIONAL HEALTH	2.166276	595			1,289			76.01
76.03 HYPERALIMENTATION								76.03
76.04 PERIPHERAL VASCULAR	0.134206	2,111,841			283,422			76.04
76.05 PEDIATRIC ENDO NUTRITION								76.05
76.07 GASTROINTESTINAL SERVICE	0.260966	5,889,054			1,536,843			76.07
76.09 BONE MARROW PROCUREMENT	0.841596	109,198			91,901			76.09
76.10 BARIATRICS	7.902040	13,121			103,683			76.10
76.11 HEPATOLOGY								76.11
76.97 CARDIAC REHABILITATION								76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90 CLINIC	1.122246	83,184			93,353			90
90.01 CARDIAC REHABILITATION	0.768191							90.01
90.02 CANCER CENTER	0.392526	26,769,263			10,507,632			90.02
90.03 PSYCH SOCIAL REHAB	1.654532	83,620			138,352			90.03
90.04 WELLNESS ASSESSMENT								90.04
90.06 HEART FAILURE CLINIC								90.06
90.07 LOC OUTPATIENT CENTER	0.436440	31,533,301			13,762,394			90.07
90.08 OBST OUTPATIENT CENTER	0.382925	4,711,652			1,804,209			90.08
90.09 ELMHURST IMMEDIATE CARE	0.766852	648,264			497,123			90.09
90.10 LAGRANGE FAMILY PCC	0.422317	2,423,345			1,023,420			90.10
90.12 NORTH RIVERSIDE PCC	0.634147	514,563			326,309			90.12
90.13 GLENDALE HEIGHTS PCC								90.13
90.14 WHEATON PCC	0.466903	1,551,471			724,386			90.14
90.15 OBST II PCC	0.496878	836,752			415,764			90.15
90.16 HICKORY HILLS PCC	0.531722	1,605,456			853,656			90.16
90.18 DARIEN PCC	0.641143	320,543			205,514			90.18
90.20 ORLANAD PARK - FP	0.774575	1,054,791			817,015			90.20
90.21 FAMILY PRACTICE MAYWOOD PCC	0.561205	382,376			214,591			90.21
90.22 HOMER GLEN PCC	0.428027	5,179,630			2,217,021			90.22
90.23 OAK PARK PCC	0.884957	401,687			355,476			90.23
90.24 PARK RIDGE PCC	0.337366	1,269,465			428,274			90.24
90.25 LOYOLA CLINIC AT GOTTLIEB	0.712115	66,896			47,638			90.25
90.26 WOODRIDGE PCC	0.000002							90.26
90.27 NEUROLOGY - NILES	1.078591							90.27
90.28 MARJORIE WEINBERG CANCER CENTER	0.291359	8,721,048			2,540,956			90.28
90.29 BURR RIDGE PCC	0.455316	11,411,436			5,195,809			90.29

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 CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7	
90.30 RIVER FOREST	0.122335	189,321			23,161			90.30
91 EMERGENCY	0.164900	8,874,616			1,463,424			91
92 OBSERVATION BEDS (NON-DISTINCT)								92
92.01 OBSERVATION BEDS-DISTINCT	0.044996	151,766			6,829			92.01
OTHER REIMBURSABLE COST CENTERS								
94 HOME PROGRAM DIALYSIS								94
95 AMBULANCE SERVICES								95
97 DURABLE MEDICAL EQUIP-SOLD	0.542379							97
200 SUBTOTAL (SEE INSTRUCTIONS)		272,055,865			75,074,751			200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		272,055,865			75,074,751			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	6,994,510	154,414,498	0.045297	50
50.01	AMBULATORY SURGERY CENTER	1,101,802	43,989,282	0.025047	50.01
51	RECOVERY ROOM	711,376	41,037,646	0.017335	51
52	DELIVERY ROOM & LABOR ROOM	257,030	10,600,293	0.024247	52
53	ANESTHESIOLOGY	360,478	77,231,291	0.004668	53
54	RADIOLOGY-DIAGNOSTIC	2,792,604	69,877,805	0.039964	54
54.01	RADIOLOGY-ULTRASOUND	175,005	16,599,357	0.010543	54.01
56	RADIOISOTOPE	496,858	25,713,551	0.019323	56
57	CT SCAN	953,286	95,596,124	0.009972	57
58	MRI	1,608,931	53,491,302	0.030078	58
59	CARDIAC CATHETERIZATION	2,121,707	62,657,854	0.033862	59
60	LABORATORY	1,087,582	255,208,565	0.004262	60
60.01	LABORATORY-SURGICAL PATHOLOGY	525,507	22,261,559	0.023606	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	243,544	30,074,763	0.008098	63
64	INTRAVENOUS THERAPY	164,348			64
65	RESPIRATORY THERAPY	604,163	46,929,457	0.012874	65
66	PHYSICAL THERAPY	138,985	19,495,323	0.007129	66
67	OCCUPATIONAL THERAPY	36,136	9,644,209	0.003747	67
68	SPEECH PATHOLOGY	560,721	2,796,853	0.200483	68
69	ELECTROCARDIOLOGY	2,114,415	100,138,570	0.021115	69
70	ELECTROENCEPHALOGRAPHY	292,056	7,113,593	0.041056	70
71	MEDICAL SUPPLIES CHARGED TO P	558,139	3,660,994	0.152456	71
73	DRUGS CHARGED TO PATIENTS	402,912	133,179,838	0.003025	73
74	RENAL DIALYSIS	344,463	26,857,293	0.012826	74
76	PULMONARY LABS	222,432	2,026,304	0.109772	76
76.01	OCCUPATIONAL HEALTH	64,368	454,184	0.141722	76.01
76.03	HYPERALIMENTATION				76.03
76.04	PERIPHERAL VASCULAR	113,821	8,356,418	0.013621	76.04
76.05	PEDIATRIC ENDO NUTRITION				76.05
76.07	GASTROINTESTINAL SERVICE	655,867	25,541,829	0.025678	76.07
76.09	BONE MARROW PROCUREMENT	8,581	2,793,547	0.003072	76.09
76.10	BIATRICS	67,821	95,886	0.707309	76.10
76.11	HEPATOLOGY	2,823			76.11
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	76,952	688,791	0.111720	90
90.01	CARDIAC REHABILITATION	16,457	522,607	0.031490	90.01
90.02	CANCER CENTER	1,267,784	84,596,309	0.014986	90.02
90.03	PSYCH SOCIAL REHAB	159,642	553,947	0.288190	90.03
90.04	WELLNESS ASSESSMENT				90.04
90.06	HEART FAILURE CLINIC				90.06
90.07	LOC OUTPATIENT CENTER	4,696,108	107,453,399	0.043704	90.07
90.08	OBT OUTPATIENT CENTER	346,546	21,053,038	0.016461	90.08
90.09	ELMHURST IMMEDIATE CARE	68,841	2,826,517	0.024355	90.09
90.10	LAGRANGE FAMILY PCC	98,246	7,396,527	0.013283	90.10
90.12	NORTH RIVERSIDE PCC	171,727	5,645,001	0.030421	90.12
90.13	GLENDALE HEIGHTS PCC				90.13
90.14	WHEATON PCC	62,580	6,033,497	0.010372	90.14
90.15	OBT II PCC	48,407	6,035,903	0.008020	90.15
90.16	HICKORY HILLS PCC	112,010	7,939,912	0.014107	90.16
90.18	DARIEN PCC	91,909	2,419,435	0.037988	90.18
90.20	ORLANAD PARK - FP	116,450	4,952,576	0.023513	90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	85,315	2,926,408	0.029153	90.21
90.22	HOMER GLEN PCC	197,694	16,573,543	0.011928	90.22
90.23	OAK PARK PCC	24,825	2,043,490	0.012148	90.23
90.24	PARK RIDGE PCC	218,461	3,345,132	0.065307	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	19,497	652,803	0.029867	90.25
90.26	WOODRIDGE PCC		609,349	609,349	90.26
90.27	NEUROLOGY - NILES	65	17,890	0.003633	90.27
90.28	MARJORIE WEINBERG CANCER CENT	49,804	20,000,509	0.002490	90.28
90.29	BURR RIDGE PCC	2,555,713	44,882,026	0.056943	90.29
90.30	RIVER FOREST	734	953,218	0.000770	90.30
91	EMERGENCY	789,341	94,327,029	0.008368	91

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	
92 OBSERVATION BEDS (NON-DISTINC						92
92.01 OBSERVATION BEDS-DISTINCT	34,105	14,865,461	0.002294			92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES						95
97 DURABLE MEDICAL EQUIP-SOLD	1,586	815,655	0.001944			97
200 TOTAL (SUM OF LINES 50-199)	37,093,070	1,807,968,160				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			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
56 RADIOISOTOPE						56
57 CT SCAN						57
58 MRI						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
64 INTRAVENOUS THERAPY						64
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 CHARGED TO P						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
76.10 BARIATRICS						76.10
76.11 HEPATOLOGY						76.11
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 OB 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 OB 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
90.30 RIVER FOREST						90.30
91 EMERGENCY			1,166,833		1,166,833	91
92 OBSERVATION BEDS (NON-DISTINC						92
92.01 OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES						95
97 DURABLE MEDICAL EQUIP-SOLD						97
200 TOTAL (SUM OF LINES 50-199)			1,166,833		1,166,833	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	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	154,414,498					50
50.01	AMBULATORY SURGERY CENTER	43,989,282					50.01
51	RECOVERY ROOM	41,037,646					51
52	DELIVERY ROOM & LABOR ROOM	10,600,293					52
53	ANESTHESIOLOGY	77,231,291					53
54	RADIOLOGY-DIAGNOSTIC	69,877,805					54
54.01	RADIOLOGY-ULTRASOUND	16,599,357					54.01
56	RADIOISOTOPE	25,713,551					56
57	CT SCAN	95,596,124					57
58	MRI	53,491,302					58
59	CARDIAC CATHETERIZATION	62,657,854					59
60	LABORATORY	255,208,565					60
60.01	LABORATORY-SURGICAL PATHOLOG	22,261,559					60.01
60.02	LABORATORY-NEUROSURGICAL						60.02
60.03	LABORATORY-HLA						60.03
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	30,074,763					63
64	INTRAVENOUS THERAPY						64
65	RESPIRATORY THERAPY	46,929,457					65
66	PHYSICAL THERAPY	19,495,323					66
67	OCCUPATIONAL THERAPY	9,644,209					67
68	SPEECH PATHOLOGY	2,796,853					68
69	ELECTROCARDIOLOGY	100,138,570					69
70	ELECTROENCEPHALOGRAPHY	7,113,593					70
71	MEDICAL SUPPLIES CHARGED TO	3,660,994					71
73	DRUGS CHARGED TO PATIENTS	133,179,838					73
74	RENAL DIALYSIS	26,857,293					74
76	PULMONARY LABS	2,026,304					76
76.01	OCCUPATIONAL HEALTH	454,184					76.01
76.03	HYPERALIMENTATION						76.03
76.04	PERIPHERAL VASCULAR	8,356,418					76.04
76.05	PEDIATRIC ENDO NUTRITION						76.05
76.07	GASTROINTESTINAL SERVICE	25,541,829					76.07
76.09	BONE MARROW PROCUREMENT	2,793,547					76.09
76.10	BARIATRICS	95,886					76.10
76.11	HEPATOLOGY						76.11
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	688,791					90
90.01	CARDIAC REHABILITATION	522,607					90.01
90.02	CANCER CENTER	84,596,309					90.02
90.03	PSYCH SOCIAL REHAB	553,947					90.03
90.04	WELLNESS ASSESSMENT						90.04
90.06	HEART FAILURE CLINIC						90.06
90.07	LOC OUTPATIENT CENTER	107,453,399					90.07
90.08	OBT OUTPATIENT CENTER	21,053,038					90.08
90.09	ELMHURST IMMEDIATE CARE	2,826,517					90.09
90.10	LAGRANGE FAMILY PCC	7,396,527					90.10
90.12	NORTH RIVERSIDE PCC	5,645,001					90.12
90.13	GLENDALE HEIGHTS PCC						90.13
90.14	WHEATON PCC	6,033,497					90.14
90.15	OBT II PCC	6,035,903					90.15
90.16	HICKORY HILLS PCC	7,939,912					90.16
90.18	DARIEN PCC	2,419,435					90.18
90.20	ORLANAD PARK - FP	4,952,576					90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	2,926,408					90.21
90.22	HOMER GLEN PCC	16,573,543					90.22
90.23	OAK PARK PCC	2,043,490					90.23
90.24	PARK RIDGE PCC	3,345,132					90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	652,803					90.25
90.26	WOODRIDGE PCC	609,349					90.26
90.27	NEUROLOGY - NILES	17,890					90.27
90.28	MARJORIE WEINBERG CANCER CEN	20,000,509					90.28
90.29	BURR RIDGE PCC	44,882,026					90.29
90.30	RIVER FOREST	953,218					90.30
91	EMERGENCY	94,327,029	0.012370	0.012370			91
92	OBSERVATION BEDS (NON-DISTIN						92

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11  
 11/26/2013 08:19

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	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
92.01 OBSERVATION BEDS-DISTINCT	14,865,461						92.01
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
95 AMBULANCE SERVICES							95
97 DURABLE MEDICAL EQUIP-SOLD	815,655						97
200 TOTAL (SUM OF LINES 50-199)	1,807,968,160						200

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 [XX] IPF (14-S276) [ ] SNF [ ] S/B-NF  
 BOXES [ ] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9	PPS REIMBURSED SERVICES	COST REIMB. SERVICES SUBJECT TO DED & COINS	COST REIMB. SVCS NOT SUBJECT TO DED & COINS	PPS SERVICES	COST SERVICES SUBJECT TO DED & COINS	COST SVCS NOT SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.463713						50
50.01 AMBULATORY SURGERY CENTER	0.235663						50.01
51 RECOVERY ROOM	0.180854						51
52 DELIVERY ROOM & LABOR ROOM	0.414483						52
53 ANESTHESIOLOGY	0.060201						53
54 RADIOLOGY-DIAGNOSTIC	0.287881						54
54.01 RADIOLOGY-ULTRASOUND	0.114764						54.01
56 RADIOISOTOPE	0.201756						56
57 CT SCAN	0.063592						57
58 MRI	0.114540						58
59 CARDIAC CATHETERIZATION	0.290943						59
60 LABORATORY	0.105832						60
60.01 LABORATORY-SURGICAL PATHOLOGY	0.233542						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 & TRA	0.333418						63
64 INTRAVENOUS THERAPY							64
65 RESPIRATORY THERAPY	0.237006						65
66 PHYSICAL THERAPY	0.321201						66
67 OCCUPATIONAL THERAPY	0.256152						67
68 SPEECH PATHOLOGY	0.855731						68
69 ELECTROCARDIOLOGY	0.197213						69
70 ELECTROENCEPHALOGRAPHY	0.375136						70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.999069						71
73 DRUGS CHARGED TO PATIENTS	0.273391						73
74 RENAL DIALYSIS	0.265072						74
76 PULMONARY LABS	0.428801						76
76.01 OCCUPATIONAL HEALTH	2.166276						76.01
76.03 HYPERALIMENTATION							76.03
76.04 PERIPHERAL VASCULAR	0.134206						76.04
76.05 PEDIATRIC ENDO NUTRITION							76.05
76.07 GASTROINTESTINAL SERVICE	0.260966						76.07
76.09 BONE MARROW PROCUREMENT	0.841596						76.09
76.10 BARIATRICS	7.902040						76.10
76.11 HEPATOLOGY							76.11
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	1.122246						90
90.01 CARDIAC REHABILITATION	0.768191						90.01
90.02 CANCER CENTER	0.392526						90.02
90.03 PSYCH SOCIAL REHAB	1.654532						90.03
90.04 WELLNESS ASSESSMENT							90.04
90.06 HEART FAILURE CLINIC							90.06
90.07 LOC OUTPATIENT CENTER	0.436440						90.07
90.08 OB OUTPATIENT CENTER	0.382925						90.08
90.09 ELMHURST IMMEDIATE CARE	0.766852						90.09
90.10 LAGRANGE FAMILY PCC	0.422317						90.10
90.12 NORTH RIVERSIDE PCC	0.634147						90.12
90.13 GLENDALE HEIGHTS PCC							90.13
90.14 WHEATON PCC	0.466903						90.14
90.15 OB II PCC	0.496878						90.15
90.16 HICKORY HILLS PCC	0.531722						90.16
90.18 DARIEN PCC	0.641143						90.18
90.20 ORLANAD PARK - FP	0.774575						90.20
90.21 FAMILY PRACTICE MAYWOOD PCC	0.561205						90.21
90.22 HOMER GLEN PCC	0.428027						90.22
90.23 OAK PARK PCC	0.884957						90.23
90.24 PARK RIDGE PCC	0.337366						90.24
90.25 LOYOLA CLINIC AT GOTTLIEB	0.712115						90.25
90.26 WOODRIDGE PCC	0.000002						90.26
90.27 NEUROLOGY - NILES	1.078591						90.27
90.28 MARJORIE WEINBERG CANCER CENTER	0.291359						90.28
90.29 BURR RIDGE PCC	0.455316						90.29



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						
					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					6,994,510	154,414,498	0.045297	34,482	1,562	50
50.01					1,101,802	43,989,282	0.025047			50.01
51					711,376	41,037,646	0.017335	53,929	935	51
52					257,030	10,600,293	0.024247			52
53					360,478	77,231,291	0.004668	16,764	78	53
54					2,792,604	69,877,805	0.039964	282,688	11,297	54
54.01					175,005	16,599,357	0.010543	21,480	226	54.01
56					496,858	25,713,551	0.019323	7,261	140	56
57					953,286	95,596,124	0.009972	311,944	3,111	57
58					1,608,931	53,491,302	0.030078	135,839	4,086	58
59					2,121,707	62,657,854	0.033862	17,122	580	59
60					1,087,582	255,208,565	0.004262	1,855,484	7,908	60
60.01					525,507	22,261,559	0.023606	13,103	309	60.01
60.02										60.02
60.03										60.03
62.30										62.30
63					243,544	30,074,763	0.008098	113,396	918	63
64					164,348					64
65					604,163	46,929,457	0.012874	1,355,895	17,456	65
66					138,985	19,495,323	0.007129	19,898	142	66
67					36,136	9,644,209	0.003747	928,833	3,480	67
68					560,721	2,796,853	0.200483	322,151	64,586	68
69					2,114,415	100,138,570	0.021115	80,293	1,695	69
70					292,056	7,113,593	0.041056			70
71					558,139	3,660,994	0.152456	195,193	29,758	71
73					402,912	133,179,838	0.003025	2,897,959	8,766	73
74					344,463	26,857,293	0.012826	148,544	1,905	74
76					222,432	2,026,304	0.109772	3,693	405	76
76.01					64,368	454,184	0.141722			76.01
76.03										76.03
76.04					113,821	8,356,418	0.013621	85,098	1,159	76.04
76.05										76.05
76.07					655,867	25,541,829	0.025678	11,635	299	76.07
76.09					8,581	2,793,547	0.003072			76.09
76.10					67,821	95,886	0.707309			76.10
76.11					2,823					76.11
76.97										76.97
76.98										76.98
76.99										76.99
					OUTPATIENT SERVICE COST CENTERS					
90					76,952	688,791	0.111720			90
90.01					16,457	522,607	0.031490			90.01
90.02					1,267,784	84,596,309	0.014986			90.02
90.03					159,642	553,947	0.288190			90.03
90.04										90.04
90.06										90.06
90.07					4,696,108	107,453,399	0.043704	288,294	12,600	90.07
90.08					346,546	21,053,038	0.016461			90.08
90.09					68,841	2,826,517	0.024355			90.09
90.10					98,246	7,396,527	0.013283			90.10
90.12					171,727	5,645,001	0.030421			90.12
90.13										90.13
90.14					62,580	6,033,497	0.010372			90.14
90.15					48,407	6,035,903	0.008020			90.15
90.16					112,010	7,939,912	0.014107			90.16
90.18					91,909	2,419,435	0.037988			90.18
90.20					116,450	4,952,576	0.023513			90.20
90.21					85,315	2,926,408	0.029153			90.21
90.22					197,694	16,573,543	0.011928			90.22
90.23					24,825	2,043,490	0.012148			90.23
90.24					218,461	3,345,132	0.065307			90.24
90.25					19,497	652,803	0.029867			90.25
90.26						609,349	609,349			90.26
90.27					65	17,890	0.003633			90.27
90.28					49,804	20,000,509	0.002490			90.28
90.29					2,555,713	44,882,026	0.056943			90.29
90.30					734	953,218	0.000770			90.30
91					789,341	94,327,029	0.008368	65,954	552	91

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK	<input type="checkbox"/>	TITLE V	<input type="checkbox"/>	HOSPITAL	<input type="checkbox"/>	SUB (OTHER)	<input checked="" type="checkbox"/>	PPS	
APPLICABLE	<input checked="" type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	IPF			<input type="checkbox"/>	TEFRA	
BOXES	<input type="checkbox"/>	TITLE XIX	<input checked="" type="checkbox"/>	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	
92 OBSERVATION BEDS (NON-DISTINC						92
92.01 OBSERVATION BEDS-DISTINCT	34,105	14,865,461	0.002294			92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES						95
97 DURABLE MEDICAL EQUIP-SOLD	1,586	815,655	0.001944			97
200 TOTAL (SUM OF LINES 50-199)	37,093,070	1,807,968,160		9,266,932	173,953	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			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
56 RADIOISOTOPE						56
57 CT SCAN						57
58 MRI						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
64 INTRAVENOUS THERAPY						64
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 CHARGED TO P						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
76.10 BARIATRICS						76.10
76.11 HEPATOLOGY						76.11
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 OB 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 OB 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
90.30 RIVER FOREST						90.30
91 EMERGENCY			1,166,833		1,166,833	91
92 OBSERVATION BEDS (NON-DISTINC						92
92.01 OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES						95
97 DURABLE MEDICAL EQUIP-SOLD						97
200 TOTAL (SUM OF LINES 50-199)			1,166,833		1,166,833	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	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	154,414,498			34,482		50
50.01	AMBULATORY SURGERY CENTER	43,989,282					50.01
51	RECOVERY ROOM	41,037,646			53,929		51
52	DELIVERY ROOM & LABOR ROOM	10,600,293					52
53	ANESTHESIOLOGY	77,231,291			16,764		53
54	RADIOLOGY-DIAGNOSTIC	69,877,805			282,688		54
54.01	RADIOLOGY-ULTRASOUND	16,599,357			21,480		54.01
56	RADIOISOTOPE	25,713,551			7,261		56
57	CT SCAN	95,596,124			311,944		57
58	MRI	53,491,302			135,839		58
59	CARDIAC CATHETERIZATION	62,657,854			17,122		59
60	LABORATORY	255,208,565			1,855,484		60
60.01	LABORATORY-SURGICAL PATHOLOG	22,261,559			13,103		60.01
60.02	LABORATORY-NEUROSURGICAL						60.02
60.03	LABORATORY-HLA						60.03
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	30,074,763			113,396		63
64	INTRAVENOUS THERAPY						64
65	RESPIRATORY THERAPY	46,929,457			1,355,895		65
66	PHYSICAL THERAPY	19,495,323			19,898		66
67	OCCUPATIONAL THERAPY	9,644,209			928,833		67
68	SPEECH PATHOLOGY	2,796,853			322,151		68
69	ELECTROCARDIOLOGY	100,138,570			80,293		69
70	ELECTROENCEPHALOGRAPHY	7,113,593					70
71	MEDICAL SUPPLIES CHARGED TO	3,660,994			195,193		71
73	DRUGS CHARGED TO PATIENTS	133,179,838			2,897,959		73
74	RENAL DIALYSIS	26,857,293			148,544		74
76	PULMONARY LABS	2,026,304			3,693		76
76.01	OCCUPATIONAL HEALTH	454,184					76.01
76.03	HYPERALIMENTATION						76.03
76.04	PERIPHERAL VASCULAR	8,356,418			85,098		76.04
76.05	PEDIATRIC ENDO NUTRITION						76.05
76.07	GASTROINTESTINAL SERVICE	25,541,829			11,635		76.07
76.09	BONE MARROW PROCUREMENT	2,793,547					76.09
76.10	BARIASTRICS	95,886					76.10
76.11	HEPATOLOGY						76.11
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	688,791					90
90.01	CARDIAC REHABILITATION	522,607					90.01
90.02	CANCER CENTER	84,596,309					90.02
90.03	PSYCH SOCIAL REHAB	553,947					90.03
90.04	WELLNESS ASSESSMENT						90.04
90.06	HEART FAILURE CLINIC						90.06
90.07	LOC OUTPATIENT CENTER	107,453,399			288,294		90.07
90.08	OBT OUTPATIENT CENTER	21,053,038					90.08
90.09	ELMHURST IMMEDIATE CARE	2,826,517					90.09
90.10	LAGRANGE FAMILY PCC	7,396,527					90.10
90.12	NORTH RIVERSIDE PCC	5,645,001					90.12
90.13	GLENDALE HEIGHTS PCC						90.13
90.14	WHEATON PCC	6,033,497					90.14
90.15	OBT II PCC	6,035,903					90.15
90.16	HICKORY HILLS PCC	7,939,912					90.16
90.18	DARIEN PCC	2,419,435					90.18
90.20	ORLANAD PARK - FP	4,952,576					90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	2,926,408					90.21
90.22	HOMER GLEN PCC	16,573,543					90.22
90.23	OAK PARK PCC	2,043,490					90.23
90.24	PARK RIDGE PCC	3,345,132					90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	652,803					90.25
90.26	WOODRIDGE PCC	609,349					90.26
90.27	NEUROLOGY - NILES	17,890					90.27
90.28	MARJORIE WEINBERG CANCER CEN	20,000,509					90.28
90.29	BURR RIDGE PCC	44,882,026					90.29
90.30	RIVER FOREST	953,218					90.30
91	EMERGENCY	94,327,029	0.012370	0.012370	65,954	816	91
92	OBSERVATION BEDS (NON-DISTIN						92

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11  
 11/26/2013 08:19

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	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
92.01 OBSERVATION BEDS-DISTINCT	14,865,461						92.01
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
95 AMBULANCE SERVICES							95
97 DURABLE MEDICAL EQUIP-SOLD	815,655						97
200 TOTAL (SUM OF LINES 50-199)	1,807,968,160			9,266,932	816		200





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)	(COL.1 MINUS COL.2)	(COL.3 + COL.4)	(COL.5 x COL.6)	(COL.5 x COL.6)		
	1	2	3	4	5	6	7
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	4,838,086	4,838,086	88,571	54.62	13,843	756,105	30
31 INTENSIVE CARE UNIT	1,429,918	1,429,918	15,085	94.79	3,362	318,684	31
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT	334,454	334,454	3,177	105.27	1,034	108,849	33
34 SURGICAL INTENSIVE CARE UNIT							34
35 NEONATAL INTENSIVE CARE	811,486	811,486	9,267	87.57	6,121	536,016	35
35.01 PEDIATRIC ICU	197,863	197,863	2,101	94.18	1,504	141,647	35.01
35.03 HEART TRANSPLANT ICU	301,010	301,010	2,991	100.64	414	41,665	35.03
35.04 BONE INTENSIVE CARE	279,739	279,739	2,590	108.01	515	55,625	35.04
40 SUBPROVIDER - IPF							40
41 SUBPROVIDER - IRF	585,393	585,393	8,507	68.81	1,029	70,805	41
42 SUBPROVIDER I							42
43 NURSERY	3,962	3,962	1,765	2.24	65	146	43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	8,781,911	8,781,911	134,054		27,887	2,029,542	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	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					6,994,510	154,414,498	0.045297		50
50.01					1,101,802	43,989,282	0.025047		50.01
51					711,376	41,037,646	0.017335		51
52					257,030	10,600,293	0.024247		52
53					360,478	77,231,291	0.004668		53
54					2,792,604	69,877,805	0.039964		54
54.01					175,005	16,599,357	0.010543		54.01
56					496,858	25,713,551	0.019323		56
57					953,286	95,596,124	0.009972		57
58					1,608,931	53,491,302	0.030078		58
59					2,121,707	62,657,854	0.033862		59
60					1,087,582	255,208,565	0.004262		60
60.01					525,507	22,261,559	0.023606		60.01
60.02									60.02
60.03									60.03
62.30									62.30
63					243,544	30,074,763	0.008098		63
64					164,348				64
65					604,163	46,929,457	0.012874		65
66					138,985	19,495,323	0.007129		66
67					36,136	9,644,209	0.003747		67
68					560,721	2,796,853	0.200483		68
69					2,114,415	100,138,570	0.021115		69
70					292,056	7,113,593	0.041056		70
71					558,139	3,660,994	0.152456		71
73					402,912	133,179,838	0.003025		73
74					344,463	26,857,293	0.012826		74
76					222,432	2,026,304	0.109772		76
76.01					64,368	454,184	0.141722		76.01
76.03									76.03
76.04					113,821	8,356,418	0.013621		76.04
76.05									76.05
76.07					655,867	25,541,829	0.025678		76.07
76.09					8,581	2,793,547	0.003072		76.09
76.10					67,821	95,886	0.707309		76.10
76.11					2,823				76.11
76.97									76.97
76.98									76.98
76.99									76.99
OUTPATIENT SERVICE COST CENTERS									
90					76,952	688,791	0.111720		90
90.01					16,457	522,607	0.031490		90.01
90.02					1,267,784	84,596,309	0.014986		90.02
90.03					159,642	553,947	0.288190		90.03
90.04									90.04
90.06									90.06
90.07					4,696,108	107,453,399	0.043704		90.07
90.08					346,546	21,053,038	0.016461		90.08
90.09					68,841	2,826,517	0.024355		90.09
90.10					98,246	7,396,527	0.013283		90.10
90.12					171,727	5,645,001	0.030421		90.12
90.13									90.13
90.14					62,580	6,033,497	0.010372		90.14
90.15					48,407	6,035,903	0.008020		90.15
90.16					112,010	7,939,912	0.014107		90.16
90.18					91,909	2,419,435	0.037988		90.18
90.20					116,450	4,952,576	0.023513		90.20
90.21					85,315	2,926,408	0.029153		90.21
90.22					197,694	16,573,543	0.011928		90.22
90.23					24,825	2,043,490	0.012148		90.23
90.24					218,461	3,345,132	0.065307		90.24
90.25					19,497	652,803	0.029867		90.25
90.26						609,349	609,349		90.26
90.27					65	17,890	0.003633		90.27
90.28					49,804	20,000,509	0.002490		90.28
90.29					2,555,713	44,882,026	0.056943		90.29
90.30					734	953,218	0.000770		90.30
91					789,341	94,327,029	0.008368		91

APPORIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

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

[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	
92 OBSERVATION BEDS (NON-DISTINC	454,911					92
92.01 OBSERVATION BEDS-DISTINCT	34,105	14,865,461	0.002294			92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES						95
97 DURABLE MEDICAL EQUIP-SOLD	1,586	815,655	0.001944			97
200 TOTAL (SUM OF LINES 50-199)	37,547,981	1,807,968,160				200

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11  
 11/26/2013 08:19

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 ICU					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 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11  
 11/26/2013 08:19

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	88,571		13,843		30
31 INTENSIVE CARE UNIT	15,085		3,362		31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT	3,177		1,034		33
34 SURGICAL INTENSIVE CARE UNIT					34
35 NEONATAL INTENSIVE CARE	9,267		6,121		35
35.01 PEDIATRIC ICU	2,101		1,504		35.01
35.03 HEART TRANSPLANT ICU	2,991		414		35.03
35.04 BONE INTENSIVE CARE	2,590		515		35.04
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF	8,507		1,029		41
42 SUBPROVIDER I					42
43 NURSERY	1,765		65		43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	134,054		27,887		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			MEDICAL	COST	COST	
	ANESTHETIST	SCHOOL	HEALTH	EDUCATION	(SUM OF	(SUM OF	
	COST			COST	COLS. 1-4)	COLS. 2-4)	
	1	2	3	4	5	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
56 RADIOISOTOPE							56
57 CT SCAN							57
58 MRI							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
64 INTRAVENOUS THERAPY							64
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 CHARGED TO P							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
76.10 BARIATRICS							76.10
76.11 HEPATOLOGY							76.11
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 OB 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 OB 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
90.30 RIVER FOREST							90.30
91 EMERGENCY			1,166,833		1,166,833	1,166,833	91
92 OBSERVATION BEDS (NON-DISTINC							92
92.01 OBSERVATION BEDS-DISTINCT							92.01
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
95 AMBULANCE SERVICES							95
97 DURABLE MEDICAL EQUIP-SOLD							97
200 TOTAL (SUM OF LINES 50-199)			1,166,833		1,166,833	1,166,833	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	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	154,414,498					50
50.01	AMBULATORY SURGERY CENTER	43,989,282					50.01
51	RECOVERY ROOM	41,037,646					51
52	DELIVERY ROOM & LABOR ROOM	10,600,293					52
53	ANESTHESIOLOGY	77,231,291					53
54	RADIOLOGY-DIAGNOSTIC	69,877,805					54
54.01	RADIOLOGY-ULTRASOUND	16,599,357					54.01
56	RADIOISOTOPE	25,713,551					56
57	CT SCAN	95,596,124					57
58	MRI	53,491,302					58
59	CARDIAC CATHETERIZATION	62,657,854					59
60	LABORATORY	255,208,565					60
60.01	LABORATORY-SURGICAL PATHOLOG	22,261,559					60.01
60.02	LABORATORY-NEUROSURGICAL						60.02
60.03	LABORATORY-HLA						60.03
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	30,074,763					63
64	INTRAVENOUS THERAPY						64
65	RESPIRATORY THERAPY	46,929,457					65
66	PHYSICAL THERAPY	19,495,323					66
67	OCCUPATIONAL THERAPY	9,644,209					67
68	SPEECH PATHOLOGY	2,796,853					68
69	ELECTROCARDIOLOGY	100,138,570					69
70	ELECTROENCEPHALOGRAPHY	7,113,593					70
71	MEDICAL SUPPLIES CHARGED TO	3,660,994					71
73	DRUGS CHARGED TO PATIENTS	133,179,838					73
74	RENAL DIALYSIS	26,857,293					74
76	PULMONARY LABS	2,026,304					76
76.01	OCCUPATIONAL HEALTH	454,184					76.01
76.03	HYPERALIMENTATION						76.03
76.04	PERIPHERAL VASCULAR	8,356,418					76.04
76.05	PEDIATRIC ENDO NUTRITION						76.05
76.07	GASTROINTESTINAL SERVICE	25,541,829					76.07
76.09	BONE MARROW PROCUREMENT	2,793,547					76.09
76.10	BARITRICS	95,886					76.10
76.11	HEPATOLOGY						76.11
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	688,791					90
90.01	CARDIAC REHABILITATION	522,607					90.01
90.02	CANCER CENTER	84,596,309					90.02
90.03	PSYCH SOCIAL REHAB	553,947					90.03
90.04	WELLNESS ASSESSMENT						90.04
90.06	HEART FAILURE CLINIC						90.06
90.07	LOC OUTPATIENT CENTER	107,453,399					90.07
90.08	OBT OUTPATIENT CENTER	21,053,038					90.08
90.09	ELMHURST IMMEDIATE CARE	2,826,517					90.09
90.10	LAGRANGE FAMILY PCC	7,396,527					90.10
90.12	NORTH RIVERSIDE PCC	5,645,001					90.12
90.13	GLENDALE HEIGHTS PCC						90.13
90.14	WHEATON PCC	6,033,497					90.14
90.15	OBT II PCC	6,035,903					90.15
90.16	HICKORY HILLS PCC	7,939,912					90.16
90.18	DARIEN PCC	2,419,435					90.18
90.20	ORLANAD PARK - FP	4,952,576					90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	2,926,408					90.21
90.22	HOMER GLEN PCC	16,573,543					90.22
90.23	OAK PARK PCC	2,043,490					90.23
90.24	PARK RIDGE PCC	3,345,132					90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	652,803					90.25
90.26	WOODRIDGE PCC	609,349					90.26
90.27	NEUROLOGY - NILES	17,890					90.27
90.28	MARJORIE WEINBERG CANCER CEN	20,000,509					90.28
90.29	BURR RIDGE PCC	44,882,026					90.29
90.30	RIVER FOREST	953,218					90.30
91	EMERGENCY	94,327,029	0.012370	0.012370			91
92	OBSERVATION BEDS (NON-DISTIN						92

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11  
 11/26/2013 08:19

APPORIONMENT 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	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
92.01 OBSERVATION BEDS-DISTINCT	14,865,461						92.01
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
95 AMBULANCE SERVICES							95
97 DURABLE MEDICAL EQUIP-SOLD	815,655						97
200 TOTAL (SUM OF LINES 50-199)	1,807,968,160						200





APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [ ] TITLE XVIII-PT A [XX] TITLE XIX	[ ] HOSPITAL [XX] IPF (14-S276) [ ] IRF	[ ] SUB (OTHER)	[ ] PPS [ ] TEFRA [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	6,994,510	154,414,498	0.045297	50
50.01	AMBULATORY SURGERY CENTER	1,101,802	43,989,282	0.025047	50.01
51	RECOVERY ROOM	711,376	41,037,646	0.017335	51
52	DELIVERY ROOM & LABOR ROOM	257,030	10,600,293	0.024247	52
53	ANESTHESIOLOGY	360,478	77,231,291	0.004668	53
54	RADIOLOGY-DIAGNOSTIC	2,792,604	69,877,805	0.039964	54
54.01	RADIOLOGY-ULTRASOUND	175,005	16,599,357	0.010543	54.01
56	RADIOISOTOPE	496,858	25,713,551	0.019323	56
57	CT SCAN	953,286	95,596,124	0.009972	57
58	MRI	1,608,931	53,491,302	0.030078	58
59	CARDIAC CATHETERIZATION	2,121,707	62,657,854	0.033862	59
60	LABORATORY	1,087,582	255,208,565	0.004262	60
60.01	LABORATORY-SURGICAL PATHOLOGY	525,507	22,261,559	0.023606	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	243,544	30,074,763	0.008098	63
64	INTRAVENOUS THERAPY	164,348			64
65	RESPIRATORY THERAPY	604,163	46,929,457	0.012874	65
66	PHYSICAL THERAPY	138,985	19,495,323	0.007129	66
67	OCCUPATIONAL THERAPY	36,136	9,644,209	0.003747	67
68	SPEECH PATHOLOGY	560,721	2,796,853	0.200483	68
69	ELECTROCARDIOLOGY	2,114,415	100,138,570	0.021115	69
70	ELECTROENCEPHALOGRAPHY	292,056	7,113,593	0.041056	70
71	MEDICAL SUPPLIES CHARGED TO P	558,139	3,660,994	0.152456	71
73	DRUGS CHARGED TO PATIENTS	402,912	133,179,838	0.003025	73
74	RENAL DIALYSIS	344,463	26,857,293	0.012826	74
76	PULMONARY LABS	222,432	2,026,304	0.109772	76
76.01	OCCUPATIONAL HEALTH	64,368	454,184	0.141722	76.01
76.03	HYPERALIMENTATION				76.03
76.04	PERIPHERAL VASCULAR	113,821	8,356,418	0.013621	76.04
76.05	PEDIATRIC ENDO NUTRITION				76.05
76.07	GASTROINTESTINAL SERVICE	655,867	25,541,829	0.025678	76.07
76.09	BONE MARROW PROCUREMENT	8,581	2,793,547	0.003072	76.09
76.10	BIATRICS	67,821	95,886	0.707309	76.10
76.11	HEPATOLOGY	2,823			76.11
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	76,952	688,791	0.111720	90
90.01	CARDIAC REHABILITATION	16,457	522,607	0.031490	90.01
90.02	CANCER CENTER	1,267,784	84,596,309	0.014986	90.02
90.03	PSYCH SOCIAL REHAB	159,642	553,947	0.288190	90.03
90.04	WELLNESS ASSESSMENT				90.04
90.06	HEART FAILURE CLINIC				90.06
90.07	LOC OUTPATIENT CENTER	4,696,108	107,453,399	0.043704	90.07
90.08	OBT OUTPATIENT CENTER	346,546	21,053,038	0.016461	90.08
90.09	ELMHURST IMMEDIATE CARE	68,841	2,826,517	0.024355	90.09
90.10	LAGRANGE FAMILY PCC	98,246	7,396,527	0.013283	90.10
90.12	NORTH RIVERSIDE PCC	171,727	5,645,001	0.030421	90.12
90.13	GLENDALE HEIGHTS PCC				90.13
90.14	WHEATON PCC	62,580	6,033,497	0.010372	90.14
90.15	OBT II PCC	48,407	6,035,903	0.008020	90.15
90.16	HICKORY HILLS PCC	112,010	7,939,912	0.014107	90.16
90.18	DARIEN PCC	91,909	2,419,435	0.037988	90.18
90.20	ORLANAD PARK - FP	116,450	4,952,576	0.023513	90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	85,315	2,926,408	0.029153	90.21
90.22	HOMER GLEN PCC	197,694	16,573,543	0.011928	90.22
90.23	OAK PARK PCC	24,825	2,043,490	0.012148	90.23
90.24	PARK RIDGE PCC	218,461	3,345,132	0.065307	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	19,497	652,803	0.029867	90.25
90.26	WOODRIDGE PCC		609,349	609,349	90.26
90.27	NEUROLOGY - NILES	65	17,890	0.003633	90.27
90.28	MARJORIE WEINBERG CANCER CENT	49,804	20,000,509	0.002490	90.28
90.29	BURR RIDGE PCC	2,555,713	44,882,026	0.056943	90.29
90.30	RIVER FOREST	734	953,218	0.000770	90.30
91	EMERGENCY	789,341	94,327,029	0.008368	91

APPORIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK	<input type="checkbox"/>	TITLE V	<input type="checkbox"/>	HOSPITAL	<input type="checkbox"/>	SUB (OTHER)	<input type="checkbox"/>	PPS
APPLICABLE	<input type="checkbox"/>	TITLE XVIII-PT A	<input checked="" type="checkbox"/>	IPF (14-S276)			<input type="checkbox"/>	TEFRA
BOXES	<input checked="" type="checkbox"/>	TITLE XIX	<input type="checkbox"/>	IRF			<input checked="" type="checkbox"/>	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	
92 OBSERVATION BEDS (NON-DISTINC						92
92.01 OBSERVATION BEDS-DISTINCT	34,105	14,865,461	0.002294			92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES						95
97 DURABLE MEDICAL EQUIP-SOLD	1,586	815,655	0.001944			97
200 TOTAL (SUM OF LINES 50-199)	37,093,070	1,807,968,160				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	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			SCHOOL 2	MEDICAL EDUCATION COST 4	COST (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
56 RADIOISOTOPE						56
57 CT SCAN						57
58 MRI						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
64 INTRAVENOUS THERAPY						64
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 CHARGED TO P						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
76.10 BARIATRICS						76.10
76.11 HEPATOLOGY						76.11
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 OB 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 OB 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
90.30 RIVER FOREST						90.30
91 EMERGENCY			1,166,833		1,166,833	91
92 OBSERVATION BEDS (NON-DISTINC						92
92.01 OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES						95
97 DURABLE MEDICAL EQUIP-SOLD						97
200 TOTAL (SUM OF LINES 50-199)			1,166,833		1,166,833	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	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	154,414,498					50
50.01	AMBULATORY SURGERY CENTER	43,989,282					50.01
51	RECOVERY ROOM	41,037,646					51
52	DELIVERY ROOM & LABOR ROOM	10,600,293					52
53	ANESTHESIOLOGY	77,231,291					53
54	RADIOLOGY-DIAGNOSTIC	69,877,805					54
54.01	RADIOLOGY-ULTRASOUND	16,599,357					54.01
56	RADIOISOTOPE	25,713,551					56
57	CT SCAN	95,596,124					57
58	MRI	53,491,302					58
59	CARDIAC CATHETERIZATION	62,657,854					59
60	LABORATORY	255,208,565					60
60.01	LABORATORY-SURGICAL PATHOLOG	22,261,559					60.01
60.02	LABORATORY-NEUROSURGICAL						60.02
60.03	LABORATORY-HLA						60.03
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	30,074,763					63
64	INTRAVENOUS THERAPY						64
65	RESPIRATORY THERAPY	46,929,457					65
66	PHYSICAL THERAPY	19,495,323					66
67	OCCUPATIONAL THERAPY	9,644,209					67
68	SPEECH PATHOLOGY	2,796,853					68
69	ELECTROCARDIOLOGY	100,138,570					69
70	ELECTROENCEPHALOGRAPHY	7,113,593					70
71	MEDICAL SUPPLIES CHARGED TO	3,660,994					71
73	DRUGS CHARGED TO PATIENTS	133,179,838					73
74	RENAL DIALYSIS	26,857,293					74
76	PULMONARY LABS	2,026,304					76
76.01	OCCUPATIONAL HEALTH	454,184					76.01
76.03	HYPERALIMENTATION						76.03
76.04	PERIPHERAL VASCULAR	8,356,418					76.04
76.05	PEDIATRIC ENDO NUTRITION						76.05
76.07	GASTROINTESTINAL SERVICE	25,541,829					76.07
76.09	BONE MARROW PROCUREMENT	2,793,547					76.09
76.10	BARIIATRICS	95,886					76.10
76.11	HEPATOLOGY						76.11
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	688,791					90
90.01	CARDIAC REHABILITATION	522,607					90.01
90.02	CANCER CENTER	84,596,309					90.02
90.03	PSYCH SOCIAL REHAB	553,947					90.03
90.04	WELLNESS ASSESSMENT						90.04
90.06	HEART FAILURE CLINIC						90.06
90.07	LOC OUTPATIENT CENTER	107,453,399					90.07
90.08	OBT OUTPATIENT CENTER	21,053,038					90.08
90.09	ELMHURST IMMEDIATE CARE	2,826,517					90.09
90.10	LAGRANGE FAMILY PCC	7,396,527					90.10
90.12	NORTH RIVERSIDE PCC	5,645,001					90.12
90.13	GLENDALE HEIGHTS PCC						90.13
90.14	WHEATON PCC	6,033,497					90.14
90.15	OBT II PCC	6,035,903					90.15
90.16	HICKORY HILLS PCC	7,939,912					90.16
90.18	DARIEN PCC	2,419,435					90.18
90.20	ORLANAD PARK - FP	4,952,576					90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	2,926,408					90.21
90.22	HOMER GLEN PCC	16,573,543					90.22
90.23	OAK PARK PCC	2,043,490					90.23
90.24	PARK RIDGE PCC	3,345,132					90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	652,803					90.25
90.26	WOODRIDGE PCC	609,349					90.26
90.27	NEUROLOGY - NILES	17,890					90.27
90.28	MARJORIE WEINBERG CANCER CEN	20,000,509					90.28
90.29	BURR RIDGE PCC	44,882,026					90.29
90.30	RIVER FOREST	953,218					90.30
91	EMERGENCY	94,327,029	0.012370	0.012370			91
92	OBSERVATION BEDS (NON-DISTIN						92

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11  
 11/26/2013 08:19

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	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
92.01 OBSERVATION BEDS-DISTINCT	14,865,461						92.01
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
95 AMBULANCE SERVICES							95
97 DURABLE MEDICAL EQUIP-SOLD	815,655						97
200 TOTAL (SUM OF LINES 50-199)	1,807,968,160						200





APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [ ] TITLE XVIII-PT A [XX] TITLE XIX	[ ] HOSPITAL [ ] IPF [XX] IRF (14-T276)	[ ] SUB (OTHER)	[ ] PPS [ ] TEFRA [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	6,994,510	154,414,498	0.045297	50
50.01	AMBULATORY SURGERY CENTER	1,101,802	43,989,282	0.025047	50.01
51	RECOVERY ROOM	711,376	41,037,646	0.017335	51
52	DELIVERY ROOM & LABOR ROOM	257,030	10,600,293	0.024247	52
53	ANESTHESIOLOGY	360,478	77,231,291	0.004668	53
54	RADIOLOGY-DIAGNOSTIC	2,792,604	69,877,805	0.039964	54
54.01	RADIOLOGY-ULTRASOUND	175,005	16,599,357	0.010543	54.01
56	RADIOISOTOPE	496,858	25,713,551	0.019323	56
57	CT SCAN	953,286	95,596,124	0.009972	57
58	MRI	1,608,931	53,491,302	0.030078	58
59	CARDIAC CATHETERIZATION	2,121,707	62,657,854	0.033862	59
60	LABORATORY	1,087,582	255,208,565	0.004262	60
60.01	LABORATORY-SURGICAL PATHOLOGY	525,507	22,261,559	0.023606	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	243,544	30,074,763	0.008098	63
64	INTRAVENOUS THERAPY	164,348			64
65	RESPIRATORY THERAPY	604,163	46,929,457	0.012874	65
66	PHYSICAL THERAPY	138,985	19,495,323	0.007129	66
67	OCCUPATIONAL THERAPY	36,136	9,644,209	0.003747	67
68	SPEECH PATHOLOGY	560,721	2,796,853	0.200483	68
69	ELECTROCARDIOLOGY	2,114,415	100,138,570	0.021115	69
70	ELECTROENCEPHALOGRAPHY	292,056	7,113,593	0.041056	70
71	MEDICAL SUPPLIES CHARGED TO P	558,139	3,660,994	0.152456	71
73	DRUGS CHARGED TO PATIENTS	402,912	133,179,838	0.003025	73
74	RENAL DIALYSIS	344,463	26,857,293	0.012826	74
76	PULMONARY LABS	222,432	2,026,304	0.109772	76
76.01	OCCUPATIONAL HEALTH	64,368	454,184	0.141722	76.01
76.03	HYPERALIMENTATION				76.03
76.04	PERIPHERAL VASCULAR	113,821	8,356,418	0.013621	76.04
76.05	PEDIATRIC ENDO NUTRITION				76.05
76.07	GASTROINTESTINAL SERVICE	655,867	25,541,829	0.025678	76.07
76.09	BONE MARROW PROCUREMENT	8,581	2,793,547	0.003072	76.09
76.10	BIATRICS	67,821	95,886	0.707309	76.10
76.11	HEPATOLOGY	2,823			76.11
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	76,952	688,791	0.111720	90
90.01	CARDIAC REHABILITATION	16,457	522,607	0.031490	90.01
90.02	CANCER CENTER	1,267,784	84,596,309	0.014986	90.02
90.03	PSYCH SOCIAL REHAB	159,642	553,947	0.288190	90.03
90.04	WELLNESS ASSESSMENT				90.04
90.06	HEART FAILURE CLINIC				90.06
90.07	LOC OUTPATIENT CENTER	4,696,108	107,453,399	0.043704	90.07
90.08	OBT OUTPATIENT CENTER	346,546	21,053,038	0.016461	90.08
90.09	ELMHURST IMMEDIATE CARE	68,841	2,826,517	0.024355	90.09
90.10	LAGRANGE FAMILY PCC	98,246	7,396,527	0.013283	90.10
90.12	NORTH RIVERSIDE PCC	171,727	5,645,001	0.030421	90.12
90.13	GLENDALE HEIGHTS PCC				90.13
90.14	WHEATON PCC	62,580	6,033,497	0.010372	90.14
90.15	OBT II PCC	48,407	6,035,903	0.008020	90.15
90.16	HICKORY HILLS PCC	112,010	7,939,912	0.014107	90.16
90.18	DARIEN PCC	91,909	2,419,435	0.037988	90.18
90.20	ORLANAD PARK - FP	116,450	4,952,576	0.023513	90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	85,315	2,926,408	0.029153	90.21
90.22	HOMER GLEN PCC	197,694	16,573,543	0.011928	90.22
90.23	OAK PARK PCC	24,825	2,043,490	0.012148	90.23
90.24	PARK RIDGE PCC	218,461	3,345,132	0.065307	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	19,497	652,803	0.029867	90.25
90.26	WOODRIDGE PCC		609,349	609,349	90.26
90.27	NEUROLOGY - NILES	65	17,890	0.003633	90.27
90.28	MARJORIE WEINBERG CANCER CENT	49,804	20,000,509	0.002490	90.28
90.29	BURR RIDGE PCC	2,555,713	44,882,026	0.056943	90.29
90.30	RIVER FOREST	734	953,218	0.000770	90.30
91	EMERGENCY	789,341	94,327,029	0.008368	91

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK	<input type="checkbox"/>	TITLE V	<input type="checkbox"/>	HOSPITAL	<input type="checkbox"/>	SUB (OTHER)	<input type="checkbox"/>	PPS
APPLICABLE	<input type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	IPF			<input type="checkbox"/>	TEFRA
BOXES	<input checked="" type="checkbox"/>	TITLE XIX	<input checked="" type="checkbox"/>	IRF (14-T276)			<input checked="" type="checkbox"/>	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			
92 OBSERVATION BEDS (NON-DISTINC						92		
92.01 OBSERVATION BEDS-DISTINCT	34,105	14,865,461	0.002294			92.01		
OTHER REIMBURSABLE COST CENTERS								
94 HOME PROGRAM DIALYSIS						94		
95 AMBULANCE SERVICES						95		
97 DURABLE MEDICAL EQUIP-SOLD	1,586	815,655	0.001944			97		
200 TOTAL (SUM OF LINES 50-199)	37,093,070	1,807,968,160				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
56 RADIOISOTOPE							56
57 CT SCAN							57
58 MRI							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
64 INTRAVENOUS THERAPY							64
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 CHARGED TO P							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
76.10 BARIATRICS							76.10
76.11 HEPATOLOGY							76.11
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 OB 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 OB 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
90.30 RIVER FOREST							90.30
91 EMERGENCY			1,166,833		1,166,833	1,166,833	91
92 OBSERVATION BEDS (NON-DISTINC							92
92.01 OBSERVATION BEDS-DISTINCT							92.01
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
95 AMBULANCE SERVICES							95
97 DURABLE MEDICAL EQUIP-SOLD							97
200 TOTAL (SUM OF LINES 50-199)			1,166,833		1,166,833	1,166,833	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	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	154,414,498					50
50.01	AMBULATORY SURGERY CENTER	43,989,282					50.01
51	RECOVERY ROOM	41,037,646					51
52	DELIVERY ROOM & LABOR ROOM	10,600,293					52
53	ANESTHESIOLOGY	77,231,291					53
54	RADIOLOGY-DIAGNOSTIC	69,877,805					54
54.01	RADIOLOGY-ULTRASOUND	16,599,357					54.01
56	RADIOISOTOPE	25,713,551					56
57	CT SCAN	95,596,124					57
58	MRI	53,491,302					58
59	CARDIAC CATHETERIZATION	62,657,854					59
60	LABORATORY	255,208,565					60
60.01	LABORATORY-SURGICAL PATHOLOG	22,261,559					60.01
60.02	LABORATORY-NEUROSURGICAL						60.02
60.03	LABORATORY-HLA						60.03
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	30,074,763					63
64	INTRAVENOUS THERAPY						64
65	RESPIRATORY THERAPY	46,929,457					65
66	PHYSICAL THERAPY	19,495,323					66
67	OCCUPATIONAL THERAPY	9,644,209					67
68	SPEECH PATHOLOGY	2,796,853					68
69	ELECTROCARDIOLOGY	100,138,570					69
70	ELECTROENCEPHALOGRAPHY	7,113,593					70
71	MEDICAL SUPPLIES CHARGED TO	3,660,994					71
73	DRUGS CHARGED TO PATIENTS	133,179,838					73
74	RENAL DIALYSIS	26,857,293					74
76	PULMONARY LABS	2,026,304					76
76.01	OCCUPATIONAL HEALTH	454,184					76.01
76.03	HYPERALIMENTATION						76.03
76.04	PERIPHERAL VASCULAR	8,356,418					76.04
76.05	PEDIATRIC ENDO NUTRITION						76.05
76.07	GASTROINTESTINAL SERVICE	25,541,829					76.07
76.09	BONE MARROW PROCUREMENT	2,793,547					76.09
76.10	BARIASTRIC	95,886					76.10
76.11	HEPATOLOGY						76.11
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	688,791					90
90.01	CARDIAC REHABILITATION	522,607					90.01
90.02	CANCER CENTER	84,596,309					90.02
90.03	PSYCH SOCIAL REHAB	553,947					90.03
90.04	WELLNESS ASSESSMENT						90.04
90.06	HEART FAILURE CLINIC						90.06
90.07	LOC OUTPATIENT CENTER	107,453,399					90.07
90.08	OBT OUTPATIENT CENTER	21,053,038					90.08
90.09	ELMHURST IMMEDIATE CARE	2,826,517					90.09
90.10	LAGRANGE FAMILY PCC	7,396,527					90.10
90.12	NORTH RIVERSIDE PCC	5,645,001					90.12
90.13	GLENDALE HEIGHTS PCC						90.13
90.14	WHEATON PCC	6,033,497					90.14
90.15	OBT II PCC	6,035,903					90.15
90.16	HICKORY HILLS PCC	7,939,912					90.16
90.18	DARIEN PCC	2,419,435					90.18
90.20	ORLANAD PARK - FP	4,952,576					90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	2,926,408					90.21
90.22	HOMER GLEN PCC	16,573,543					90.22
90.23	OAK PARK PCC	2,043,490					90.23
90.24	PARK RIDGE PCC	3,345,132					90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	652,803					90.25
90.26	WOODRIDGE PCC	609,349					90.26
90.27	NEUROLOGY - NILES	17,890					90.27
90.28	MARJORIE WEINBERG CANCER CEN	20,000,509					90.28
90.29	BURR RIDGE PCC	44,882,026					90.29
90.30	RIVER FOREST	953,218					90.30
91	EMERGENCY	94,327,029	0.012370	0.012370			91
92	OBSERVATION BEDS (NON-DISTIN						92

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11  
 11/26/2013 08:19

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) 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
92.01 OBSERVATION BEDS-DISTINCT	14,865,461						92.01
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
95 AMBULANCE SERVICES							95
97 DURABLE MEDICAL EQUIP-SOLD	815,655						97
200 TOTAL (SUM OF LINES 50-199)	1,807,968,160						200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9	PPS REIMBURSED SERVICES	COST REIMB. SERVICES DED & COINS	COST REIMB. SVCS NOT SUBJECT TO DED & COINS	COST SERVICES DED & COINS	COST SVCS NOT SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.463713						50
50.01 AMBULATORY SURGERY CENTER	0.235663						50.01
51 RECOVERY ROOM	0.180854						51
52 DELIVERY ROOM & LABOR ROOM	0.414483						52
53 ANESTHESIOLOGY	0.060201						53
54 RADIOLOGY-DIAGNOSTIC	0.287881						54
54.01 RADIOLOGY-ULTRASOUND	0.114764						54.01
56 RADIOISOTOPE	0.201756						56
57 CT SCAN	0.063592						57
58 MRI	0.114540						58
59 CARDIAC CATHETERIZATION	0.290943						59
60 LABORATORY	0.105832						60
60.01 LABORATORY-SURGICAL PATHOLOGY	0.233542						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 & TRA	0.333418						63
64 INTRAVENOUS THERAPY							64
65 RESPIRATORY THERAPY	0.237006						65
66 PHYSICAL THERAPY	0.321201						66
67 OCCUPATIONAL THERAPY	0.256152						67
68 SPEECH PATHOLOGY	0.855731						68
69 ELECTROCARDIOLOGY	0.197213						69
70 ELECTROENCEPHALOGRAPHY	0.375136						70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.999069						71
73 DRUGS CHARGED TO PATIENTS	0.273391						73
74 RENAL DIALYSIS	0.265072						74
76 PULMONARY LABS	0.428801						76
76.01 OCCUPATIONAL HEALTH	2.166276						76.01
76.03 HYPERALIMENTATION							76.03
76.04 PERIPHERAL VASCULAR	0.134206						76.04
76.05 PEDIATRIC ENDO NUTRITION							76.05
76.07 GASTROINTESTINAL SERVICE	0.260966						76.07
76.09 BONE MARROW PROCUREMENT	0.841596						76.09
76.10 BARIATRICS	7.902040						76.10
76.11 HEPATOLOGY							76.11
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	1.122246						90
90.01 CARDIAC REHABILITATION	0.768191						90.01
90.02 CANCER CENTER	0.392526						90.02
90.03 PSYCH SOCIAL REHAB	1.654532						90.03
90.04 WELLNESS ASSESSMENT							90.04
90.06 HEART FAILURE CLINIC							90.06
90.07 LOC OUTPATIENT CENTER	0.436440						90.07
90.08 OBT OUTPATIENT CENTER	0.382925						90.08
90.09 ELMHURST IMMEDIATE CARE	0.766852						90.09
90.10 LAGRANGE FAMILY PCC	0.422317						90.10
90.12 NORTH RIVERSIDE PCC	0.634147						90.12
90.13 GLENDALE HEIGHTS PCC							90.13
90.14 WHEATON PCC	0.466903						90.14
90.15 OBT II PCC	0.496878						90.15
90.16 HICKORY HILLS PCC	0.531722						90.16
90.18 DARIEN PCC	0.641143						90.18
90.20 ORLANAD PARK - FP	0.774575						90.20
90.21 FAMILY PRACTICE MAYWOOD PCC	0.561205						90.21
90.22 HOMER GLEN PCC	0.428027						90.22
90.23 OAK PARK PCC	0.884957						90.23
90.24 PARK RIDGE PCC	0.337366						90.24
90.25 LOYOLA CLINIC AT GOTTLIEB	0.712115						90.25
90.26 WOODRIDGE PCC	0.000002						90.26
90.27 NEUROLOGY - NILES	1.078591						90.27
90.28 MARJORIE WEINBERG CANCER CENTER	0.291359						90.28
90.29 BURR RIDGE PCC	0.455316						90.29



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)	88,571	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	88,571	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	80,243	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)	30,914	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)	77,335,329	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	77,335,329	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)	77,335,329	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) 873.15 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 26,992,559 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) 26,992,559 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	26,461,462	15,085	1,754.16	8,213	14,406,916	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT	8,159,836	3,177	2,568.41	755	1,939,150	45
46 SURGICAL INTENSIVE CARE UNIT						46
47 NEONATAL INTENSIVE CARE	12,618,925	9,267	1,361.71			47
47.01 PEDIATRIC ICU	3,801,787	2,101	1,809.51			47.01
47.03 HEART TRANSPLANT ICU	5,008,998	2,991	1,674.69	1,771	2,965,876	47.03
47.04 BONE INTENSIVE CARE	6,200,859	2,590	2,394.15	1,662	3,979,077	47.04
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					77,782,236	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					128,065,814	49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 2,904,258 50  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 6,395,273 51  
 52 TOTAL PROGRAM EXCLUDABLE COST 9,299,531 52  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 118,766,283 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 THE MARKET 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 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS) 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 INSTRUCTIONS) (TITLE XVIII ONLY) 64  
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (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) 8,328 87  
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 873.15 88  
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 7,271,593 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) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	4,838,086	77,335,329	0.062560	7,271,593	454,911	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

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 THE MARKET 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 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)	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 INSTRUCTIONS) (TITLE XVIII ONLY)	64
65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (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)	8,507	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	8,507	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8,507	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)	6,028	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)	8,445,066	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	8,445,066	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)	8,445,066	37

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)	992.72 38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	5,984,116 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)	5,984,116 41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	2,426,259 48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	8,410,375 49
PASS-THROUGH COST ADJUSTMENTS	
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	414,787 50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	174,769 51
52 TOTAL PROGRAM EXCLUDABLE COST	589,556 52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	7,820,819 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 THE MARKET 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 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)	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 INSTRUCTIONS) (TITLE XVIII ONLY)	64
65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (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)	88,571	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	88,571	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	80,243	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)	13,843	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)	1,765	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	65	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)	77,335,329	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	77,335,329	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)	77,335,329	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) 873.15 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 12,087,015 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) 12,087,015 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)	1,040,984	1,765	589.79	65	38,336	42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	26,461,462	15,085	1,754.16	3,362	5,897,486	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT	8,159,836	3,177	2,568.41	1,034	2,655,736	45
46 SURGICAL INTENSIVE CARE UNIT						46
47 NEONATAL INTENSIVE CARE	12,618,925	9,267	1,361.71	6,121	8,335,027	47
47.01 PEDIATRIC ICU	3,801,787	2,101	1,809.51	1,504	2,721,503	47.01
47.03 HEART TRANSPLANT ICU	5,008,998	2,991	1,674.69	414	693,322	47.03
47.04 BONE INTENSIVE CARE	6,200,859	2,590	2,394.15	515	1,232,987	47.04
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)						48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					33,661,412	49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 1,958,737 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 1,958,737 52  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 31,702,675 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 THE MARKET 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 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS) 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 INSTRUCTIONS) (TITLE XVIII ONLY) 64  
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (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) 8,328 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

	COMPUTATION OF OBSERVATION BED PASS-THROUGH COST 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	
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				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 THE MARKET 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 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)	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 INSTRUCTIONS) (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (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)	8,507	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	8,507	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8,507	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)	1,029	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)	8,445,066	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	8,445,066	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)	8,445,066	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)	992.72 38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,021,509 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)	1,021,509 41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	1,021,509 49
PASS-THROUGH COST ADJUSTMENTS	
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	70,805 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	70,805 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 THE MARKET 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 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)	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 INSTRUCTIONS) (TITLE XVIII ONLY)	64
65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (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 CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2)		
			3	3	
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		77,269,740			30
31 INTENSIVE CARE UNIT		29,215,844			31
33 BURN INTENSIVE CARE UNIT		5,704,425			33
35 NEONATAL INTENSIVE CARE					35
35.01 PEDIATRIC ICU					35.01
35.03 HEART TRANSPLANT ICU		5,613,631			35.03
35.04 BONE INTENSIVE CARE		4,606,452			35.04
41 SUBPROVIDER - IRF					41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.463713	47,786,820	22,159,370		50
50.01 AMBULATORY SURGERY CENTER	0.235663	138,982	32,753		50.01
51 RECOVERY ROOM	0.180854	8,640,510	1,562,671		51
52 DELIVERY ROOM & LABOR ROOM	0.414483	142,275	58,971		52
53 ANESTHESIOLOGY	0.060201	23,335,797	1,404,838		53
54 RADIOLOGY-DIAGNOSTIC	0.287881	13,955,803	4,017,611		54
54.01 RADIOLOGY-ULTRASOUND	0.114764	1,765,557	202,622		54.01
56 RADIOISOTOPE	0.201756	1,739,267	350,908		56
57 CT SCAN	0.063592	15,014,289	954,789		57
58 MRI	0.114540	6,566,843	752,166		58
59 CARDIAC CATHETERIZATION	0.290943	16,830,595	4,896,744		59
60 LABORATORY	0.105832	49,865,439	5,277,359		60
60.01 LABORATORY-SURGICAL PATHOLOGY	0.233542	2,690,071	628,245		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 & TRA	0.333418	9,062,600	3,021,634		63
64 INTRAVENOUS THERAPY					64
65 RESPIRATORY THERAPY	0.237006	18,419,957	4,365,640		65
66 PHYSICAL THERAPY	0.321201	2,696,229	866,031		66
67 OCCUPATIONAL THERAPY	0.256152	2,366,675	606,229		67
68 SPEECH PATHOLOGY	0.855731	1,031,628	882,796		68
69 ELECTROCARDIOLOGY	0.197213	29,311,174	5,780,545		69
70 ELECTROENCEPHALOGRAPHY	0.375136	1,290,373	484,065		70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.999069	1,343,154	1,341,904		71
73 DRUGS CHARGED TO PATIENTS	0.273391	44,380,119	12,133,125		73
74 RENAL DIALYSIS	0.265072	2,102,097	557,207		74
76 PULMONARY LABS	0.428801	493,657	211,681		76
76.01 OCCUPATIONAL HEALTH	2.166276				76.01
76.03 HYPERALIMENTATION					76.03
76.04 PERIPHERAL VASCULAR	0.134206	1,830,787	245,703		76.04
76.05 PEDIATRIC ENDO NUTRITION					76.05
76.07 GASTROINTESTINAL SERVICE	0.260966	2,377,015	620,320		76.07
76.09 BONE MARROW PROCUREMENT	0.841596	520,201	437,799		76.09
76.10 BARIATRICS	7.902040	119	940		76.10
76.11 HEPATOLOGY					76.11
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	1.122246	1,166	1,309		90
90.01 CARDIAC REHABILITATION	0.768191	284,812	218,790		90.01
90.02 CANCER CENTER	0.392526	500,263	196,366		90.02
90.03 PSYCH SOCIAL REHAB	1.654532	181	299		90.03
90.04 WELLNESS ASSESSMENT					90.04
90.06 HEART FAILURE CLINIC					90.06
90.07 LOC OUTPATIENT CENTER	0.436440	1,293,796	564,664		90.07
90.08 OBST OUTPATIENT CENTER	0.382925	62,632	23,983		90.08
90.09 ELMHURST IMMEDIATE CARE	0.766852	4,700	3,604		90.09
90.10 LAGRANGE FAMILY PCC	0.422317	16,495	6,966		90.10
90.12 NORTH RIVERSIDE PCC	0.634147	8,139	5,161		90.12
90.13 GLENDALE HEIGHTS PCC					90.13
90.14 WHEATON PCC	0.466903	12,636	5,900		90.14
90.15 OBST II PCC	0.496878	7,252	3,603		90.15
90.16 HICKORY HILLS PCC	0.531722	9,097	4,837		90.16
90.18 DARIEN PCC	0.641143	4,615	2,959		90.18
90.20 ORLANAD PARK - FP	0.774575	4,073	3,155		90.20
90.21 FAMILY PRACTICE MAYWOOD PCC	0.561205	7,687	4,314		90.21
90.22 HOMER GLEN PCC	0.428027	13,569	5,808		90.22
90.23 OAK PARK PCC	0.884957	2,559	2,265		90.23
90.24 PARK RIDGE PCC	0.337366	44,714	15,085		90.24

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
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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		
90.25 LOYOLA CLINIC AT GOTTLIEB	0.712115	195	139		90.25
90.26 WOODRIDGE PCC	0.000002				90.26
90.27 NEUROLOGY - NILES	1.078591				90.27
90.28 MARJORIE WEINBERG CANCER CENTER	0.291359	37,602	10,956		90.28
90.29 BURR RIDGE PCC	0.455316	155,504	70,803		90.29
90.30 RIVER FOREST	0.122335	65	8		90.30
91 EMERGENCY	0.164900	16,826,980	2,774,769		91
92 OBSERVATION BEDS (NON-DISTINCT					92
92.01 OBSERVATION BEDS-DISTINCT	0.044996	40,600	1,827		92.01
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
95 AMBULANCE SERVICES					95
97 DURABLE MEDICAL EQUIP-SOLD	0.542379				97
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		325,037,365	77,782,236		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		325,037,365			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	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 ICU					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	0.463713				50
50.01 AMBULATORY SURGERY CENTER	0.235663				50.01
51 RECOVERY ROOM	0.180854				51
52 DELIVERY ROOM & LABOR ROOM	0.414483				52
53 ANESTHESIOLOGY	0.060201				53
54 RADIOLOGY-DIAGNOSTIC	0.287881				54
54.01 RADIOLOGY-ULTRASOUND	0.114764				54.01
56 RADIOISOTOPE	0.201756				56
57 CT SCAN	0.063592				57
58 MRI	0.114540				58
59 CARDIAC CATHETERIZATION	0.290943				59
60 LABORATORY	0.105832				60
60.01 LABORATORY-SURGICAL PATHOLOGY	0.233542				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 & TRA	0.333418				63
64 INTRAVENOUS THERAPY					64
65 RESPIRATORY THERAPY	0.237006				65
66 PHYSICAL THERAPY	0.321201				66
67 OCCUPATIONAL THERAPY	0.256152				67
68 SPEECH PATHOLOGY	0.855731				68
69 ELECTROCARDIOLOGY	0.197213				69
70 ELECTROENCEPHALOGRAPHY	0.375136				70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.999069				71
73 DRUGS CHARGED TO PATIENTS	0.273391				73
74 RENAL DIALYSIS	0.265072				74
76 PULMONARY LABS	0.428801				76
76.01 OCCUPATIONAL HEALTH	2.166276				76.01
76.03 HYPERALIMENTATION					76.03
76.04 PERIPHERAL VASCULAR	0.134206				76.04
76.05 PEDIATRIC ENDO NUTRITION					76.05
76.07 GASTROINTESTINAL SERVICE	0.260966				76.07
76.09 BONE MARROW PROCUREMENT	0.841596				76.09
76.10 BARIATRICS	7.902040				76.10
76.11 HEPATOLOGY					76.11
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	1.122246				90
90.01 CARDIAC REHABILITATION	0.768191				90.01
90.02 CANCER CENTER	0.392526				90.02
90.03 PSYCH SOCIAL REHAB	1.654532				90.03
90.04 WELLNESS ASSESSMENT					90.04
90.06 HEART FAILURE CLINIC					90.06
90.07 LOC OUTPATIENT CENTER	0.436440				90.07
90.08 OB OUTPATIENT CENTER	0.382925				90.08
90.09 ELMHURST IMMEDIATE CARE	0.766852				90.09
90.10 LAGRANGE FAMILY PCC	0.422317				90.10
90.12 NORTH RIVERSIDE PCC	0.634147				90.12
90.13 GLENDALE HEIGHTS PCC					90.13
90.14 WHEATON PCC	0.466903				90.14
90.15 OB II PCC	0.496878				90.15
90.16 HICKORY HILLS PCC	0.531722				90.16
90.18 DARIEN PCC	0.641143				90.18
90.20 ORLANAD PARK - FP	0.774575				90.20
90.21 FAMILY PRACTICE MAYWOOD PCC	0.561205				90.21
90.22 HOMER GLEN PCC	0.428027				90.22
90.23 OAK PARK PCC	0.884957				90.23
90.24 PARK RIDGE PCC	0.337366				90.24

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
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KPMG LLP COMPU-MAX MICRO SYSTEM  
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INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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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	
90.25 LOYOLA CLINIC AT GOTTLIEB	0.712115			90.25
90.26 WOODRIDGE PCC	0.000002			90.26
90.27 NEUROLOGY - NILES	1.078591			90.27
90.28 MARJORIE WEINBERG CANCER CENTER	0.291359			90.28
90.29 BURR RIDGE PCC	0.455316			90.29
90.30 RIVER FOREST	0.122335			90.30
91 EMERGENCY	0.164900			91
92 OBSERVATION BEDS (NON-DISTINCT				92
92.01 OBSERVATION BEDS-DISTINCT	0.044996			92.01
OTHER REIMBURSABLE COST CENTERS				
94 HOME PROGRAM DIALYSIS				94
95 AMBULANCE SERVICES				95
97 DURABLE MEDICAL EQUIP-SOLD	0.542379			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 ICU					35.01
35.03 HEART TRANSPLANT ICU					35.03
35.04 BONE INTENSIVE CARE					35.04
41 SUBPROVIDER - IRF		6,799,060			41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.463713	34,482	15,990		50
50.01 AMBULATORY SURGERY CENTER	0.235663				50.01
51 RECOVERY ROOM	0.180854	53,929	9,753		51
52 DELIVERY ROOM & LABOR ROOM	0.414483				52
53 ANESTHESIOLOGY	0.060201	16,764	1,009		53
54 RADIOLOGY-DIAGNOSTIC	0.287881	282,688	81,381		54
54.01 RADIOLOGY-ULTRASOUND	0.114764	21,480	2,465		54.01
56 RADIOISOTOPE	0.201756	7,261	1,465		56
57 CT SCAN	0.063592	311,944	19,837		57
58 MRI	0.114540	135,839	15,559		58
59 CARDIAC CATHETERIZATION	0.290943	17,122	4,982		59
60 LABORATORY	0.105832	1,855,484	196,370		60
60.01 LABORATORY-SURGICAL PATHOLOGY	0.233542	13,103	3,060		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 & TRA	0.333418	113,396	37,808		63
64 INTRAVENOUS THERAPY					64
65 RESPIRATORY THERAPY	0.237006	1,355,895	321,355		65
66 PHYSICAL THERAPY	0.321201	19,898	6,391		66
67 OCCUPATIONAL THERAPY	0.256152	928,833	237,922		67
68 SPEECH PATHOLOGY	0.855731	322,151	275,675		68
69 ELECTROCARDIOLOGY	0.197213	80,293	15,835		69
70 ELECTROENCEPHALOGRAPHY	0.375136				70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.999069	195,193	195,011		71
73 DRUGS CHARGED TO PATIENTS	0.273391	2,897,959	792,276		73
74 RENAL DIALYSIS	0.265072	148,544	39,375		74
76 PULMONARY LABS	0.428801	3,693	1,584		76
76.01 OCCUPATIONAL HEALTH	2.166276				76.01
76.03 HYPERALIMENTATION					76.03
76.04 PERIPHERAL VASCULAR	0.134206	85,098	11,421		76.04
76.05 PEDIATRIC ENDO NUTRITION					76.05
76.07 GASTROINTESTINAL SERVICE	0.260966	11,635	3,036		76.07
76.09 BONE MARROW PROCUREMENT	0.841596				76.09
76.10 BARIATRICS	7.902040				76.10
76.11 HEPATOLOGY					76.11
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	1.122246				90
90.01 CARDIAC REHABILITATION	0.768191				90.01
90.02 CANCER CENTER	0.392526				90.02
90.03 PSYCH SOCIAL REHAB	1.654532				90.03
90.04 WELLNESS ASSESSMENT					90.04
90.06 HEART FAILURE CLINIC					90.06
90.07 LOC OUTPATIENT CENTER	0.436440	288,294	125,823		90.07
90.08 OBT OUTPATIENT CENTER	0.382925				90.08
90.09 ELMHURST IMMEDIATE CARE	0.766852				90.09
90.10 LAGRANGE FAMILY PCC	0.422317				90.10
90.12 NORTH RIVERSIDE PCC	0.634147				90.12
90.13 GLENDALE HEIGHTS PCC					90.13
90.14 WHEATON PCC	0.466903				90.14
90.15 OBT II PCC	0.496878				90.15
90.16 HICKORY HILLS PCC	0.531722				90.16
90.18 DARIEN PCC	0.641143				90.18
90.20 ORLANAD PARK - FP	0.774575				90.20
90.21 FAMILY PRACTICE MAYWOOD PCC	0.561205				90.21
90.22 HOMER GLEN PCC	0.428027				90.22
90.23 OAK PARK PCC	0.884957				90.23
90.24 PARK RIDGE PCC	0.337366				90.24

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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		
90.25 LOYOLA CLINIC AT GOTTLIEB	0.712115				90.25
90.26 WOODRIDGE PCC	0.000002				90.26
90.27 NEUROLOGY - NILES	1.078591				90.27
90.28 MARJORIE WEINBERG CANCER CENTER	0.291359				90.28
90.29 BURR RIDGE PCC	0.455316				90.29
90.30 RIVER FOREST	0.122335				90.30
91 EMERGENCY	0.164900	65,954	10,876		91
92 OBSERVATION BEDS (NON-DISTINCT					92
92.01 OBSERVATION BEDS-DISTINCT	0.044996				92.01
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
95 AMBULANCE SERVICES					95
97 DURABLE MEDICAL EQUIP-SOLD	0.542379				97
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		9,266,932	2,426,259		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		9,266,932			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 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 ICU				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	0.463713			50
50.01 AMBULATORY SURGERY CENTER	0.235663			50.01
51 RECOVERY ROOM	0.180854			51
52 DELIVERY ROOM & LABOR ROOM	0.414483			52
53 ANESTHESIOLOGY	0.060201			53
54 RADIOLOGY-DIAGNOSTIC	0.287881			54
54.01 RADIOLOGY-ULTRASOUND	0.114764			54.01
56 RADIOISOTOPE	0.201756			56
57 CT SCAN	0.063592			57
58 MRI	0.114540			58
59 CARDIAC CATHETERIZATION	0.290943			59
60 LABORATORY	0.105832			60
60.01 LABORATORY-SURGICAL PATHOLOGY	0.233542			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 & TRA	0.333418			63
64 INTRAVENOUS THERAPY				64
65 RESPIRATORY THERAPY	0.237006			65
66 PHYSICAL THERAPY	0.321201			66
67 OCCUPATIONAL THERAPY	0.256152			67
68 SPEECH PATHOLOGY	0.855731			68
69 ELECTROCARDIOLOGY	0.197213			69
70 ELECTROENCEPHALOGRAPHY	0.375136			70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.999069			71
73 DRUGS CHARGED TO PATIENTS	0.273391			73
74 RENAL DIALYSIS	0.265072			74
76 PULMONARY LABS	0.428801			76
76.01 OCCUPATIONAL HEALTH	2.166276			76.01
76.03 HYPERALIMENTATION				76.03
76.04 PERIPHERAL VASCULAR	0.134206			76.04
76.05 PEDIATRIC ENDO NUTRITION				76.05
76.07 GASTROINTESTINAL SERVICE	0.260966			76.07
76.09 BONE MARROW PROCUREMENT	0.841596			76.09
76.10 BARIATRICS	7.902040			76.10
76.11 HEPATOLOGY				76.11
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	1.122246			90
90.01 CARDIAC REHABILITATION	0.768191			90.01
90.02 CANCER CENTER	0.392526			90.02
90.03 PSYCH SOCIAL REHAB	1.654532			90.03
90.04 WELLNESS ASSESSMENT				90.04
90.06 HEART FAILURE CLINIC				90.06
90.07 LOC OUTPATIENT CENTER	0.436440			90.07
90.08 OB T OUTPATIENT CENTER	0.382925			90.08
90.09 ELMHURST IMMEDIATE CARE	0.766852			90.09
90.10 LAGRANGE FAMILY PCC	0.422317			90.10
90.12 NORTH RIVERSIDE PCC	0.634147			90.12
90.13 GLENDALE HEIGHTS PCC				90.13
90.14 WHEATON PCC	0.466903			90.14
90.15 OB T II PCC	0.496878			90.15
90.16 HICKORY HILLS PCC	0.531722			90.16
90.18 DARIEN PCC	0.641143			90.18
90.20 ORLANAD PARK - FP	0.774575			90.20
90.21 FAMILY PRACTICE MAYWOOD PCC	0.561205			90.21
90.22 HOMER GLEN PCC	0.428027			90.22
90.23 OAK PARK PCC	0.884957			90.23

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

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INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK  TITLE V  HOSPITAL (14-0276)  SUB (OTHER)  S/B SNF  PPS  
 APPLICABLE  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	
90.24 PARK RIDGE PCC	0.337366			90.24
90.25 LOYOLA CLINIC AT GOTTLIEB	0.712115			90.25
90.26 WOODRIDGE PCC	0.000002			90.26
90.27 NEUROLOGY - NILES	1.078591			90.27
90.28 MARJORIE WEINBERG CANCER CENTER	0.291359			90.28
90.29 BURR RIDGE PCC	0.455316			90.29
90.30 RIVER FOREST	0.122335			90.30
91 EMERGENCY	0.164900			91
92 OBSERVATION BEDS (NON-DISTINCT				92
92.01 OBSERVATION BEDS-DISTINCT	0.044996			92.01
OTHER REIMBURSABLE COST CENTERS				
94 HOME PROGRAM DIALYSIS				94
95 AMBULANCE SERVICES				95
97 DURABLE MEDICAL EQUIP-SOLD	0.542379			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	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 ICU				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	0.463713			50
50.01 AMBULATORY SURGERY CENTER	0.235663			50.01
51 RECOVERY ROOM	0.180854			51
52 DELIVERY ROOM & LABOR ROOM	0.414483			52
53 ANESTHESIOLOGY	0.060201			53
54 RADIOLOGY-DIAGNOSTIC	0.287881			54
54.01 RADIOLOGY-ULTRASOUND	0.114764			54.01
56 RADIOISOTOPE	0.201756			56
57 CT SCAN	0.063592			57
58 MRI	0.114540			58
59 CARDIAC CATHETERIZATION	0.290943			59
60 LABORATORY	0.105832			60
60.01 LABORATORY-SURGICAL PATHOLOGY	0.233542			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 & TRA	0.333418			63
64 INTRAVENOUS THERAPY				64
65 RESPIRATORY THERAPY	0.237006			65
66 PHYSICAL THERAPY	0.321201			66
67 OCCUPATIONAL THERAPY	0.256152			67
68 SPEECH PATHOLOGY	0.855731			68
69 ELECTROCARDIOLOGY	0.197213			69
70 ELECTROENCEPHALOGRAPHY	0.375136			70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.999069			71
73 DRUGS CHARGED TO PATIENTS	0.273391			73
74 RENAL DIALYSIS	0.265072			74
76 PULMONARY LABS	0.428801			76
76.01 OCCUPATIONAL HEALTH	2.166276			76.01
76.03 HYPERALIMENTATION				76.03
76.04 PERIPHERAL VASCULAR	0.134206			76.04
76.05 PEDIATRIC ENDO NUTRITION				76.05
76.07 GASTROINTESTINAL SERVICE	0.260966			76.07
76.09 BONE MARROW PROCUREMENT	0.841596			76.09
76.10 BARIATRICS	7.902040			76.10
76.11 HEPATOLOGY				76.11
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	1.122246			90
90.01 CARDIAC REHABILITATION	0.768191			90.01
90.02 CANCER CENTER	0.392526			90.02
90.03 PSYCH SOCIAL REHAB	1.654532			90.03
90.04 WELLNESS ASSESSMENT				90.04
90.06 HEART FAILURE CLINIC				90.06
90.07 LOC OUTPATIENT CENTER	0.436440			90.07
90.08 OB OUTPATIENT CENTER	0.382925			90.08
90.09 ELMHURST IMMEDIATE CARE	0.766852			90.09
90.10 LAGRANGE FAMILY PCC	0.422317			90.10
90.12 NORTH RIVERSIDE PCC	0.634147			90.12
90.13 GLENDALE HEIGHTS PCC				90.13
90.14 WHEATON PCC	0.466903			90.14
90.15 OB II PCC	0.496878			90.15
90.16 HICKORY HILLS PCC	0.531722			90.16
90.18 DARIEN PCC	0.641143			90.18
90.20 ORLANAD PARK - FP	0.774575			90.20
90.21 FAMILY PRACTICE MAYWOOD PCC	0.561205			90.21
90.22 HOMER GLEN PCC	0.428027			90.22
90.23 OAK PARK PCC	0.884957			90.23
90.24 PARK RIDGE PCC	0.337366			90.24

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11  
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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	
90.25 LOYOLA CLINIC AT GOTTLIEB	0.712115			90.25
90.26 WOODRIDGE PCC	0.000002			90.26
90.27 NEUROLOGY - NILES	1.078591			90.27
90.28 MARJORIE WEINBERG CANCER CENTER	0.291359			90.28
90.29 BURR RIDGE PCC	0.455316			90.29
90.30 RIVER FOREST	0.122335			90.30
91 EMERGENCY	0.164900			91
92 OBSERVATION BEDS (NON-DISTINCT				92
92.01 OBSERVATION BEDS-DISTINCT	0.044996			92.01
OTHER REIMBURSABLE COST CENTERS				
94 HOME PROGRAM DIALYSIS				94
95 AMBULANCE SERVICES				95
97 DURABLE MEDICAL EQUIP-SOLD	0.542379			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	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 ICU					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	0.463713				50
50.01 AMBULATORY SURGERY CENTER	0.235663				50.01
51 RECOVERY ROOM	0.180854				51
52 DELIVERY ROOM & LABOR ROOM	0.414483				52
53 ANESTHESIOLOGY	0.060201				53
54 RADIOLOGY-DIAGNOSTIC	0.287881				54
54.01 RADIOLOGY-ULTRASOUND	0.114764				54.01
56 RADIOISOTOPE	0.201756				56
57 CT SCAN	0.063592				57
58 MRI	0.114540				58
59 CARDIAC CATHETERIZATION	0.290943				59
60 LABORATORY	0.105832				60
60.01 LABORATORY-SURGICAL PATHOLOGY	0.233542				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 & TRA	0.333418				63
64 INTRAVENOUS THERAPY					64
65 RESPIRATORY THERAPY	0.237006				65
66 PHYSICAL THERAPY	0.321201				66
67 OCCUPATIONAL THERAPY	0.256152				67
68 SPEECH PATHOLOGY	0.855731				68
69 ELECTROCARDIOLOGY	0.197213				69
70 ELECTROENCEPHALOGRAPHY	0.375136				70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.999069				71
73 DRUGS CHARGED TO PATIENTS	0.273391				73
74 RENAL DIALYSIS	0.265072				74
76 PULMONARY LABS	0.428801				76
76.01 OCCUPATIONAL HEALTH	2.166276				76.01
76.03 HYPERALIMENTATION					76.03
76.04 PERIPHERAL VASCULAR	0.134206				76.04
76.05 PEDIATRIC ENDO NUTRITION					76.05
76.07 GASTROINTESTINAL SERVICE	0.260966				76.07
76.09 BONE MARROW PROCUREMENT	0.841596				76.09
76.10 BARIATRICS	7.902040				76.10
76.11 HEPATOLOGY					76.11
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	1.122246				90
90.01 CARDIAC REHABILITATION	0.768191				90.01
90.02 CANCER CENTER	0.392526				90.02
90.03 PSYCH SOCIAL REHAB	1.654532				90.03
90.04 WELLNESS ASSESSMENT					90.04
90.06 HEART FAILURE CLINIC					90.06
90.07 LOC OUTPATIENT CENTER	0.436440				90.07
90.08 OB OUTPATIENT CENTER	0.382925				90.08
90.09 ELMHURST IMMEDIATE CARE	0.766852				90.09
90.10 LAGRANGE FAMILY PCC	0.422317				90.10
90.12 NORTH RIVERSIDE PCC	0.634147				90.12
90.13 GLENDALE HEIGHTS PCC					90.13
90.14 WHEATON PCC	0.466903				90.14
90.15 OB II PCC	0.496878				90.15
90.16 HICKORY HILLS PCC	0.531722				90.16
90.18 DARIEN PCC	0.641143				90.18
90.20 ORLANAD PARK - FP	0.774575				90.20
90.21 FAMILY PRACTICE MAYWOOD PCC	0.561205				90.21
90.22 HOMER GLEN PCC	0.428027				90.22
90.23 OAK PARK PCC	0.884957				90.23
90.24 PARK RIDGE PCC	0.337366				90.24

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
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KPMG LLP COMPU-MAX MICRO SYSTEM  
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VERSION: 2013.11  
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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	
90.25 LOYOLA CLINIC AT GOTTLIEB	0.712115			90.25
90.26 WOODRIDGE PCC	0.000002			90.26
90.27 NEUROLOGY - NILES	1.078591			90.27
90.28 MARJORIE WEINBERG CANCER CENTER	0.291359			90.28
90.29 BURR RIDGE PCC	0.455316			90.29
90.30 RIVER FOREST	0.122335			90.30
91 EMERGENCY	0.164900			91
92 OBSERVATION BEDS (NON-DISTINCT				92
92.01 OBSERVATION BEDS-DISTINCT	0.044996			92.01
OTHER REIMBURSABLE COST CENTERS				
94 HOME PROGRAM DIALYSIS				94
95 AMBULANCE SERVICES				95
97 DURABLE MEDICAL EQUIP-SOLD	0.542379			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	57,348	38	873.15		39	34,053	1
2 INTENSIVE CARE UNIT	45,614	43	1,754.16		14	24,558	2
3 CORONARY CARE UNIT		44					3
4 BURN INTENSIVE CARE UNIT		45	2,568.41				4
5 SURGICAL INTENSIVE CARE UNIT		46					5
6 NEONATAL INTENSIVE CARE		47	1,361.71				6
6.01 PEDIATRIC ICU		47.01	1,809.51				6.01
6.03 HEART TRANSPLANT ICU		47.03	1,674.69				6.03
6.04 BONE INTENSIVE CARE		47.04	2,394.15				6.04
7 TOTAL (SUM OF LINES 1-6)	102,962				53	58,611	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	0.463713	295,891		137,209		8
8.01 AMBULATORY SURGERY CENTER	50.01	0.235663					8.01
9 RECOVERY ROOM	51	0.180854	170,961		30,919		9
10 DELIVERY ROOM & LABOR ROOM	52	0.414483					10
11 ANESTHESIOLOGY	53	0.060201	292,175		17,589		11
12 RADIOLOGY-DIAGNOSTIC	54	0.287881	932,204		268,364		12
12.01 RADIOLOGY-ULTRASOUND	54.01	0.114764					12.01
13 RADIOLOGY-THERAPEUTIC	55						13
14 RADIOISOTOPE	56	0.201756					14
15 CT SCAN	57	0.063592	48,521		3,086		15
16 MRI	58	0.114540					16
17 CARDIAC CATHETERIZATION	59	0.290943	153,482		44,655		17
18 LABORATORY	60	0.105832	1,984,123		209,984		18
18.01 LABORATORY-SURGICAL PATHOLOGY	60.01	0.233542					18.01
18.02 LABORATORY-NEUROSURGICAL	60.02						18.02
18.03 LABORATORY-HLA	60.03						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	0.333418	742		247		21
22 INTRAVENOUS THERAPY	64		1,632				22
23 RESPIRATORY THERAPY	65	0.237006	15,084		3,575		23
24 PHYSICAL THERAPY	66	0.321201					24
25 OCCUPATIONAL THERAPY	67	0.256152					25
26 SPEECH PATHOLOGY	68	0.855731					26
27 ELECTROCARDIOLOGY	69	0.197213	426,903		84,191		27
28 ELECTROENCEPHALOGRAPHY	70	0.375136	3,462		1,299		28
29 MEDICAL SUPPLIES CHARGED TO PAT	71	0.999069	354,215		353,885		29
30 IMPL. DEV. CHARGED TO PATIENTS	72						30
31 DRUGS CHARGED TO PATIENTS	73	0.273391	279,141		76,315		31
32 RENAL DIALYSIS	74	0.265072					32
33 ASC (NON-DISTINCT PART)	75						33
34 PULMONARY LABS	76	0.428801					34
34.01 OCCUPATIONAL HEALTH	76.01	2.166276					34.01
34.03 HYPERALIMENTATION	76.03						34.03
34.04 PERIPHERAL VASCULAR	76.04	0.134206					34.04
34.05 PEDIATRIC ENDO NUTRITION	76.05						34.05
34.07 GASTROINTESTINAL SERVICE	76.07	0.260966	21,872		5,708		34.07
34.09 BONE MARROW PROCUREMENT	76.09	0.841596					34.09
34.10 BARIATRICS	76.10	7.902040					34.10
34.11 HEPATOLOGY	76.11						34.11
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	88						35
36 FEDERALLY QUALIFIED HEALTH CENT	89						36
37 CLINIC	90	1.122246	38,886		43,640		37
37.01 CARDIAC REHABILITATION	90.01	0.768191					37.01
37.02 CANCER CENTER	90.02	0.392526					37.02
37.03 PSYCH SOCIAL REHAB	90.03	1.654532					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	0.436440					37.07
37.08 OB OUTPATIENT CENTER	90.08	0.382925					37.08
37.09 ELMHURST IMMEDIATE CARE	90.09	0.766852					37.09
37.10 LAGRANGE FAMILY PCC	90.10	0.422317					37.10

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	
37.12 NORTH RIVERSIDE PCC	90.12	0.634147			37.12
37.13 GLENDALE HEIGHTS PCC	90.13				37.13
37.14 WHEATON PCC	90.14	0.466903			37.14
37.15 OBH II PCC	90.15	0.496878			37.15
37.16 HICKORY HILLS PCC	90.16	0.531722			37.16
37.18 DARIEN PCC	90.18	0.641143			37.18
37.20 ORLANAD PARK - FP	90.20	0.774575			37.20
37.21 FAMILY PRACTICE MAYWOOD PCC	90.21	0.561205			37.21
37.22 HOMER GLEN PCC	90.22	0.428027			37.22
37.23 OAK PARK PCC	90.23	0.884957			37.23
37.24 PARK RIDGE PCC	90.24	0.337366			37.24
37.25 LOYOLA CLINIC AT GOTTLIEB	90.25	0.712115			37.25
37.26 WOODRIDGE PCC	90.26	0.000002			37.26
37.27 NEUROLOGY - NILES	90.27	1.078591			37.27
37.28 MARJORIE WEINBERG CANCER CENTER	90.28	0.291359			37.28
37.29 BURR RIDGE PCC	90.29	0.455316			37.29
37.30 RIVER FOREST	90.30	0.122335			37.30
38 EMERGENCY	91	0.164900	6,897	1,137	38
39 OBSERVATION BEDS (NON-DISTINCT)	92				39
39.01 OBSERVATION BEDS-DISTINCT	92.01	0.044996	15,004	675	39.01
40 OTHER OUTPATIENT SERVICE (SPECI	93				40
41 TOTAL (SUM OF LINES 8-40)			5,041,195	1,282,478	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		39		42
43 INTENSIVE CARE UNIT	3		14		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 ICU	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)			53		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		21			49
50 FEDERALLY QUALIFIED HEALTH CENT CLINIC	38,886	22			50
51 CLINIC		23			51
51.01 CARDIAC REHABILITATION		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		23.07			51.07
51.08 OB OUTPATIENT CENTER		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		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		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
51.30 RIVER FOREST		23.30			51.30
52 EMERGENCY	6,897	24			52
53 OBSERVATION BEDS (NON-DISTINCT)		25			53
53.01 OBSERVATION BEDS-DISTINCT	15,004	25.01			53.01
54 OTHER OUTPATIENT SERVICE (SPECI)		26			54
55 TOTAL (SUM OF LINES 49-54)	60,787				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	1,341,089		5,144,157		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	3,945,885		3,945,885		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	5,286,974		9,090,042		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		116			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		76			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62)		0.655172			64
65 MEDICARE COST/CHARGES	3,463,877		5,955,541		65
66 REVENUE FOR ORGANS SOLD	129,491				66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	3,334,386		5,955,541		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	3,334,386		5,955,541		69

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
70 ORGANS EXCISED IN PROVIDER				70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS	39	27		71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		50		73
74 TOTAL (SUM OF LINES 70-73)	39	77		74
75 ORGANS TRANSPLANTED	39	50		75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S		27	291,280	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)	39	77		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	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	873.15			1
2	INTENSIVE CARE UNIT	3,394	43	1,754.16	1	1,754	2
3	CORONARY CARE UNIT		44				3
4	BURN INTENSIVE CARE UNIT		45	2,568.41			4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	NEONATAL INTENSIVE CARE		47	1,361.71			6
6.01	PEDIATRIC ICU		47.01	1,809.51			6.01
6.03	HEART TRANSPLANT ICU		47.03	1,674.69			6.03
6.04	BONE INTENSIVE CARE		47.04	2,394.15			6.04
7	TOTAL (SUM OF LINES 1-6)	3,394			1	1,754	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	0.463713		54,972	25,491	8
8.01	AMBULATORY SURGERY CENTER	50.01	0.235663				8.01
9	RECOVERY ROOM	51	0.180854		30,771	5,565	9
10	DELIVERY ROOM & LABOR ROOM	52	0.414483				10
11	ANESTHESIOLOGY	53	0.060201		4,260	256	11
12	RADIOLOGY-DIAGNOSTIC	54	0.287881		249,371	71,789	12
12.01	RADIOLOGY-ULTRASOUND	54.01	0.114764				12.01
13	RADIOLOGY-THERAPEUTIC	55					13
14	RADIOISOTOPE	56	0.201756				14
15	CT SCAN	57	0.063592		62,303	3,962	15
16	MRI	58	0.114540				16
17	CARDIAC CATHETERIZATION	59	0.290943		121,436	35,331	17
18	LABORATORY	60	0.105832		274,576	29,059	18
18.01	LABORATORY-SURGICAL PATHOLOGY	60.01	0.233542				18.01
18.02	LABORATORY-NEUROSURGICAL	60.02					18.02
18.03	LABORATORY-HLA	60.03					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	0.333418		106	35	21
22	INTRAVENOUS THERAPY	64			959		22
23	RESPIRATORY THERAPY	65	0.237006		66,826	15,838	23
24	PHYSICAL THERAPY	66	0.321201				24
25	OCCUPATIONAL THERAPY	67	0.256152				25
26	SPEECH PATHOLOGY	68	0.855731				26
27	ELECTROCARDIOLOGY	69	0.197213		95,907	18,914	27
28	ELECTROENCEPHALOGRAPHY	70	0.375136		6,180	2,318	28
29	MEDICAL SUPPLIES CHARGED TO PAT	71	0.999069		43,300	43,260	29
30	IMPL. DEV. CHARGED TO PATIENTS	72					30
31	DRUGS CHARGED TO PATIENTS	73	0.273391		32,379	8,852	31
32	RENAL DIALYSIS	74	0.265072				32
33	ASC (NON-DISTINCT PART)	75					33
34	PULMONARY LABS	76	0.428801				34
34.01	OCCUPATIONAL HEALTH	76.01	2.166276				34.01
34.03	HYPERALIMENTATION	76.03					34.03
34.04	PERIPHERAL VASCULAR	76.04	0.134206				34.04
34.05	PEDIATRIC ENDO NUTRITION	76.05					34.05
34.07	GASTROINTESTINAL SERVICE	76.07	0.260966		19,976	5,213	34.07
34.09	BONE MARROW PROCUREMENT	76.09	0.841596				34.09
34.10	BIATRICS	76.10	7.902040				34.10
34.11	HEPATOLOGY	76.11					34.11
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	88					35
36	FEDERALLY QUALIFIED HEALTH CENT	89					36
37	CLINIC	90	1.122246		10,577	11,870	37
37.01	CARDIAC REHABILITATION	90.01	0.768191				37.01
37.02	CANCER CENTER	90.02	0.392526				37.02
37.03	PSYCH SOCIAL REHAB	90.03	1.654532				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	0.436440				37.07
37.08	OBT OUTPATIENT CENTER	90.08	0.382925				37.08
37.09	ELMHURST IMMEDIATE CARE	90.09	0.766852				37.09
37.10	LAGRANGE FAMILY PCC	90.10	0.422317				37.10

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	
37.12 NORTH RIVERSIDE PCC	90.12	0.634147			37.12
37.13 GLENDALE HEIGHTS PCC	90.13				37.13
37.14 WHEATON PCC	90.14	0.466903			37.14
37.15 OB T II PCC	90.15	0.496878			37.15
37.16 HICKORY HILLS PCC	90.16	0.531722			37.16
37.18 DARIEN PCC	90.18	0.641143			37.18
37.20 ORLANAD PARK - FP	90.20	0.774575			37.20
37.21 FAMILY PRACTICE MAYWOOD PCC	90.21	0.561205			37.21
37.22 HOMER GLEN PCC	90.22	0.428027			37.22
37.23 OAK PARK PCC	90.23	0.884957			37.23
37.24 PARK RIDGE PCC	90.24	0.337366			37.24
37.25 LOYOLA CLINIC AT GOTTLIEB	90.25	0.712115			37.25
37.26 WOODRIDGE PCC	90.26	0.000002			37.26
37.27 NEUROLOGY - NILES	90.27	1.078591			37.27
37.28 MARJORIE WEINBERG CANCER CENTER	90.28	0.291359			37.28
37.29 BURR RIDGE PCC	90.29	0.455316			37.29
37.30 RIVER FOREST	90.30	0.122335			37.30
38 EMERGENCY	91	0.164900	6,468	1,067	38
39 OBSERVATION BEDS (NON-DISTINCT)	92				39
39.01 OBSERVATION BEDS-DISTINCT	92.01	0.044996	9,791	441	39.01
40 OTHER OUTPATIENT SERVICE (SPECI	93				40
41 TOTAL (SUM OF LINES 8-40)			1,090,158	279,261	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		1		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 ICU	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)			1		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		21			49
50 FEDERALLY QUALIFIED HEALTH CENT CLINIC		22			50
51 CLINIC	10,577	23			51
51.01 CARDIAC REHABILITATION		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		23.07			51.07
51.08 OB OUTPATIENT CENTER		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		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		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
51.30 RIVER FOREST		23.30			51.30
52 EMERGENCY	6,468	24			52
53 OBSERVATION BEDS (NON-DISTINCT)		25			53
53.01 OBSERVATION BEDS-DISTINCT	9,791	25.01			53.01
54 OTHER OUTPATIENT SERVICE (SPECI)		26			54
55 TOTAL (SUM OF LINES 49-54)	26,836				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	281,015		1,093,552		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	1,143,164		1,143,164		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	1,424,179		2,236,716		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		13			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		4			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62)		0.307692			64
65 MEDICARE COST/CHARGES	438,208		688,220		65
66 REVENUE FOR ORGANS SOLD	9,592				66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	428,616		688,220		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	428,616		688,220		69

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
70 ORGANS EXCISED IN PROVIDER		2		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		11		73
74 TOTAL (SUM OF LINES 70-73)		13		74
75 ORGANS TRANSPLANTED		11		75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S		2	23,640	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)		13		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)

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		38	873.15			1
2 INTENSIVE CARE UNIT	15,511	43	1,754.16	5	8,771	2
3 CORONARY CARE UNIT		44				3
4 BURN INTENSIVE CARE UNIT		45	2,568.41			4
5 SURGICAL INTENSIVE CARE UNIT		46				5
6 NEONATAL INTENSIVE CARE		47	1,361.71			6
6.01 PEDIATRIC ICU		47.01	1,809.51			6.01
6.03 HEART TRANSPLANT ICU		47.03	1,674.69			6.03
6.04 BONE INTENSIVE CARE		47.04	2,394.15			6.04
7 TOTAL (SUM OF LINES 1-6)	15,511			5	8,771	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	0.463713		37,286	17,290	8
8.01 AMBULATORY SURGERY CENTER	50.01	0.235663				8.01
9 RECOVERY ROOM	51	0.180854		3,144	569	9
10 DELIVERY ROOM & LABOR ROOM	52	0.414483				10
11 ANESTHESIOLOGY	53	0.060201		31,771	1,913	11
12 RADIOLOGY-DIAGNOSTIC	54	0.287881		70,959	20,428	12
12.01 RADIOLOGY-ULTRASOUND	54.01	0.114764				12.01
13 RADIOLOGY-THERAPEUTIC	55					13
14 RADIOISOTOPE	56	0.201756				14
15 CT SCAN	57	0.063592		47,544	3,023	15
16 MRI	58	0.114540				16
17 CARDIAC CATHETERIZATION	59	0.290943		9,444	2,748	17
18 LABORATORY	60	0.105832		147,903	15,653	18
18.01 LABORATORY-SURGICAL PATHOLOGY	60.01	0.233542				18.01
18.02 LABORATORY-NEUROSURGICAL	60.02					18.02
18.03 LABORATORY-HLA	60.03					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	0.333418		952	317	21
22 INTRAVENOUS THERAPY	64			482		22
23 RESPIRATORY THERAPY	65	0.237006		16,357	3,877	23
24 PHYSICAL THERAPY	66	0.321201				24
25 OCCUPATIONAL THERAPY	67	0.256152				25
26 SPEECH PATHOLOGY	68	0.855731				26
27 ELECTROCARDIOLOGY	69	0.197213		68,492	13,508	27
28 ELECTROENCEPHALOGRAPHY	70	0.375136				28
29 MEDICAL SUPPLIES CHARGED TO PAT	71	0.999069		21,482	21,462	29
30 IMPL. DEV. CHARGED TO PATIENTS	72					30
31 DRUGS CHARGED TO PATIENTS	73	0.273391		29,238	7,993	31
32 RENAL DIALYSIS	74	0.265072				32
33 ASC (NON-DISTINCT PART)	75					33
34 PULMONARY LABS	76	0.428801				34
34.01 OCCUPATIONAL HEALTH	76.01	2.166276				34.01
34.03 HYPERALIMENTATION	76.03					34.03
34.04 PERIPHERAL VASCULAR	76.04	0.134206				34.04
34.05 PEDIATRIC ENDO NUTRITION	76.05					34.05
34.07 GASTROINTESTINAL SERVICE	76.07	0.260966		14,878	3,883	34.07
34.09 BONE MARROW PROCUREMENT	76.09	0.841596				34.09
34.10 BARIATRICS	76.10	7.902040				34.10
34.11 HEPATOLOGY	76.11					34.11
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	88					35
36 FEDERALLY QUALIFIED HEALTH CENT	89					36
37 CLINIC	90	1.122246		7,212	8,094	37
37.01 CARDIAC REHABILITATION	90.01	0.768191				37.01
37.02 CANCER CENTER	90.02	0.392526				37.02
37.03 PSYCH SOCIAL REHAB	90.03	1.654532				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	0.436440				37.07
37.08 OB OUTPATIENT CENTER	90.08	0.382925				37.08
37.09 ELMHURST IMMEDIATE CARE	90.09	0.766852				37.09
37.10 LAGRANGE FAMILY PCC	90.10	0.422317				37.10

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	
37.12 NORTH RIVERSIDE PCC	90.12	0.634147			37.12
37.13 GLENDALE HEIGHTS PCC	90.13				37.13
37.14 WHEATON PCC	90.14	0.466903			37.14
37.15 OB T II PCC	90.15	0.496878			37.15
37.16 HICKORY HILLS PCC	90.16	0.531722			37.16
37.18 DARIEN PCC	90.18	0.641143			37.18
37.20 ORLANAD PARK - FP	90.20	0.774575			37.20
37.21 FAMILY PRACTICE MAYWOOD PCC	90.21	0.561205			37.21
37.22 HOMER GLEN PCC	90.22	0.428027			37.22
37.23 OAK PARK PCC	90.23	0.884957			37.23
37.24 PARK RIDGE PCC	90.24	0.337366			37.24
37.25 LOYOLA CLINIC AT GOTTLIEB	90.25	0.712115			37.25
37.26 WOODRIDGE PCC	90.26	0.000002			37.26
37.27 NEUROLOGY - NILES	90.27	1.078591			37.27
37.28 MARJORIE WEINBERG CANCER CENTER	90.28	0.291359			37.28
37.29 BURR RIDGE PCC	90.29	0.455316			37.29
37.30 RIVER FOREST	90.30	0.122335			37.30
38 EMERGENCY	91	0.164900			38
39 OBSERVATION BEDS (NON-DISTINCT)	92		3,518		39
39.01 OBSERVATION BEDS-DISTINCT	92.01	0.044996			39.01
40 OTHER OUTPATIENT SERVICE (SPECI	93				40
41 TOTAL (SUM OF LINES 8-40)			510,662	120,758	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		5		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 ICU	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)			5		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		21			49
50 FEDERALLY QUALIFIED HEALTH CENT CLINIC		22			50
51 CLINIC	7,212	23			51
51.01 CARDIAC REHABILITATION		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		23.07			51.07
51.08 OB OUTPATIENT CENTER		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		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		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
51.30 RIVER FOREST		23.30			51.30
52 EMERGENCY		24			52
53 OBSERVATION BEDS (NON-DISTINCT)	3,518	25			53
53.01 OBSERVATION BEDS-DISTINCT		25.01			53.01
54 OTHER OUTPATIENT SERVICE (SPECI)		26			54
55 TOTAL (SUM OF LINES 49-54)	10,730				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	129,529		526,173		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	2,197,345		2,197,345		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	2,326,874		2,723,518		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		44			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		25			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62)		0.568182			64
65 MEDICARE COST/CHARGES	1,322,088		1,547,454		65
66 REVENUE FOR ORGANS SOLD	47,960				66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	1,274,128		1,547,454		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	1,274,128		1,547,454		69

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
70 ORGANS EXCISED IN PROVIDER		10		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		34		73
74 TOTAL (SUM OF LINES 70-73)		44		74
75 ORGANS TRANSPLANTED		34		75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S				77
78 ORGANS SOLD TO TRANSPLANT HOSPITALS		10	125,970	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)		44		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)

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	873.15			1
2 INTENSIVE CARE UNIT	5,307	43	1,754.16	2	3,508	2
3 CORONARY CARE UNIT		44				3
4 BURN INTENSIVE CARE UNIT		45	2,568.41			4
5 SURGICAL INTENSIVE CARE UNIT		46				5
6 NEONATAL INTENSIVE CARE		47	1,361.71			6
6.01 PEDIATRIC ICU		47.01	1,809.51			6.01
6.03 HEART TRANSPLANT ICU		47.03	1,674.69			6.03
6.04 BONE INTENSIVE CARE		47.04	2,394.15			6.04
7 TOTAL (SUM OF LINES 1-6)	5,307			2	3,508	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			
8 OPERATING ROOM	50	0.463713		189,925	88,071	8
8.01 AMBULATORY SURGERY CENTER	50.01	0.235663				8.01
9 RECOVERY ROOM	51	0.180854		72,608	13,131	9
10 DELIVERY ROOM & LABOR ROOM	52	0.414483				10
11 ANESTHESIOLOGY	53	0.060201		13,714	826	11
12 RADIOLOGY-DIAGNOSTIC	54	0.287881		135,255	38,937	12
12.01 RADIOLOGY-ULTRASOUND	54.01	0.114764				12.01
13 RADIOLOGY-THERAPEUTIC	55					13
14 RADIOISOTOPE	56	0.201756				14
15 CT SCAN	57	0.063592		68,134	4,333	15
16 MRI	58	0.114540				16
17 CARDIAC CATHETERIZATION	59	0.290943		177,045	51,510	17
18 LABORATORY	60	0.105832		179,771	19,026	18
18.01 LABORATORY-SURGICAL PATHOLOGY	60.01	0.233542				18.01
18.02 LABORATORY-NEUROSURGICAL	60.02					18.02
18.03 LABORATORY-HLA	60.03					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	0.333418		636	212	21
22 INTRAVENOUS THERAPY	64			367		22
23 RESPIRATORY THERAPY	65	0.237006		48,927	11,596	23
24 PHYSICAL THERAPY	66	0.321201		7,117	2,286	24
25 OCCUPATIONAL THERAPY	67	0.256152				25
26 SPEECH PATHOLOGY	68	0.855731				26
27 ELECTROCARDIOLOGY	69	0.197213		67,120	13,237	27
28 ELECTROENCEPHALOGRAPHY	70	0.375136				28
29 MEDICAL SUPPLIES CHARGED TO PAT	71	0.999069		131,159	131,037	29
30 IMPL. DEV. CHARGED TO PATIENTS	72					30
31 DRUGS CHARGED TO PATIENTS	73	0.273391		70,579	19,296	31
32 RENAL DIALYSIS	74	0.265072				32
33 ASC (NON-DISTINCT PART)	75					33
34 PULMONARY LABS	76	0.428801				34
34.01 OCCUPATIONAL HEALTH	76.01	2.166276				34.01
34.03 HYPERALIMENTATION	76.03					34.03
34.04 PERIPHERAL VASCULAR	76.04	0.134206				34.04
34.05 PEDIATRIC ENDO NUTRITION	76.05					34.05
34.07 GASTROINTESTINAL SERVICE	76.07	0.260966		20,598	5,375	34.07
34.09 BONE MARROW PROCUREMENT	76.09	0.841596				34.09
34.10 BARIATRICS	76.10	7.902040				34.10
34.11 HEPATOLOGY	76.11					34.11
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	88					35
36 FEDERALLY QUALIFIED HEALTH CENT	89					36
37 CLINIC	90	1.122246		8,014	8,994	37
37.01 CARDIAC REHABILITATION	90.01	0.768191				37.01
37.02 CANCER CENTER	90.02	0.392526				37.02
37.03 PSYCH SOCIAL REHAB	90.03	1.654532				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	0.436440				37.07
37.08 OB OUTPATIENT CENTER	90.08	0.382925				37.08
37.09 ELMHURST IMMEDIATE CARE	90.09	0.766852				37.09
37.10 LAGRANGE FAMILY PCC	90.10	0.422317				37.10

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	
37.12 NORTH RIVERSIDE PCC	90.12	0.634147			37.12
37.13 GLENDALE HEIGHTS PCC	90.13				37.13
37.14 WHEATON PCC	90.14	0.466903			37.14
37.15 OB T II PCC	90.15	0.496878			37.15
37.16 HICKORY HILLS PCC	90.16	0.531722			37.16
37.18 DARIEN PCC	90.18	0.641143			37.18
37.20 ORLANAD PARK - FP	90.20	0.774575			37.20
37.21 FAMILY PRACTICE MAYWOOD PCC	90.21	0.561205			37.21
37.22 HOMER GLEN PCC	90.22	0.428027			37.22
37.23 OAK PARK PCC	90.23	0.884957			37.23
37.24 PARK RIDGE PCC	90.24	0.337366			37.24
37.25 LOYOLA CLINIC AT GOTTLIEB	90.25	0.712115			37.25
37.26 WOODRIDGE PCC	90.26	0.000002			37.26
37.27 NEUROLOGY - NILES	90.27	1.078591			37.27
37.28 MARJORIE WEINBERG CANCER CENTER	90.28	0.291359			37.28
37.29 BURR RIDGE PCC	90.29	0.455316			37.29
37.30 RIVER FOREST	90.30	0.122335			37.30
38 EMERGENCY	91	0.164900			38
39 OBSERVATION BEDS (NON-DISTINCT)	92				39
39.01 OBSERVATION BEDS-DISTINCT	92.01	0.044996	5,630	253	39.01
40 OTHER OUTPATIENT SERVICE (SPECI	93				40
41 TOTAL (SUM OF LINES 8-40)			1,196,599	408,120	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 ICU	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		21			49
50 FEDERALLY QUALIFIED HEALTH CENT CLINIC	8,014	22			50
51 CLINIC		23			51
51.01 CARDIAC REHABILITATION		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		23.07			51.07
51.08 OB OUTPATIENT CENTER		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		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		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
51.30 RIVER FOREST		23.30			51.30
52 EMERGENCY		24			52
53 OBSERVATION BEDS (NON-DISTINCT)		25			53
53.01 OBSERVATION BEDS-DISTINCT	5,630	25.01			53.01
54 OTHER OUTPATIENT SERVICE (SPECI)		26			54
55 TOTAL (SUM OF LINES 49-54)	13,644				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	411,628		1,201,906		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	1,689,114		1,689,114		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	2,100,742		2,891,020		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		26			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		16			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62)		0.615385			64
65 MEDICARE COST/CHARGES	1,292,765		1,779,090		65
66 REVENUE FOR ORGANS SOLD	23,980				66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	1,268,785		1,779,090		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	1,268,785		1,779,090		69

PART IV - STATISTICS

	LIVING RELATED 1	CADAVERIC 2	REVENUE 3	
70 ORGANS EXCISED IN PROVIDER		5		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		21		73
74 TOTAL (SUM OF LINES 70-73)		26		74
75 ORGANS TRANSPLANTED		21		75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S		5	51,337	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)		26		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	88,643,161	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	4,585,592	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS	6,431,770	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	453.81	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	379.14	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS	13.29	11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	320.06	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	319.57	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	322.81	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	320.81	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	320.81	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.706926	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.702430	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.702430	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	30,863,414	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)	72.37	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)	30,863,414	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0520	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (SEE INSTRUCTIONS)	0.2448	31
32	SUM OF LINES 30 AND 31	0.2968	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.1370	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	12,144,113	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)	136,236,280	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)	136,236,280	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	10,027,317	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)	8,808,572	52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES	649	54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)	6,305,915	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)	208,150	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	161,586,883	59
60	PRIMARY PAYER PAYMENTS	112,655	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	161,474,228	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	5,860,756	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	540,265	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	1,287,794	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	901,456	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	760,592	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	155,974,663	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
70.93	HVBP PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	166,860	70.93
70.94	HOSPITAL READMISSIONS REDUCTION ADJUSTMENT (SEE INSTRUCTIONS)	-257,849	70.94
71	AMOUNT DUE PROVIDER (SEE INSTRUCTIONS)	155,883,674	71
71.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	779,418	71.01
72	INTERIM PAYMENTS	153,399,125	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS LINES 71.01, 72 AND 73)	1,705,131	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2	1,732,537	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                                 IPF                                 IRF (14-T276)  
    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 (SEE INSTRUCTIONS) ' T4 - 10/25/13 JF		37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (SEE INSTRUCTIONS)		40
40.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		40.01
41	INTERIM PAYMENTS		41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (SEE INSTRUCTIONS)		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	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		152,344,023		61,808,144	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 05/16/2013	1,055,102	05/16/2013	455,876	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	NONE		NONE	3.50
	.51				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)		1,055,102		455,876	
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		153,399,125		62,264,020	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	NONE		NONE	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	NONE		NONE	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	2,484,549			6.01
	TO .02				
	PROVIDER .03				
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	PROGRAM .05				
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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	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		8,537,522		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		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 .02 .03 .04 .05 .06 .07 .08 .09 .50 .51 .52 .53 .54 .55 .56 .57 .58 .59 .99	NONE		3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09 3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59 3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)				
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		8,537,522		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 TO .02 PROVIDER .03 .04 .05 .06 .07 .08 .09 PROVIDER .50 TO .51 PROGRAM .52 .53 .54 .55 .56 .57 .58 .59 .99	NONE		5.01 5.02 5.03 5.04 5.05 5.06 5.07 5.08 5.09 5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59 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 TO .01 PROVIDER PROVIDER TO .02 PROGRAM	-116,298		6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		8,421,224		7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:	NPR DATE:	8

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11  
11/26/2013 08:19

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1  
PART II

CHECK [XX] HOSPITAL (14-0276) [ ] CAH  
APPLICABLE BOX

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

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	23,245	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	43,315	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	3,302	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	115,454	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	2,142,993,742	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	57,661,296	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)	1,982,247	8
9	SEQUESTRATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	39,645	9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (SEE INSTRUCTIONS)	1,942,602	10

INPATIENT HOSPITAL SERVICES UNDER PPS & CAH

30	INITIAL/INTERIM HIT PAYMENT(S)	1,923,960	30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 (OR LINE 10) MINUS LINE 30 AND LINE 31) (SEE INSTRUCTIONS)	18,642	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
4.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii) (F)(1) OR (2) (SEE INSTRUCTIONS)	4.01
5	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)	5
6	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R EXCLUDING FTEs IN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)	6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE NEW PROGRAM GROWTH PERIOD 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	TEACHING ADJUSTMENT FACTOR $\{(1 + (\text{LINE 8}/\text{LINE 9})) \text{ RAISED TO THE POWER OF } .5150^{-1}\}$	10
11	TEACHING 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) (FOR FREESTANDING IPF ONLY)	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
31.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	31.01
32	INTERIM PAYMENTS	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)	33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 31.01, 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)	7,483,687	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.040500	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	506,646	3
4	OUTLIER PAYMENTS	50,902	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
5.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii)(F)(1) OR (2) (SEE INSTRUCTIONS)		5.01
6	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R EXCLUDING FTEs IN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)	4.17	7
8	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE NEW PROGRAM GROWTH PERIOD 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)	23.306849	10
11	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 9}/\text{LINE 10})) \text{ RAISED TO THE POWER OF } .6876 - 1\}$	0.068856	11
12	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 11)	515,297	12
13	TOTAL PPS PAYMENT (SUM OF LINES 1, 3, 4 AND 12)	8,556,532	13
14	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENTS (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)	8,556,532	17
18	PRIMARY PAYER PAYMENTS		18
19	SUBTOTAL LINE 17b LESS LINE 18)	8,556,532	19
20	DEDUCTIBLES	51,424	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	8,505,108	21
22	COINSURANCE	94,787	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	8,410,321	23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	14,410	24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	10,087	25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	10,844	26
27	SUBTOTAL (SUM OF LINES 23 AND 25)	8,420,408	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) (FOR FREESTANDING IRF ONLY)		28
29	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	816	29
30	OUTLIER PAYMENTS RECONCILIATION		30
31	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	8,421,224	32
32.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	42,106	32.01
33	INTERIM PAYMENTS	8,537,522	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS LINES 32.01, 33 AND 34)	-158,404	35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	12,870	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

	INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX	
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	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) (FOR CAH, SEE INSTRUCTIONS)			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 [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

	INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX	
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	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) (FOR CAH, SEE INSTRUCTIONS)			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

	INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX
COMPUTATION OF NET COST OF COVERED SERVICES		
1 INPATIENT HOSPITAL SNF/NF SERVICES	1,021,509	1
2 MEDICAL AND OTHER SERVICES		2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	1,021,509	4
5 INPATIENT PRIMARY PAYER PAYMENTS		5
6 OUTPATIENT PRIMARY PAYER PAYMENTS		6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	1,021,509	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	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))	1,021,509	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) (FOR CAH, SEE INSTRUCTIONS)		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 42 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 ADJUSTED CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 AND 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)		395.36	6
7	ENTER THE LESSER OF LINE 5 OR LINE 6		328.62	7
		PRIMARY CARE	OTHER	TOTAL
		1	2	3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	123.66	226.12	349.78 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	102.79	187.95	290.74 9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		13.06	10
11	TOTAL WEIGHTED FTE COUNT	102.79	201.01	11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	102.90	201.74	12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	111.58	216.95	13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	105.76	206.57	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	105.76	206.57	17
18	PER RESIDENT AMOUNT	105,976.20	100,350.14	18
19	APPROVED AMOUNT FOR RESIDENT COSTS	11,208,043	20,729,328	31,937,371 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 UNWEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			66.74 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)			31,937,371 25
COMPUTATION OF PROGRAM PATIENT LOAD		INPATIENT	MANAGED	
		PART A	CARE	
26	INPATIENT DAYS	49,343	3,302	26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	123,961	123,961	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.398053	0.026637	28
29	PROGRAM DIRECT GME AMOUNT	12,712,766	850,716	29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE		120,206	30
31	NET PROGRAM DIRECT GME AMOUNT			13,443,276 31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
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)			26,857,293 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)			136,476,189 37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			6,305,915 38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			115,757 40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			142,666,347 41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			75,074,751 42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			9,630 43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			75,065,121 44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			217,731,468 45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.655240 46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.344760 47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			13,443,276 48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			8,808,572 49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			4,634,704 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 42 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 ADJUSTED CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 AND 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	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)				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 UNWEIGHTED 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	27,822			26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	123,961			27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.224442			28
29	PROGRAM DIRECT GME AMOUNT				29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE				30
31	NET PROGRAM DIRECT GME AMOUNT				31
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
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	1,879,525			1
2 TEMPORARY INVESTMENTS	195,038,161			2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	133,881,043			4
5 OTHER RECEIVABLES	24,545,340			5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7 INVENTORY	16,066,000			7
8 PREPAID EXPENSES	3,552,174			8
9 OTHER CURRENT ASSETS				9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	374,962,243			11
FIXED ASSETS				
12 LAND	8,850,000			12
13 LAND IMPROVEMENTS	140,126			13
14 ACCUMULATED DEPRECIATION				14
15 BUILDINGS	338,397,630			15
16 ACCUMULATED DEPRECIATION	-30,952,054			16
17 LEASEHOLD IMPROVEMENTS	42,304,537			17
18 ACCUMULATED AMORTIZATION	-15,004,045			18
19 FIXED EQUIPMENT				19
20 ACCUMULATED DEPRECIATION				20
21 AUTOMOBILES AND TRUCKS				21
22 ACCUMULATED DEPRECIATION				22
23 MAJOR MOVABLE EQUIPMENT	124,206,314			23
24 ACCUMULATED DEPRECIATION	-34,110,589			24
25 MINOR EQUIPMENT DEPRECIABLE	171,808			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)	434,003,727			30
OTHER ASSETS				
31 INVESTMENTS	77,827,680			31
32 DEPOSITS ON LEASES				32
33 DUE FROM OWNERS/OFFICERS				33
34 OTHER ASSETS	51,468,147			34
35 TOTAL OTHER ASSETS (SUM OF LINES 31-34)	129,295,827			35
36 TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	938,261,797			36
LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
37 ACCOUNTS PAYABLE	58,498,126			37
38 SALARIES, WAGES & FEES PAYABLE	99,565,155			38
39 PAYROLL TAXES PAYABLE				39
40 NOTES & LOANS PAYABLE (SHORT TERM)	3,793,955			40
41 DEFERRED INCOME				41
42 ACCELERATED PAYMENTS				42
43 DUE TO OTHER FUNDS				43
44 OTHER CURRENT LIABILITIES	83,750,763			44
45 TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	245,607,999			45
LONG-TERM LIABILITIES				
46 MORTGAGE PAYABLE				46
47 NOTES PAYABLE				47
48 UNSECURED LOANS				48
49 OTHER LONG TERM LIABILITIES	451,822,366			49
50 TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	451,822,366			50
51 TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	697,430,365			51
CAPITAL ACCOUNTS				
52 GENERAL FUND BALANCE	240,831,432			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)	240,831,432			59
60 TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	938,261,797			60



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	149,880,056		149,880,056	2
3 SUBPROVIDER IPF				3
5 SUBPROVIDER IRF	10,608,440		10,608,440	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)	160,488,496		160,488,496	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	59,993,952		59,993,952	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT	20,529,248		20,529,248	14
15 SURGICAL INTENSIVE CARE UNIT				15
15.01 NEONATAL INTENSIVE CARE	27,234,636		27,234,636	15.01
15.03 PEDIATRIC ICU	7,179,690		7,179,690	15.03
15.04 HEART TRANSPLANT ICU	10,382,430		10,382,430	15.04
16 BONE INTENSIVE CARE	15,499,246		15,499,246	16
TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	140,819,202		140,819,202	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	301,307,698		301,307,698	17
18 ANCILLARY SERVICES	842,672,945		842,672,945	18
19 OUTPATIENT SERVICES		1,003,841,716	1,003,841,716	19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY		5,649,457	5,649,457	22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE				26
27 OTHER (SPECIFY)				27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	1,143,980,643	2,587,696 1,012,078,869	2,587,696 2,156,059,512	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		980,632,027	29
30 ADD (SPECIFY)			30
31 POST RETIREMENT & PENSION			31
32 OTHER EXPENSES			32
33 GOODWILL			33
34 HOUSESTAFF REIMBURSEMENT			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)			36
37 DEDUCT (SPECIFY)			37
38 ACADEMIC SUPPORT			38
39 OTHER EXPENSES			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)			42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		980,632,027	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	2,156,059,512	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	1,897,123,760	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	258,935,752	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	980,632,027	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-721,696,275	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	10,970,652	7
8	REVENUES FROM TELEPHONE AND OTHER MISCELLANEOUS COMMUNICATION SERVICES		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)	64,750,314	24
24.01	OTHER (FACULTY PROFESSIONAL FEES)		24.01
24.02	OTHER (PHYSICIAN PROFESSIONAL FEES)	673,870,311	24.02
24.03	OTHER (FACULTY & STRATEGIC SUP CAPITATION)	18,601,025	24.03
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	768,192,302	25
26	TOTAL (LINE 5 PLUS LINE 25)	46,496,027	26
27	OTHER EXPENSES (OTHER EXPENSES)		27
27.01	OTHER EXPENSES (ACADEMIC SUPPORT)		27.01
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	46,496,027	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	799,768			63,715	294,584	1,158,067
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE	1,965,221				121,051	2,086,272
7 PHYSICAL THERAPY	480,888			116,799	33,078	630,765
8 OCCUPATIONAL THERAPY	134,781			10,594	9,606	154,981
9 SPEECH PATHOLOGY	6,598			11,177	1,362	19,137
10 MEDICAL SOCIAL SERVICES	33,701			1,629	929	36,259
11 HOME HEALTH AIDE	127,091			2,674	19,179	148,944
12 SUPPLIES (SEE INSTRUCTIONS)						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)	3,548,048			206,588	479,789	4,234,425

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		1,158,067	293,713	1,451,780	5
6		2,086,272	-112,325	1,973,947	6
7		630,765	-27,486	603,279	7
8		154,981	-7,704	147,277	8
9		19,137	-377	18,760	9
10		36,259	-1,926	34,333	10
11		148,944	-7,264	141,680	11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24		4,234,425	136,631	4,371,056	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	
	0	1	2	3	4	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	1,451,780					1,451,780	1,451,780		5
HHA REIMBURSABLE SERVICES									
6 SKILLED NURSING CARE	1,973,947					1,973,947	981,661	2,955,608	6
7 PHYSICAL THERAPY	603,279					603,279	300,015	903,294	7
8 OCCUPATIONAL THERAPY	147,277					147,277	73,242	220,519	8
9 SPEECH PATHOLOGY	18,760					18,760	9,329	28,089	9
10 MEDICAL SOCIAL SERVICES	34,333					34,333	17,074	51,407	10
11 HOME HEALTH AIDE	141,680					141,680	70,459	212,139	11
12 SUPPLIES (SEE INSTRUCTIONS)									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)	4,371,056					4,371,056		4,371,056	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					-1,451,780	2,919,276	5
6	3,373		3,373			1,973,947	6
7	1,698		1,698			603,279	7
8	30		30			147,277	8
9	172		172			18,760	9
10	26		26			34,333	10
11	430		430			141,680	11
12							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		-1,451,780	2,919,276	24
25						1,451,780	25
26						0.497308	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						203,557	819	204,376	1	
2 SKILLED NURSING CARE	457				12,735	3,381,699	13,600	3,395,299	2	
3 PHYSICAL THERAPY	232				5,445	1,022,912	4,114	1,027,026	3	
4 OCCUPATIONAL THERAPY	3				1,357	248,414	999	249,413	4	
5 SPEECH PATHOLOGY	26				30	31,390	126	31,516	5	
6 MEDICAL SOCIAL SERVICES	3				94	58,062	234	58,296	6	
7 HOME HEALTH AIDE	58				870	242,295	975	243,270	7	
8 SUPPLIES					880	1,913	8	1,921	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)	779					21,411	5,190,242	20,875	5,211,117	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	164	204,540	329	204,869	28,551	233,420	1,811	235,231	1
2 SKILLED NURSING CARE	2,729	3,398,028	5,460	3,403,488	474,324	3,877,812	30,080	3,907,892	2
3 PHYSICAL THERAPY	826	1,027,852	1,652	1,029,504	143,476	1,172,980	9,099	1,182,079	3
4 OCCUPATIONAL THERAPY	201	249,614	401	250,015	34,843	284,858	2,210	287,068	4
5 SPEECH PATHOLOGY	25	31,541	51	31,592	4,403	35,995	279	36,274	5
6 MEDICAL SOCIAL SERVICES	47	58,343	94	58,437	8,144	66,581	516	67,097	6
7 HOME HEALTH AIDE	196	243,466	391	243,857	33,985	277,842	2,155	279,997	7
8 SUPPLIES	2	1,923	3	1,926	268	2,194	17	2,211	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)	4,190	5,215,307	8,381	5,223,688	727,994	5,951,682	46,167	5,997,849	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	236,438		236,438			1
2 SKILLED NURSING CARE	4,098,845		4,098,845	159,314	4,258,159	2
3 PHYSICAL THERAPY	1,274,742		1,274,742	49,545	1,324,287	3
4 OCCUPATIONAL THERAPY	290,059		290,059	11,274	301,333	4
5 SPEECH PATHOLOGY	45,217		45,217	1,757	46,974	5
6 MEDICAL SOCIAL SERVICES	68,751		68,751	2,672	71,423	6
7 HOME HEALTH AIDE	303,348		303,348	11,790	315,138	7
8 SUPPLIES	2,222		2,222	86	2,308	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)	6,319,622		6,319,622	236,438	6,319,622	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.				0.038867		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 DEPARTMENT 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	5,729				799,768			1
2 SKILLED NURSING CARE		3,373			1,965,221	1,607	3,357,560	142
3 PHYSICAL THERAPY		1,698			480,888	809	1,435,418	72
4 OCCUPATIONAL THERAPY		30			134,781	14	357,886	1
5 SPEECH PATHOLOGY		172			6,598	82	8,023	8
6 MEDICAL SOCIAL SERVICES		26			33,701	12	24,787	1
7 HOME HEALTH AIDE		430			127,091	205	229,305	18
8 SUPPLIES							231,997	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			3,548,048	2,729	5,644,976	242
21 TOTAL COST TO BE ALLOCATED	57,609	26,823			647,476	39,945	25,143	779
22 UNIT COST MULTIPLIER	10.055682				0.182488		0.004454	22
22 UNIT COST MULTIPLIER		4.681969				14.637230		3.219008

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
	NUMBER OF ISSUES	NUMBER OF VISITS	INPATIENT REVENUE	GROSS REVENUE				
	5.04	5.05	5.06	5.07	4A.08	5.08		5.09
1 ADMINISTRATIVE AND GENERAL						203,557		204,376
2 SKILLED NURSING CARE				3,357,560		3,381,699		3,395,299
3 PHYSICAL THERAPY				1,435,418		1,022,912		1,027,026
4 OCCUPATIONAL THERAPY				357,886		248,414		249,413
5 SPEECH PATHOLOGY				8,023		31,390		31,516
6 MEDICAL SOCIAL SERVICES				24,787		58,062		58,296
7 HOME HEALTH AIDE				229,305		242,295		243,270
8 SUPPLIES				231,997		1,913		1,921
9 DRUGS								
10 DME								
11 HOME DIALYSIS AIDE SERVICES								
12 RESPIRATORY THERAPY								
13 PRIVATE DUTY NURSING								
14 CLINIC								
15 HEALTH PROMOTION ACTIVITIES								
16 DAY CARE PROGRAM								
17 HOME DELIVERED MEALS PROGRAM								
18 HOMEMAKER SERVICE								
19 ALL OTHERS								
19.50 TELEMEDICINE								
20 TOTAL (SUM OF LINES 1-19)				5,644,976		5,190,242		5,211,117
21 TOTAL COST TO BE ALLOCATED				21,411		20,875		4,190
22 UNIT COST MULTIPLIER								
22 UNIT COST MULTIPLIER				0.003793		0.004022		0.000804

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		204,540		204,869		233,420		235,231	1
2 SKILLED NURSING CARE		3,398,028		3,403,488		3,877,812		3,907,892	2
3 PHYSICAL THERAPY		1,027,852		1,029,504		1,172,980		1,182,079	3
4 OCCUPATIONAL THERAPY		249,614		250,015		284,858		287,068	4
5 SPEECH PATHOLOGY		31,541		31,592		35,995		36,274	5
6 MEDICAL SOCIAL SERVICES		58,343		58,437		66,581		67,097	6
7 HOME HEALTH AIDE		243,466		243,857		277,842		279,997	7
8 SUPPLIES		1,923		1,926		2,194		2,211	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)		5,215,307		5,223,688		5,951,682		5,997,849	20
21 TOTAL COST TO BE ALLOCATED		8,381		727,994		46,167		30,781	21
22 UNIT COST MULTIPLIER									22
22 UNIT COST MULTIPLIER		0.001607		0.139364		0.007757		0.005132	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 SQUARE FEET	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	3,373	3,373		222		58,627	2
3 PHYSICAL THERAPY	1,698	1,698	1,698		112		35,173	3
4 OCCUPATIONAL THERAPY	30	30	30		2		610	4
5 SPEECH PATHOLOGY	172	172	172		12		3,568	5
6 MEDICAL SOCIAL SERVICES	26	26	26		2		528	6
7 HOME HEALTH AIDE	430	430	430		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	5,729	5,729		378		107,408	20
21 TOTAL COST TO BE ALLOCATED		138,484	17,063		7,644		11,977	21
22 UNIT COST MULTIPLIER			2.978356		20.222222		0.111509	22
22 UNIT COST MULTIPLIER		24.172456						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 TRANSPORT 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 INPATIENT REVENUE 16	SOCIAL SERVICE TIME SPENT 17	HOSPITAL MEDICAL ADMIN MED ADMIN COMPENSATI 17.01	
1 ADMINISTRATIVE AND GENERAL									1
2 SKILLED NURSING CARE		1,487	2,072		2,991			39,857	2
3 PHYSICAL THERAPY		747	1,043		1,504			20,863	3
4 OCCUPATIONAL THERAPY		13	18		26			362	4
5 SPEECH PATHOLOGY		75	106		153			2,116	5
6 MEDICAL SOCIAL SERVICES		11	16		23			313	6
7 HOME HEALTH AIDE		189	264		381			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			68,791	20
21 TOTAL COST TO BE ALLOCATED		113,477	1,254		1,025			68	21
22 UNIT COST MULTIPLIER			0.356351		0.201851				22
22 UNIT COST MULTIPLIER		44.994845						0.000989	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	4,258,159		4,258,159	16,829	253.03	1
2	PHYSICAL THERAPY	3	1,324,287	461,058	1,785,345	6,807	262.28	2
3	OCCUPATIONAL THERAPY	4	301,333	91,673	393,006	1,727	227.57	3
4	SPEECH PATHOLOGY	5	46,974	6,866	53,840	184	292.61	4
5	MEDICAL SOCIAL SERVICES	6	71,423		71,423	85	840.27	5
6	HOME HEALTH AIDE	7	315,138		315,138	1,963	160.54	6
7	TOTAL (SUM OF LINES 1-6)		6,317,314	559,597	6,876,911	27,595		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	2,308	236,258	238,566	64,650	3.690116	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 A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
PATIENT SERVICES	6	7	8	9	10	11	12
1 SKILLED NURSING CARE	4,384	2,743		1,109,284	694,061		1,803,345
2 PHYSICAL THERAPY	2,510	1,414		658,323	370,864		1,029,187
3 OCCUPATIONAL THERAPY	630	361		143,369	82,153		225,522
4 SPEECH PATHOLOGY	54	28		15,801	8,193		23,994
5 MEDICAL SOCIAL SERVICES	18	30		15,125	25,208		40,333
6 HOME HEALTH AIDE	484	837		77,701	134,372		212,073
7 TOTAL (SUM OF LINES 1-6)	8,080	5,413		2,019,603	1,314,851		3,334,454

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	16974	2	3	4,384	2,743		8
9 PHYSICAL THERAPY	16974	2,510	1,414				9
10 OCCUPATIONAL THERAPY	16974	630	361				10
11 SPEECH PATHOLOGY	16974	54	28				11
12 MEDICAL SOCIAL SERVICES	16974	18	30				12
13 HOME HEALTH AIDE	16974	484	837				13
14 TOTAL (SUM OF LINES 8-13)		8,080	5,413				14

SUPPLIES AND DRUGS COST COMPUTATIONS	PROGRAM COVERED CHARGES			COST OF SERVICES			
	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
OTHER PATIENT SERVICES	6	7	8	9	10	11	
15 COST OF MEDICAL SUPPLIES							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	0.321201	1,435,418	461,058	COL 2, LINE 2	1
2 OCCUPATIONAL THERAPY	0.256152	357,886	91,673	COL 2, LINE 3	2
3 SPEECH PATHOLOGY	0.855731	8,023	6,866	COL 2, LINE 4	3
4 MEDICAL SUPPLIES CHARGED TO PA	0.999069	236,478	236,258	COL 2, LINE 15	4
5 DRUGS CHARGED TO PATIENTS	0.273391			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				1
2 REASONABLE COST OF SERVICES (SEE INSTRUCTIONS)				2
3 TOTAL CHARGES	5,649,458			2
CUSTOMARY CHARGES				
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS (FROM YOUR RECORDS)				3
5 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)				4
6 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
7 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	5,649,458			6
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (COMPLETE ONLY IF LINE 6 EXCEEDS LINE 1)	5,649,458			7
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 1 EXCEEDS LINE 6)				8
PRIMARY PAYER PAYMENTS	3,102	2,471		9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A		PART B		
	SERVICES 1	SERVICES 2	SERVICES 2	SERVICES 3	
10 TOTAL REASONABLE COST (SEE INSTRUCTIONS)		-3,102	-2,471		10
11 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	1,473,125		977,452		11
12 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	10,759		7,920		12
13 TOTAL PPS REIMBURSEMENT - LUPA EPISODES					13
14 TOTAL PPS REIMBURSEMENT - PEP EPISODES					14
15 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	7,749		2,201		15
16 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES					16
17 TOTAL OTHER PAYMENTS					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)	1,488,531		985,102		22
23 EXCESS REASONABLE COST (FROM LINE 8)					23
24 SUBTOTAL (LINE 22 MINUS LINE 23)	1,488,531		985,102		24
25 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)					25
26 NET COST (LINE 24 MINUS LINE 25)	1,488,531		985,102		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)	1,488,531		985,102		29
30 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)					30
31 SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)	1,488,531		985,102		31
31.01 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	6,007		4,604		31.01
32 INTERIM PAYMENTS (SEE INSTRUCTIONS)	1,482,524		980,498		32
33 TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)					33
34 BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 31.01, 32 AND 33)					34
35 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2					35

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

HHA NO.: 14-7257

WORKSHEET H-5

DESCRIPTION	PART A		PART B		
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,482,524		980,498	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 .02 PROGRAM .03 TO .04 PROVIDER .05 .06 .07 .08 .09 .50 .51 PROVIDER .52 TO .53 PROGRAM .54 .55 .56 .57 .58 .59 .99	NONE		NONE	3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09 3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59 3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)					
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST H-4, PART II, COLUMN AS APPROPRIATE, LINE 32)		1,482,524		980,498	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 .02 PROGRAM .03 TO .04 PROVIDER .05 .06 .07 .08 .09 PROVIDER .50 TO .51 PROGRAM .52 .53 .54 .55 .56 .57 .58 .59 .99	NONE		NONE	5.01 5.02 5.03 5.04 5.05 5.06 5.07 5.08 5.09 5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59 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 (SEE INSTR.)	PROGRAM TO .01 PROVIDER PROVIDER TO .02 PROGRAM	6,007		4,604	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		1,488,531		985,102	7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:		NPR DATE:	8

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	1,256,213	HOURS OF SERVICE	31,658.00	15.22	1
2 LICENSED PRACTICAL NURSES		HOURS OF SERVICE			2
3 NURSES AIDES		HOURS OF SERVICE			3
4 TECHNICIANS	1,063,778	HOURS OF SERVICE	53,213.00	25.58	4
5 SOCIAL WORKERS		HOURS OF SERVICE			5
6 DIETICIANS		HOURS OF SERVICE			6
7 PHYSICIANS		ACCUMULATED COST			7
8 NON-PATIENT CARE SALARY	148,763	ACCUMULATED COST			8
9 SUBTOTAL (SUM OF LINES 1-8)	2,468,754				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	1,841,100	REQUISITIONS			14
15 DRUGS		REQUISITIONS			15
16 OTHER	343,771	ACCUMULATED COST			16
17 SUBTOTAL (SUM OF LINES 9-16)	4,653,625				17
18 CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			18
19 CAPITAL RELATED COSTS-MOVABLE EQUIPMENT		PERCENTAGE OF TIME			19
20 EMPLOYEE BENEFITS DEPARTMENT		SALARY			20
21 ADMINISTRATIVE AND GENERAL	1,176,850	ACCUMULATED COST			21
22 MAINT./REPAIRS-OPERATION-HOUSEKEEPING	327,600	SQUARE FEET			22
23 MEDICAL EDUCATION PROGRAM COSTS					23
24 CENTRAL SERVICES & SUPPLIES	142,869	REQUISITIONS			24
25 PHARMACY	-276,358	REQUISITIONS			25
26 OTHER ALLOCATED COSTS	401,398	ACCUMULATED COST			26
27 SUBTOTAL (SUM OF LINES 17-26)	7,119,103				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
30.10 BARIATRICS		CHARGES			30.10
30.11 HEPATOLOGY		CHARGES			30.11
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)	7,119,103				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 PATIENT CARE	SALARY	EMPLOYEE			
	BUILDING	EQUIPMENT	RNs	OTHER	BENEFITS	DRUGS		
	1	2	3	4	DEPARTMENT	6		
					5			
1	TOTAL RENAL DEPT COSTS	500,518	69,683	1,256,213	1,063,778	450,518	-276,358	1
	MAINTENANCE							
2	HEMODIALYSIS	352,746	49,111	803,524	680,433	288,182	-176,766	2
3	INTERMITTENT PERITONEAL							3
	TRAINING							
4	HEMODIALYSIS							4
5	INTERMITTENT PERITONEAL							5
6	CAPD	427	59	1,414	1,219	513	-314	6
7	CCPD	256	36	1,337	1,135	450	-296	7
	HOME							
8	HEMODIALYSIS							8
9	INTERMITTENT PERITONEAL							9
10	CAPD	11,689	1,627	6,800	5,780	2,446	-1,500	10
11	CCPD	94,362	13,137	336,585	285,023	120,718	-74,046	11
	OTHER BILLABLE SERVICES							
12	INPATIENT DIALYSIS	41,038	5,713	106,553	90,188	38,209	-23,436	12
13	METHOD II HOME PATIENT							13
14	EPO (INCL IN RENAL DEPT)							14
15	ARANESP (INCL IN RENAL DEPT)						636,277	15
16	OTHER							16
17	TOTAL (SUM OF LINES 2-16)	500,518	69,683	1,256,213	1,063,778	450,518	-276,358	17
18	MEDICAL EDUC PGM COSTS							18
19	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	1,983,969		5,048,321	2,070,782	7,119,103	1
2 HEMODIALYSIS	1,268,989		3,266,219	1,339,777	4,605,996	2
3 INTERMITTENT PERITONEAL TRAINING						3
4 HEMODIALYSIS						4
5 INTERMITTENT PERITONEAL						5
6 CAPD	2,259		5,577	2,288	7,865	6
7 CCPD	2,130		5,048	2,071	7,119	7
HOME						
8 HEMODIALYSIS						8
9 INTERMITTENT PERITONEAL						9
10 CAPD	10,769		37,611	15,428	53,039	10
11 CCPD	531,567		1,307,346	536,263	1,843,609	11
OTHER BILLABLE SERVICES						
12 INPATIENT DIALYSIS	168,255		426,520	174,955	601,475	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)	1,983,969		5,048,321	2,070,782	7,119,103	17
18 MEDICAL EDUC PGM COSTS						18
19 TOTAL RENAL COSTS (LINES 17+18)					7,119,103	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)	DEPARTMENT	
		FEET)	TIME)			(SALARY)	
		1	2	3	4	5	
1	TOTAL RENAL DEPT COSTS	500,518	69,683	1,256,213	1,063,778	450,518	1
	MAINTENANCE						
2	HEMODIALYSIS	8,269	8,269.00	21,032.00	32,374.00	1,579,069	2
3	INTERMITTENT PERITONEAL						3
	TRAINING						
4	HEMODIALYSIS						4
5	INTERMITTENT PERITONEAL						5
6	CAPD	10	10.00	37.00	58.00	2,809	6
7	CCPD	6	6.00	35.00	54.00	2,468	7
	HOME						
8	HEMODIALYSIS						8
9	INTERMITTENT PERITONEAL						9
10	CAPD	274	274.00	178.00	275.00	13,401	10
11	CCPD	2,212	2,212.00	8,810.00	13,561.00	661,463	11
	OTHER BILLABLE SERVICES						
12	INPT DIAL TRIMNTS	962	962.00	2,789.00	4,291.00	209,360	
13	METHOD II HOME PATIENT						13
14	EPO						14
15	ARANESP						15
16	OTHER						16
17	TOTAL STATISTICAL BASIS	11,733	11,733.00	32,881.00	50,613.00	2,468,570	17
18	UNIT COST MULTIPLIER	42.658996	5.939061	38.204830	21.017881	0.182502	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:             [ XX ] 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	-276,358	1,983,969		5,048,321	2,070,782	1
2 HEMODIALYSIS	1,139,969	255,005				2
3 INTERMITTENT PERITONEAL TRAINING						3
4 HEMODIALYSIS						4
5 INTERMITTENT PERITONEAL						5
6 CAPD	2,028	454				6
7 CCPD	1,912	428				7
8 HOME HEMODIALYSIS						8
9 INTERMITTENT PERITONEAL						9
10 CAPD	9,675	2,164				10
11 CCPD	477,527	106,819				11
OTHER BILLABLE SERVICES						
12 INPT DIAL TRTMNTS	151,141	33,811				13
13 METHOD II HOME PATIENT						14
14 EPO						15
15 ARANESP						16
16 OTHER						17
17 TOTAL STATISTICAL BASIS	1,782,252	398,681			5,048,321	18
18 UNIT COST MULTIPLIER (LINE 1 ÷ LINE 17)	-0.155061	4.976332			0.410192	

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	NUMBER OF PROGRAM TREATMENTS 4.01	NUMBER OF PROGRAM TREATMENTS 4.02	TOTAL PROGRAM EXPENSES (SEE INSTR.) 5	
1 MAINTENANCE - HEMODIALYSIS	22,287	4,605,996	206.67		7,643	7,643	3,159,158	1
2 MAINTENANCE - PERITONEAL DIALYSIS								2
3 TRAINING - HEMODIALYSIS								3
4 TRAINING - PERITONEAL DIALYSIS								4
5 TRAINING - CAPD	35	7,865	224.71		12	12	5,393	5
6 TRAINING - CCPD	33	7,119	215.73		7	8	3,236	6
7 HOME PROGRAM - HEMODIALYSIS								7
8 HOME PROGRAM - PERITONEAL DIALYSIS								8
	PATIENT WEEKS			PATIENT WEEKS			PATIENT WEEKS	
9 HOME PROGRAM - CAPD	167	53,039	317.60		72	72	45,734	9
10 HOME PROGRAM - CCPD	8,243	1,843,609	223.66		2,426	2,426	1,085,198	10
11 TOTALS (SUM OF LINES 1-8, COLS. 1 & 4) (SUM OF LINES 1-10, COLS. 2, 5 & 6)	22,355	6,517,628			10,160	10,161	4,298,719	11
12 TOTAL TREATMENTS (SUM OF LINES 1-8 PLUS (SUM OF LINES 9 AND 10 TIMES 3))	22,355							12

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

COMPONENT NO: 14-2329

WORKSHEET I-4  
 (CONTINUED)

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

	TOTAL PROGRAM PAYMENT 6	TOTAL PROGRAM PAYMENT 6.01	TOTAL PROGRAM PAYMENT 6.02	AVERAGE PAYMENT RATE (COL. 6 ÷ COL. 4) 7	AVERAGE PAYMENT RATE (COL. 6.01 ÷ COL. 4.01) 7.01	AVERAGE PAYMENT RATE (COL. 6.02 ÷ COL. 4.02) 7.02	
1 MAINTENANCE - HEMODIALYSIS		1,771,810	1,771,810		231.82	231.82	1
2 MAINTENANCE - PERITONEAL DIALYSIS							2
3 TRAINING - HEMODIALYSIS							3
4 TRAINING - PERITONEAL DIALYSIS							4
5 TRAINING - CAPD		2,061	2,061		171.75	171.75	5
6 TRAINING - CCPD		1,006	1,006		143.71	125.75	6
7 HOME PROGRAM - HEMODIALYSIS							7
8 HOME PROGRAM - PERITONEAL DIALYSIS							8
9 HOME PROGRAM - CAPD							9
10 HOME PROGRAM - CCPD							10
11 TOTALS (SUM OF LINES 1-8, COLS. 1 & 4) (SUM OF LINES 1-10, COLS. 2, 5 & 6)		1,774,877	1,774,877				11
12 TOTAL TREATMENTS (SUM OF LINES 1-8 PLUS (SUM OF LINES 9 AND 10 TIMES 3))							12

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

COMPONENT NO: 14-2329

WORKSHEET I-1

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

	TOTAL COSTS 1	BASIS 2	STATISTICS 3	FTEs PER 2080 HOURS 4
1 REGISTERED NURSES		HOURS OF SERVICE		1
2 LICENSED PRACTICAL NURSES		HOURS OF SERVICE		2
3 NURSES AIDES		HOURS OF SERVICE		3
4 TECHNICIANS		HOURS OF SERVICE		4
5 SOCIAL WORKERS		HOURS OF SERVICE		5
6 DIETICIANS		HOURS OF SERVICE		6
7 PHYSICIANS		ACCUMULATED COST		7
8 NON-PATIENT CARE SALARY		ACCUMULATED COST		8
9 SUBTOTAL (SUM OF LINES 1-8)				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		REQUISITIONS		14
15 DRUGS		REQUISITIONS		15
16 OTHER		ACCUMULATED COST		16
17 SUBTOTAL (SUM OF LINES 9-16)				17
18 CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET		18
19 CAPITAL RELATED COSTS-MOVABLE EQUIPMENT		PERCENTAGE OF TIME		19
20 EMPLOYEE BENEFITS DEPARTMENT		SALARY		20
21 ADMINISTRATIVE AND GENERAL		ACCUMULATED COST		21
22 MAINT./REPAIRS-OPERATION-HOUSEKEEPING		SQUARE FEET		22
23 MEDICAL EDUCATION PROGRAM COSTS				23
24 CENTRAL SERVICES & SUPPLIES		REQUISITIONS		24
25 PHARMACY		REQUISITIONS		25
26 OTHER ALLOCATED COSTS		ACCUMULATED COST		26
27 SUBTOTAL (SUM OF LINES 17-26)				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
30.10 BARIATRICS		CHARGES		30.10
30.11 HEPATOLOGY		CHARGES		30.11
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)				31

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11  
11/26/2013 08:19

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 14-2329

WORKSHEET I-2

CHECK APPLICABLE BOX: [ ] RENAL DIALYSIS DEPARTMENT

[ XX ] HOME PROGRAM DIALYSIS

	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE	SALARY	EMPLOYEE	
	BUILDING	EQUIPMENT	RNs	OTHER	BENEFITS	DRUGS
	1	2	3	4	5	6
1	TOTAL RENAL DEPT COSTS					1
	MAINTENANCE					
2	HEMODIALYSIS					2
3	INTERMITTENT PERITONEAL					3
	TRAINING					
4	HEMODIALYSIS					4
5	INTERMITTENT PERITONEAL					5
6	CAPD					6
7	CCPD					7
	HOME					
8	HEMODIALYSIS					8
9	INTERMITTENT PERITONEAL					9
10	CAPD					10
11	CCPD					11
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS					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)					17
18	MEDICAL EDUC PGM COSTS					18
19	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                    [ XX ] 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						1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11  
11/26/2013 08:19

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -  
STATISTICAL BASIS

COMPONENT NO: 14-2329

WORKSHEET I-3

CHECK APPLICABLE BOX: [ ] RENAL DIALYSIS DEPARTMENT

[ XX ] HOME PROGRAM DIALYSIS

	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE
	BUILDING	EQUIPMENT	RNs	OTHER	BENEFITS
	(SQUARE	(% OF	(HOURS)	(HOURS)	DEPARTMENT
	FEET)	TIME)			(SALARY)
	1	2	3	4	5
1	TOTAL RENAL DEPT COSTS				1
	MAINTENANCE				
2	HEMODIALYSIS				2
3	INTERMITTENT PERITONEAL				3
	TRAINING				
4	HEMODIALYSIS				4
5	INTERMITTENT PERITONEAL				5
6	CAPD				6
7	CCPD				7
	HOME				
8	HEMODIALYSIS				8
9	INTERMITTENT PERITONEAL				9
10	CAPD				10
11	CCPD				11
	OTHER BILLABLE SERVICES				
12	INPT DIAL TRTMNTS				
13	METHOD II HOME PATIENT				13
14	EPO				14
15	ARANESP				15
16	OTHER				16
17	TOTAL STATISTICAL BASIS				17
18	UNIT COST MULTIPLIER				18
	(LINE 1 ÷ LINE 17)				

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11  
11/26/2013 08:19

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -  
STATISTICAL BASIS

COMPONENT NO: 14-2329

WORKSHEET I-3  
(CONTINUED)

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

	DRUGS (REQUIST.)	MEDICAL SUPPLIES (REQUIST.)	ROUTINE ANCILLARY SERVICES (CHARGES)	SUBTOTAL	OVERHEAD (ACCUM. COST)	
	6	7	8	9	10	
1						1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						13
13						14
14						15
15						16
16						17
17						18
18						

(LINE 1 ÷ LINE 17)



PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11  
11/26/2013 08:19

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

COMPONENT NO: 14-2329

WORKSHEET I-4  
(CONTINUED)

CHECK APPLICABLE BOX: [ ] RENAL DIALYSIS DEPARTMENT

[ XX ] HOME PROGRAM DIALYSIS

	TOTAL PROGRAM PAYMENT	TOTAL PROGRAM PAYMENT	TOTAL PROGRAM PAYMENT	AVERAGE PAYMENT RATE (COL. 6 ÷ COL. 4)	AVERAGE PAYMENT RATE (COL. 6.01 ÷ COL. 4.01)	AVERAGE PAYMENT RATE (COL. 6.02 ÷ COL. 4.02)	
1 MAINTENANCE - HEMODIALYSIS							1
2 MAINTENANCE - PERITONEAL DIALYSIS							2
3 TRAINING - HEMODIALYSIS							3
4 TRAINING - PERITONEAL DIALYSIS							4
5 TRAINING - CAPD							5
6 TRAINING - CCPD							6
7 HOME PROGRAM - HEMODIALYSIS							7
8 HOME PROGRAM - PERITONEAL DIALYSIS							8
9 HOME PROGRAM - CAPD							9
10 HOME PROGRAM - CCPD							10
11 TOTALS (SUM OF LINES 1-8, COLS. 1 & 4) (SUM OF LINES 1-10, COLS. 2, 5 & 6)	6	6.01	6.02	7	7.01	7.02	11
12 TOTAL TREATMENTS (SUM OF LINES 1-8 PLUS (SUM OF LINES 9 AND 10 TIMES 3))							12

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

COMPONENT NO: 14-2329

WORKSHEET I-5

DESCRIPTION

	1	2	
1 TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)		4,298,719	1
2 TOTAL PAYMENT DUE (FROM I-4, COL. 6, LINE 11)(SEE INSTRUCTIONS)			2
2.01 TOTAL PAYMENT DUE (FROM I-4, COL. 6.01, LINE 11)(SEE INSTRUCTIONS)	1,774,877	1,695,947	2.01
2.02 TOTAL PAYMENT DUE (FROM I-4, COL. 6.02, LINE 11)(SEE INSTRUCTIONS)	1,774,877	1,656,482	2.02
2.03 TOTAL PAYMENT DUE (SEE INSTRUCTIONS)	3,549,754	3,352,429	2.03
2.04 OUTLIER PAYMENTS			2.04
3 DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)	1,074		3
3.01 DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			3.01
3.02 DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			3.02
3.03 TOTAL DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			3.03
4 COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)	892,703		4
4.01 COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			4.01
4.02 COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			4.02
4.03 TOTAL COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			4.03
5 BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES	348,801	348,801	5
5.01 TRANSITION PERIOD 1 (75-25%) BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2011 BUT BEFORE 1/1/2012			5.01
5.02 TRANSITION PERIOD 2 (50-50%) BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2012 BUT BEFORE 1/1/2013			5.02
5.03 TRANSITION PERIOD 3 (25-75%) BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2013 BUT BEFORE 1/1/2014			5.03
5.04 100% PPS BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2014			5.04
5.05 TOTAL BAD DEBTS (SUM OF LINE 5 THROUGH LINE 5.04)	348,801	348,801	5.05
6 ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	348,801		6
7 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	161,057		7
8 NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)	-348,801		8
9 PROGRAM PAYMENT (SEE INSTRUCTIONS)	2,681,943		9
10 UNRECOVERED FROM MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)	1,965,577		10
11 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) (TRANSFER TO WKST E, PART B, LINE 33)	348,801		11

PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE RATE PERCENTAGE

12 TOTAL ALLOWABLE EXPENSES (SEE INSTRUCTIONS)	7,153,905	12
13 TOTAL COMPOSITE COSTS (FROM WKST I-4, COL. 2, LINE 11)	6,517,628	13
14 FACILITY SPECIFIC COMPOSITE COST PERCENTAGE (LINE 13 DIVIDED BY LINE 12)	0.911059	14

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1566

WORKSHEET K

	SALARIES (FROM WKST K-1)	EMPLOYEE BENEFITS (FROM WKST K-2)	TRANS- PORTATION (SEE INSTR.)	CONTRACTED SERVICES (FROM WKST K-3)	OTHER	TOTAL (COLS. 1-5)
	1	2	3	4	5	6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED COSTS-BLDG AND FIXT.						1
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.						2
3 PLANT OPERATION AND MAINTENANCE						3
4 TRANSPORTATION - STAFF						4
5 VOLUNTEER SERVICE COORDINATION						5
6 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE	144,060				170,972	315,032 6
7 INPATIENT - GENERAL CARE						7
8 INPATIENT - RESPITE CARE						8
9 VISITING SERVICES						9
10 PHYSICIAN SERVICES						10
11 NURSING CARE	325,257		35,844		134,331	495,432 11
12 NURSING CARE-CONTINUOUS HOME CARE						12
13 PHYSICAL THERAPY						13
14 OCCUPATIONAL THERAPY						14
15 SPEECH/LANGUAGE PATHOLOGY						15
16 MEDICAL SOCIAL SERVICES	34,350		3,786			38,136 16
17 SPIRITUAL COUNSELING	46,392					46,392 17
18 DIETARY COUNSELING						18
19 COUNSELING - OTHER						19
20 HOME HEALTH AIDE AND HOMEMAKER	50,887		5,609			56,496 20
21 HH AIDE & HOMEMAKER-CONT. HOME CARE						21
22 OTHER						22
23 OTHER HOSPICE SERVICE COSTS						23
24 DRUGS, BIOLOGICAL & INFUSION THERAPY						24
25 ANALGESICS						25
26 SEDATIVES/HYPNOTICS						26
27 OTHER - SPECIFY						27
28 DURABLE MEDICAL EQUIPMENT/OXYGEN						28
29 PATIENT TRANSPORTATION						29
30 IMAGING SERVICES						30
31 LABS AND DIAGNOSTICS						31
32 MEDICAL SUPPLIES						32
33 OUTPATIENT SERVICES (INCLUDING E/R DEPT.)						33
34 RADIATION THERAPY						34
35 CHEMOTHERAPY						35
36 OTHER						36
37 HOSPICE NONREIMBURSABLE SERVICE						37
38 BEREAVEMENT PROGRAM COSTS						38
39 VOLUNTEER PROGRAM COSTS						39
40 FUNDRAISING						40
41 OTHER PROGRAM COSTS						41
42 TOTAL (SUM OF LINES 1-38)	600,946		45,239		305,303	951,488 42

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		315,032	-17,522	297,510	6
7					7
8					8
9					9
10					10
11		495,432		495,432	11
12					12
13					13
14					14
15		38,136		38,136	15
16		46,392		46,392	16
17					17
18					18
19		56,496		56,496	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		951,488	-35,044	933,966	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 GENERAL SERVICE COST CENTER									1
2 CAP REL COSTS-BLDG AND FIXT.									2
3 CAP REL COSTS-MOVABLE EQUIP.									3
4 PLANT OPERATION & MAINT.									4
5 TRANSPORTATION - STAFF									5
6 VOLUNTEER SERVICE COORD.									5
7 ADMINISTRATIVE AND GENERAL		33,474						110,586	144,060
8 INPATIENT CARE SERVICE									6
9 INPATIENT - GENERAL CARE									7
10 INPATIENT - RESPITE CARE									8
11 VISITING SERVICES									8
12 PHYSICIAN SERVICES									9
13 NURSING CARE					325,257				325,257
14 NURSING CARE-CONT.HOME CARE									11
15 PHYSICAL THERAPY									12
16 OCCUPATIONAL THERAPY									13
17 SPEECH/LANGUAGE PATHOLOGY									14
18 MEDICAL SOCIAL SERVICES			34,350						34,350
19 SPIRITUAL COUNSELING								46,392	46,392
20 DIETARY COUNSELING									17
21 COUNSELING - OTHER									18
22 HH AIDE AND HOMEMAKER							50,887		50,887
23 HH AIDE & HMKR-CONT.HME CARE									20
24 OTHER									21
25 OTHER HOSPICE SERVICE COSTS									22
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									35
40 BEREAVEMENT PROGRAM COSTS									36
41 VOLUNTEER PROGRAM COSTS									37
42 FUNDRAISING									38
43 OTHER PROGRAM COSTS									38
44 TOTAL (SUM OF LINES 1-38)		33,474	34,350		325,257		50,887	156,978	600,946

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	297,510							297,510	297,510	6
7										7
8										8
9										9
10	495,432							495,432	231,588	727,020
11										11
12										12
13										13
14										14
15	38,136							38,136	17,827	55,963
16	46,392							46,392	21,686	68,078
17										17
18										18
19	56,496							56,496	26,409	82,905
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	933,966							933,966		933,966















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	31,093		31,093		31,093	2
3 INPATIENT - RESPITE CARE						3
4 PHYSICIAN SERVICES						4
5 NURSING CARE	996,700		996,700		996,700	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	72,421		72,421		72,421	10
11 SPIRITUAL COUNSELING	88,909		88,909		88,909	11
12 DIETARY COUNSELING						12
13 COUNSELING - OTHER						13
14 HOME HLTH AIDE & HOME MAKERS	96,302		96,302		96,302	14
15 HH AIDE & HMKR-CONT. HOME C	10,796		10,796		10,796	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)	1,296,221		1,296,221		1,296,221	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	NEW CPTL BLG INTRST SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	OTHER CAP REL COSTS NOT USED	EMPLOYEE BENEFITS DEPARTMENT 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								1
2 INPATIENT - GENERAL CARE	3	3	19		144,060	2	14,203	1 2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE	441	441	2,834		325,257	235	2,569,787	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		34,350		2,779	10
11 SPIRITUAL COUNSELING					46,392			11
12 DIETARY COUNSELING								12
13 COUNSELING - OTHER								13
14 HOME HLTH AIDE & HOMEMAKERS								14
15 HH AIDE & HMKR-CONT. HOME C					50,887		927	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		600,946	237	2,587,696	14 34
35 TOTAL COST TO BE ALLOCATED	4,475	2,083			109,665	3,469	11,526	45 35
36 UNIT COST MULTIPLIER	10.056180	4.680899			0.182487	14.637131	0.004454	3.214286 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				14,203		26,482	26,589	2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE				2,569,787		817,550	820,839	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				2,779		62,269	62,519	10
11 SPIRITUAL COUNSELING						76,544	76,852	11
12 DIETARY COUNSELING								12
13 COUNSELING - OTHER								13
14 HOME HLTH AIDE & HOMEMAKERS						82,905	83,238	14
15 HH AIDE & HMKR-CONT. HOME C				927		9,294	9,331	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)				2,587,696		1,075,044	1,079,368	34
35 TOTAL COST TO BE ALLOCATED				9,815		4,324	868	35
36 UNIT COST MULTIPLIER				0.003793		0.004022	0.000804	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-	PASTORAL	RECON-	HOSPITAL	RECON-	AMBULATORY	RECON-	PRIMARY
	CILIATION	CARE	CILIATION	ADMINSTRTN	CILIATION	ADMIN	CILIATION	CARE
		ACCUM		ACCUM		ACCUM		ADMIN
		COST		COST		COST		ACCUM
		5.10		5.11		5.12		COST
								5.14
1 ADMINISTRATIVE AND GENERAL								1
2 INPATIENT - GENERAL CARE		26,610		26,653		30,367		2 30,603
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE		821,499		822,818		937,490		5 944,762
6 NURSING CARE-CONTINUOUS HOM								6
7 PHYSICAL THERAPY								7
8 OCCUPATIONAL THERAPY								8
9 SPEECH/LANGUAGE PATHOLOGY								9
10 MEDICAL SOCIAL SERV. - DIRE		62,569		62,670		71,404		10 71,958
11 SPIRITUAL COUNSELING		76,914		77,038		87,774		11 88,455
12 DIETARY COUNSELING								12
13 COUNSELING - OTHER								13
14 HOME HLTH AIDE & HOMEMAKERS		83,305		83,439		95,067		14 95,804
15 HH AIDE & HMKR-CONT. HOME C		9,339		9,354		10,658		15 10,741
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)		1,080,236		1,081,972		1,232,760		34 1,242,323
35 TOTAL COST TO BE ALLOCATED		1,736		150,788		9,563		35 6,376
36 UNIT COST MULTIPLIER		0.001607		0.139364		0.007757		36 0.005132

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 SQUARE FEET	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	3	3				125	2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE	441	441	441				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	1	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	445	445				17,950	34
35 TOTAL COST TO BE ALLOCATED		10,757	1,325				2,117	35
36 UNIT COST MULTIPLIER		24.173034	2.977528				0.117939	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 TRANSPORT 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 INPATIENT REVENUE 16	SOCIAL SERVICE TIME SPENT 17	HOSPITAL MEDICAL ADMIN MED ADMIN COMPENSATI 17.01
1 ADMINISTRATIVE AND GENERAL								1
2 INPATIENT - GENERAL CARE		3	17		470			168 2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE		396	2,594		70,555			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		1	3		91			33 10
11 SPIRITUAL COUNSELING								11
12 DIETARY COUNSELING								12
13 COUNSELING - OTHER								13
14 HOME HLTH AIDE & HOMEMAKERS			1		30			14
15 HH AIDE & HMKR-CONT. HOME C								11 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)		400	2,615		71,146			25,600 34
35 TOTAL COST TO BE ALLOCATED		17,998	932		14,368			25 35
36 UNIT COST MULTIPLIER		44.995000	0.356405		0.201951			0.000977 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	0.321201	1
2	OCCUPATIONAL THERAPY	67	0.256152	2
3	SPEECH/LANGUAGE PATHOLOGY	68	0.855731	3
4	DRUGS, BIOLOGICALS AND INFUSION	73	0.273391	4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	96		5
6	LABS AND DIAGNOSTICS	60	0.105832	6
6.01	LABORATORY-SURGICAL PATHOLOGY	60.01	0.233542	6.01
6.02	LABORATORY-NEUROSURGICAL	60.02		6.02
6.03	LABORATORY-HLA	60.03		6.03
7	MEDICAL SUPPLIES	71	0.999069	7
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	93		8
9	RADIATION THERAPY	55		9
10	PULMONARY LABS	76	0.428801	10
10.01	OCCUPATIONAL HEALTH	76.01	2.166276	10.01
10.03	HYPERALIMENTATION	76.03		10.03
10.04	PERIPHERAL VASCULAR	76.04	0.134206	10.04
10.05	PEDIATRIC ENDO NUTRITION	76.05		10.05
10.07	GASTROINTESTINAL SERVICE	76.07	0.260966	10.07
10.09	BONE MARROW PROCUREMENT	76.09	0.841596	10.09
10.10	BARIATRICS	76.10	7.902040	10.10
10.11	HEPATOLOGY	76.11		10.11
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 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11  
11/26/2013 08:19

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)				1,296,221	1
2 TOTAL UNDUPLICATED DAYS (WKST S-9, COL. 6, LINE 5)				7,323	2
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				177.01	3
4 UNDUPLICATED MEDICARE DAYS (WKST S-9, COL. 1, LINE 5)	6,875				4
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	1,216,944				5
6 UNDUPLICATED MEDICAID DAYS (WKST S-9, COL. 2, LINE 5)		249			6
7 AGGREGATE MEDICAID COST (LINE 3 TIMES LINE 6)		44,075			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)			199		12
13 AGGREGATE COST FOR OTHER DAYS (LINE 3 TIMES LINE 12)			35,225		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

CAPITAL FEDERAL AMOUNT			
1	CAPITAL DRG OTHER THAN OUTLIER	7,079,649	1
2	CAPITAL DRG OUTLIER PAYMENTS	225,543	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	323.78	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	320.81	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.3226	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	2,283,895	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0520	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (SEE INSTRUCTIONS)	0.2448	8
9	SUM OF LINES 7 AND 8	0.2968	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0619	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	438,230	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	10,027,317	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 (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- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	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 DEPARTMENT					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 SERVICES-SALARY & FRINGES					21
22 I&R SERVICES-OTHER PRGM COSTS					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 ICU					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
56 RADIOISOTOPE					56
57 CT SCAN					57
58 MRI					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
64 INTRAVENOUS THERAPY					64
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 CHARGED 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
76.10 BARIATRICS					76.10
76.11 HEPATOLOGY					76.11
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 OB 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 OB 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
90.30 RIVER FOREST					90.30
91 EMERGENCY					91
92 OBSERVATION BEDS (NON-DISTINCT					92
92.01 OBSERVATION BEDS-DISTINCT					92.01
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
95 AMBULANCE SERVICES					95
97 DURABLE MEDICAL EQUIP-SOLD					97
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
109 PANCREAS ACQUISITION					109
110 INTESTINAL ACQUISITION					110
111 ISLET ACQUISITION					111
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
190.05 STUDENT HEALTH					190.05
192 PHYSICIANS' PRIVATE OFFICES					192

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11  
11/26/2013 08:19

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) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
192.01 FACULTY CLINICAL OPERATIONS						192.01
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

WAGE INDEX PENSION COST SCHEDULE (For Worksheet S-3 Part IV, Line 4)

EXHIBIT 3

STEP 1: Determine the 3-Year Averaging Period		
1	Wage index fiscal year ending date	1
2	Provider's cost reporting period used for wage index year on Line 1 (FYB in Col 1, FYE in Col 2)	2
3	Midpoint of provider's cost reporting period shown on Line 2, adjusted to first of month	3
4	Date beginning the 3-year averaging period (subtract 18 months from midpoint shown on Line 3)	4
5	Date ending the 3-year averaging period (add 18 months to midpoint shown on Line 3)	5
STEP 2 (OPTIONAL): Adjust Averaging Period for a New Plan (SEE INSTRUCTIONS)		
6	Effective date of pension plan	6
7	First day of the provider cost reporting period containing the pension plan effective date	7
8	Starting date of the adjusted averaging period (date on Line 7, adjusted to first of month)	8
If this date occurs after the period shown on line 2, stop here and see instructions.		
STEP 3: Average Pension Contributions During the Averaging Period		
9	Beginning date of averaging period from Line 4 or Line 8, as applicable	9
10	Ending date of averaging period from Line 5	10
11	Enter provider contributions made during averaging period on Lines 9 & 10	11
11.01		11.01
12	Total calendar months included in averaging period (36 unless Step 2 completed)	12
13	Total contributions made during averaging period	13
14	Average monthly contribution (Line 13 divided by Line 12)	14
15	Number of months in provider cost reporting period on Line 2	15
16	Average pension contributions (Line 14 times Line 15)	16
STEP 4: Total Pension Cost for Wage Index		
17	Annual prefunding installment (SEE INSTRUCTIONS)	17
18	Reportable prefunding installment ((Line 17 times Line 15) divided by 12)	18
19	Total Pension Cost for Wage Index (Line 16 plus Line 18 - transfers to S-3 Part IV Line 4)	19