



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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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. <input checked="" type="checkbox"/> ELECTRONICALLY FILED COST REPORT	DATE: 06/29/2015	TIME: 14:34
	2. <input type="checkbox"/> MANUALLY SUBMITTED COST REPORT		
	3. <input type="checkbox"/> IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THE COST REPORT		
	4. <input type="checkbox"/> MEDICARE UTILIZATION. ENTER 'F' FOR FULL OR 'L' FOR LOW.		
CONTRACTOR USE ONLY	5. <input type="checkbox"/> COST REPORT STATUS	6. DATE RECEIVED: _____	10. NPR DATE: _____
	1 -AS SUBMITTED	7. CONTRACTOR NO: _____	11. CONTRACTOR'S VENDOR CODE: _____
	2 -SETTLED WITHOUT AUDIT	8. <input type="checkbox"/> INITIAL REPORT FOR THIS PROVIDER CCN	12. <input type="checkbox"/> IF LINE 5, COLUMN 1 IS 4: ENTER NUMBER OF TIMES REOPENED = 0-9.
	3 -SETTLED WITH AUDIT	9. <input type="checkbox"/> FINAL REPORT FOR THIS PROVIDER CCN	
	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 WERE 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 NORTHWESTERN MEMORIAL HOSPITAL (14-0281) {(PROVIDER NAME(S) AND NUMBER(S))} FOR THE COST REPORTING PERIOD BEGINNING 09/01/2012 AND ENDING 08/31/2013, 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	TITLE XVIII		HIT	TITLE XIX	
		1	PART A 2	PART B 3	4	5	
1	HOSPITAL		629,873	505,918	16,857	-1,725	1
2	SUBPROVIDER - IPF		-133	8			2
3	SUBPROVIDER - IRF						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		629,740	505,926	16,857	-1,725	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



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---	---------------------------------------	--	---

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**WORKSHEET S
PARTS I, II & III**

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.



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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

Hospital and Hospital Health Care Complex Address:										
1	Street: 251E HURON	P.O. Box:								1
2	City: CHICAGO	State: IL	ZIP Code: 60611	County: COOK						2
Hospital and Hospital-Based Component Identification:										
							Payment System (P, T, O, or N)			
	Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	V	XVIII	XIX	
	0	1	2	3	4	5	6	7	8	
3	Hospital	NORTHWESTERN MEMORIAL HOSPITAL	14-0281	16974	1	09/01/1972	N	P	O	3
4	Subprovider - IPF	NORTHWESTERN MEMORIAL PSYCH UNIT	14-S281	16974	4	09/01/1984	N	P	O	4
5	Subprovider - IRF									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									12
13	Separately Certified ASC									13
14	Hospital-Based Hospice	NORTHWESTERN MEMORIAL HOSPICE	14-1550	16974		01/21/1996				14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis									18
19	Other									19
20	Cost Reporting Period (mm/dd/yyyy)	From: 09 / 01 / 2012	To: 08 / 31 / 2013							20
21	Type of control (see instructions)	2								21
Inpatient PPS Information								1	2	
22	Does this facility qualify for and receive disproportionate share hospital payments in accordance with 42 CFR §412.106? In column 1, enter 'Y' for yes or 'N' for no. Is this facility subject to 42 CFR §412.06(c)(2)(Pickle amendment hospital)? In column 2, enter 'Y' for yes or 'N' for no.							Y	N	22
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)									22.01
23	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter 'Y' for yes or 'N' for no.							1	N	23
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days			
		1	2	3	4	5	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.	33,592	8,000	135	189	1,478	962			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.									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



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---	---------------------------------------	--	---

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

		1	2	
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)	N	N	39



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---	---------------------------------------	--	---

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WORKSHEET S-2
PART I

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	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	N	47
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	N	48
Teaching Hospitals		1	2	3	
56	Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	Y			56
57	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y' did residents start training in the first month of this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2. If column 2 is 'Y', complete Worksheet E-4. If column 2 is 'N', complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			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.	Y			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
		Y/N	IME	Direct GME	
61	Did your hospital receive FTE slots under ACA section 5503? Enter 'Y' for yes or 'N' for no in column 1. (see instructions)	N			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, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)				61.02
61.03	Enter the baseline FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)				61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions)				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)				61.06
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.					
	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
	1	2	3	4	
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.					
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)	Y			63



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---	--------------------------------	--	---

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WORKSHEET S-2
PART I

Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings-This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	RATIO (col. 1/ col. 1 + col. 2))	
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)			13.16	319.21	0.039594	64
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	Program Code		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
	1	2		3	4	5	
65	INTERNAL MEDICINE	1400		21.55	115.30	0.157472	65
Section 5504 of the ACA Current Year FTE Residents in Nonprovider 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	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)			12.42	316.88	0.037716	66
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	Program Code		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
	1	2		3	4	5	
67	INTERNAL MEDICINE	1400		22.87	132.72	0.146989	67
Inpatient Psychiatric Facility PPS				1	2	3	
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 5th or subsequent academic years of the new teaching program in existence, enter 5.			Y	N		71
Inpatient Rehabilitation Facility PPS				1	2	3	
75	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter 'Y' for yes or 'N' for no.			N			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 5th or subsequent academic years of the new teaching program in existence, enter 5.						76
Long Term Care Hospital PPS							
80	Is this a Long Term Care Hospital (LTCH)? Enter 'Y' for yes or 'N' for no.				N		80
TEFRA Providers							
85	Is this a new hospital under 42 CFR §413.40(f)(1)(i) TEFRA?. Enter 'Y' for yes or 'N' for no.				N		85
86	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR §413.40(f)(1)(ii)? Enter 'Y' for yes, or 'N' for no.						86



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---	--------------------------------	--	---

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WORKSHEET S-2
PART I

Title V and XIX Services		V	XIX		
		1	2		
90	Does this facility have title V and/or XIX inpatient hospital services? Enter 'Y' for yes, or 'N' for no in applicable column.	N	Y	90	
91	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter 'Y' for yes, or 'N' for no in the applicable column.	N	N	91	
92	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? Enter 'Y' for yes or 'N' for no in the applicable column.		N	92	
93	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	93	
94	Does title V or title XIX reduce capital cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	94	
95	If line 94 is 'Y', enter the reduction percentage in the applicable column.			95	
96	Does title V or title XIX reduce operating cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	96	
97	If line 96 is 'Y', enter the reduction percentage in the applicable column.			97	
Rural Providers		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? (see instructions)			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 25 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	
		Physical	Occupational	Speech	Respiratory
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.				109
Miscellaneous Cost Reporting Information					
115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is 'E', enter in column 3 either '93' percent for short term hospital or '98'	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	
		Premiums	Paid Losses	Self Insurance	
118.01	List amounts of malpractice premiums and paid losses:	4,814,031	24,949,545	14,137,045	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 high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	Y		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.	07/01/1973		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.	09/29/2006		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.	02/02/1996		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.			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.	07/01/1999		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	



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---	---------------------------------------	--	---

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WORKSHEET S-2
PART I

All Providers						
		1	2			
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 (see instructions)	Y	HB0640		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: NORTHWESTERN MEMORIAL HEALTHCA	Contractor's Name: NGS - IL		Contractor's Number: 06101		
142	Street: 251 E HURON ST	P.O. Box:				
143	City: CHICAGO	State: IL	ZIP Code: 60611			
144	Are provider based physicians' costs included in Worksheet A?	Y				
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.	Y				
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				
147	Was there a change in the statistical basis? Enter 'Y' for yes or 'N' for no.	N				
148	Was there a change in the order of allocation? Enter 'Y' for yes or 'N' for no.	N				
149	Was there a change to the simplified cost finding method? Enter 'Y' for yes or 'N' for no.	N				
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				
		Part A	Part B	Title V	Title XIX	
			1	2	3	
155	Hospital	N	N	N	N	155
156	Subprovider - IPF	N	N	N	N	156
157	Subprovider - IRF	N	N			157
158	Subprovider - Other					158
159	SNF	N	N			159
160	HHA	N	N			160
161	CMHC		N			161
161.10	CORF					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.					166
	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.	Y				167
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)					168
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. (see instructions)	0.50				169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/01/2012	09/30/2013			170



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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HOSPITAL AND HOSPITAL 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		
PROVIDER ORGANIZATION AND OPERATION					
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)	Y			3
FINANCIAL DATA AND REPORTS					
		Y/N	TYPE	DATE	
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (see instructions). IF NO, SEE INSTRUCTIONS.	Y	A	11/21/2013	4
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N			5
APPROVED EDUCATIONAL ACTIVITIES					
		Y/N	Y/N		
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.	Y			7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	Y			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.	Y			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
BAD DEBTS					
		Y/N			
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.	Y			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
BED COMPLEMENT					
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	Y			15
PART A					
PART B					
		Y/N	DATE	Y/N	DATE
PS&R REPORT DATA					
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)	Y	12/06/2013	Y	12/06/2013
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



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N		21
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NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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HOSPITAL AND HOSPITAL 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 COSTS			
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
36	WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT?	1	2
37	IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.		
38	IF LINE 36 IS YES, WAS THE FISCAL YEAR END OF THE HOME OFFICE DIFFERENT FROM THAT OF THE PROVIDER? IF YES, ENTER IN COLUMN 2 THE FISCAL YEAR END OF THE HOME OFFICE.		
39	IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS.		
40	IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.		
COST REORT PREPARER INFORMATION			
41	FIRST NAME: JOHN	LAST NAME: VANDER LAAN	TITLE: MANAGER OF REIMB
42	EMPLOYER: NORTHWESTERN MEMORIAL HOSPITAL		
43	PHONE NUMBER: 312 926 6618	E-MAIL ADDRESS: JVANDERL@NMH.ORG	



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I

	COMPONENT	WKST A LINE NO.	NO. OF BEDS	BED DAYS AVAILABL E	CAH HOURS	INPATIENT DAYS/OUTPATIENT VISITS/TRIPS				
						TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS	
		1	2	3	4	5	6	7	8	
1	HOSPITAL ADULTS & PEDS. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	672	246,403			57,033	24,639	174,085	1
2	HMO AND OTHER (see instructions)						3,505	4,333		2
3	HMO IPF SUBPROVIDER							81		3
4	HMO IRF SUBPROVIDER									4
5	HOSPITAL ADULTS & PEDS. SWING BED SNF									5
6	HOSPITAL ADULTS & PEDS. SWING BED NF									6
7	TOTAL ADULTS & PEDS. (exclude observation beds)(see instructions)		672	246,403			57,033	24,639	174,085	7
8	INTENSIVE CARE UNIT	31	106	38,690			12,820	2,674	26,962	8
9	CORONARY CARE UNIT	32								9
10	BURN INTENSIVE CARE UNIT	33								10
11	SURGICAL INTENSIVE CARE UNIT	34								11
12	SPECIAL CARE NURSERY	35	86	31,390				5,781	20,738	12
13	NURSERY	43						4,921	26,499	13
14	TOTAL (see instructions)		864	316,483			69,853	38,015	248,284	14
15	CAH VISITS									15
16	SUBPROVIDER - IPF	40	29	10,585			2,624	968	9,396	16
17	SUBPROVIDER - IRF	41								17
18	SUBPROVIDER I	42								18
19	SKILLED NURSING FACILITY	44								19
20	NURSING FACILITY	45								20
21	OTHER LONG TERM CARE	46								21
22	HOME HEALTH AGENCY	101								22
23	ASC (Distinct Part)	115								23
24	HOSPICE (Distinct Part)	116								24
24.10	HOSPICE (non-distinct part)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	TOTAL (sum of lines 14-26)		893							27
28	OBSERVATION BED DAYS								12,889	28
29	AMBULANCE TRIPS									29
30	EMPLOYEE DISCOUNT DAYS (see instructions)								2,508	30
31	EMPLOYEE DISCOUNT DAYS-IRF									31
32	LABOR & DELIVERY DAYS (see instructions)							959	5,696	32
32.01	TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (see instructions)									32.01
33	LTCH NON-COVERED DAYS									33



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I

	COMPONENT	FULL TIME EQUIVALENTS			DISCHARGES				
		TOTAL INTERNS & RESIDENTS	EMPLOYEE S ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS	
		9	10	11	12	13	14	15	
1	HOSPITAL ADULTS & PEDS. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					12,180	8,350	46,565	1
2	HMO AND OTHER (see instructions)					562			2
3	HMO IPF SUBPROVIDER								3
4	HMO IRF SUBPROVIDER								4
5	HOSPITAL ADULTS & PEDS. SWING BED SNF								5
6	HOSPITAL ADULTS & PEDS. SWING BED NF								6
7	TOTAL ADULTS & PEDS. (exclude observation beds)(see instructions)								7
8	INTENSIVE CARE UNIT								8
9	CORONARY CARE UNIT								9
10	BURN INTENSIVE CARE UNIT								10
11	SURGICAL INTENSIVE CARE UNIT								11
12	SPECIAL CARE NURSERY								12
13	NURSERY								13
14	TOTAL (see instructions)	483.73	5,040.76			12,180	8,350	46,565	14
15	CAH VISITS								15
16	SUBPROVIDER - IPF	3.23	45.28			236	106	1,028	16
17	SUBPROVIDER - IRF								17
18	SUBPROVIDER I								18
19	SKILLED NURSING FACILITY								19
20	NURSING FACILITY								20
21	OTHER LONG TERM CARE								21
22	HOME HEALTH AGENCY								22
23	ASC (Distinct Part)								23
24	HOSPICE (Distinct Part)		11.99						24
24.10	HOSPICE (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	TOTAL (sum of lines 14-26)	486.96	5,098.03						27
32.01	TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (see instructions)								32



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PARTS II-III

PART II - WAGE DATA

	WKST A LINE NO.	AMOUNT REPORTED	RECLASSIF- ICATION OF SALARIES (from Worksheet A-6)	ADJUSTED SALARIES (column 2 ± column 3)	PAID HOURS RELATED TO SALARIES IN COLUMN 4	AVERAGE HOURLY WAGE (column 4 ± column 5)		
	1	2	3	4	5	6		
SALARIES								
1	TOTAL SALARIES (see instructions)	200	396,547,890	-2,455,294	394,092,596	12,285,173.00	32.08	1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN-PART A - ADMINISTRATIVE		9,299,976		9,299,976	89,773.00	103.59	4
4.01	PHYSICIAN-PART A - TEACHING		5,561,581		5,561,581	53,686.00	103.59	4.01
5	PHYSICIAN-PART B							5
6	NON-PHYSICIAN-PART B							6
7	INTERNS & RESIDENTS (in an approved program)	21	32,670,609	-6,073,687	26,596,922	1,013,986.00	26.23	7
7.01	CONTRACTED INTERNS & RESIDENTS (in an approved program)							7.01
8	HOME OFFICE PERSONNEL							8
9	SNF	44						9
10	EXCLUDED AREA SALARIES (see instructions)		15,526,187	-1,631,340	13,894,847	377,877.00	36.77	10
OTHER WAGES & RELATED COSTS								
11	CONTRACT LABOR (see instructions)		1,891,592		1,891,592	35,861.00	52.75	11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES							12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE							13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		66,908,194		66,908,194	1,045,611.00	63.99	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)(see instructions)		73,782,971		73,782,971			17
18	WAGE-RELATED COSTS (other)(see instructions)							18
19	EXCLUDED AREAS		2,703,868		2,703,868			19
20	NON-PHYSICIAN ANESTHETIST PART A							20
21	NON-PHYSICIAN ANESTHETIST PART B							21
22	PHYSICIAN PART A - ADMINISTRATIVE		900,274		900,274			22
22.01	PHYSICIAN PART A - TEACHING		538,382		538,382			22.01
23	PHYSICIAN PART B							23
24	WAGE-RELATED COSTS (RHC/FQHC)							24
25	INTERNS & RESIDENTS (in an approved program)		5,182,682		5,182,682			25
OVERHEAD COSTS - DIRECT SALARIES								
26	EMPLOYEE BENEFITS DEPARTMENT							26
27	ADMINISTRATIVE & GENERAL		48,088,113	-1,088,552	46,999,561	1,296,702.00	36.25	27
28	ADMINISTRATIVE & GENERAL UNDER CONTRACT (see instructions)		1,071,149		1,071,149	18,281.00	58.59	28
29	MAINTENANCE & REPAIRS							29
30	OPERATION OF PLANT		1,200,842		1,200,842	41,808.00	28.72	30
31	LAUNDRY & LINEN SERVICE							31
32	HOUSEKEEPING		9,604,540		9,604,540	599,089.00	16.03	32
33	HOUSEKEEPING UNDER CONTRACT (see instructions)							33
34	DIETARY		8,201,340	-2,357,072	5,844,268	303,067.00	19.28	34
35	DIETARY UNDER CONTRACT (see instructions)							35
36	CAFETERIA			2,356,947	2,356,947	122,224.00	19.28	36
37	MAINTENANCE OF PERSONNEL							37
38	NURSING ADMINISTRATION		17,848,834	-4,700,624	13,148,210	469,004.00	28.03	38
39	CENTRAL SERVICES AND SUPPLY		6,258,426		6,258,426	269,321.00	23.24	39
40	PHARMACY		13,088,328	-439,343	12,648,985	310,286.00	40.77	40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		1,652,598	-931	1,651,667	57,940.00	28.51	41
42	SOCIAL SERVICE		963,746	5,940	969,686	36,831.00	26.33	42
43	OTHER GENERAL SERVICE							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (see instructions)		359,386,849	3,618,393	363,005,242	11,235,782.00	32.31	1
2	EXCLUDED AREA SALARIES (see instructions)		15,526,187	-1,631,340	13,894,847	377,877.00	36.77	2
3	SUBTOTAL SALARIES (line 1 minus line 2)		343,860,662	5,249,733	349,110,395	10,857,905.00	32.15	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (see instructions)		68,799,786		68,799,786	1,081,472.00	63.62	4
5	SUBTOTAL WAGE-RELATED COSTS (see instructions)		74,683,245		74,683,245		21.39%	5



COMPU-MAX

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PARTS II-III

6	TOTAL (sum of lines 3 through 5)		487,343,693	5,249,733	492,593,426	11,939,377.00	41.26	6
7	TOTAL OVERHEAD COST (see instructions)		107,977,916	-6,223,635	101,754,281	3,524,553.00	28.87	7



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART IV - WAGE RELATED COST

PART A - CORE LIST

		AMOUNT REPORTED	
	RETIREMENT COST		
1	401K EMPLOYER CONTRIBUTIONS	15,737,531	1
2	TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		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	22,000	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)	24,089,988	8
9	PRESCRIPTION DRUG PLAN	7,854,622	9
10	DENTAL, HEARING AND VISION PLAN	606,223	10
11	LIFE INSURANCE (If employee is owner or beneficiary)	70,114	11
12	ACCIDENTAL INSURANCE (If employee is owner or beneficiary)		12
13	DISABILITY INSURANCE (If employee is owner or beneficiary)	3,193,910	13
14	LONG-TERM CARE INSURANCE (If employee is owner or beneficiary)		14
15	WORKERS' COMPENSATION INSURANCE	3,960,063	15
16	RETIREMENT HEALTH CARE COST (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		16
	TAXES		
17	FICA-EMPLOYERS PORTION ONLY	24,977,713	17
18	MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19	UNEMPLOYMENT INSURANCE	628,577	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	1,967,436	23
24	TOTAL WAGE RELATED COST (Sum of lines 1-23)	83,108,177	24
	PART B - OTHER THAN CORE RELATED COST		
25	OTHER WAGE RELATED (OTHER WAGE REL		25



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	Supporting Exhibit for Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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WAGE INDEX PENSION COST SCHEDULE (For Worksheet S-3, Part IV, Line 4)

EXHIBIT 3

STEP 2: 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	DEPOSIT DATE(S)	CONTRIB- UTION(S)	11
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



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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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 LABOR	BENEFIT COST	
	0	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



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (Worksheet C, Part I, line 202, column 3 divided by line 202, column 8)		0.200500	1
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MEDICAID (see instructions for each line)

2	NET REVENUE FROM MEDICAID		81,811,901	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		416,787,886	6
7	MEDICAID COST (line 1 times line 6)		83,565,971	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.		1,754,070	8

STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(see instructions for each line)

9	NET REVENUE FROM STAND-ALONE SCHIP			9
10	STAND-ALONE SCHIP CHARGES			10
11	STAND-ALONE SCHIP COST (line 1 times line 10)			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.			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)			13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (not included in lines 6 or 10)			14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (line 1 times line 14)			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.			16

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE		1,119,965	17	
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS		6,513,430	18	
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (sum of lines 8, 12 and 16)		1,754,070	19	
		UNINSURED PATIENTS	INSURED PATIENTS	TOTAL (col. 1 + col. 2)	
		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	180,346,135	16,335,517	196,681,652	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (line 1 times line 20)	36,159,400	3,275,271	39,434,671	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	400,401	756,223	1,156,624	22
23	COST OF CHARITY CARE (line 21 minus line 22)	35,758,999	2,519,048	38,278,047	23

24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM?		N	24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (see instructions)			25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (see instructions)		21,556,118	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (see instructions)		3,139,448	27
28	NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (line 26 minus line 27)		18,416,670	28
29	COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (line 1 times line 28)		3,692,542	29
30	COST OF UNCOMPENSATED CARE (line 23, column 3 plus line 29)		41,970,589	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (line 19 plus line 30)		43,724,659	31

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATION S	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		GENERAL SERVICE COST CENTERS								
1	00100	CAP REL COSTS-BLDG & FIXT		77,314,614	77,314,614	4,397,795	81,712,409		81,712,409	1
2	00200	CAP REL COSTS-MVBLE EQUIP		33,134,834	33,134,834	4,650,051	37,784,885	-333,039	37,451,846	2
3	00300	OTHER CAP REL COSTS							-0-	3
4	00400	EMPLOYEE BENEFITS DEPARTMENT		56,995,639	56,995,639	770,622	57,766,261	-3,298,302	54,467,959	4
5.01	00540	NONPATIENT PHONES	559,976	18,984	578,960		578,960		578,960	5.01
5.02	00550	DATA PROCESSING	584,786	10,290,255	10,875,041	-126,277	10,748,764	-157,912	10,590,852	5.02
5.03	00560	PURCHASING RECEIVING & STORES	981,474	2,577,329	3,558,803	-3,022,478	536,325	-17,415	518,910	5.03
5.04	00570	ADMITTING	14,484,899	4,627,638	19,112,537	394,396	19,506,933	-180,053	19,326,880	5.04
5.05	00591	ADMINISTRATIVE & GENERAL	31,476,978	299,663,307	331,140,285	-15,084,521	316,055,764	108,880,368	207,175,396	5.05
6	00600	MAINTENANCE & REPAIRS								6
7	00700	OPERATION OF PLANT	1,200,842	44,951,665	46,152,507	4,312,030	50,464,537	-6,831,307	43,633,230	7
8	00800	LAUNDRY & LINEN SERVICE		4,428	4,428	3,029,317	3,033,745		3,033,745	8
9	00900	HOUSEKEEPING	9,604,540	3,625,010	13,229,550		13,229,550	-219,314	13,010,236	9
10	01000	DIETARY	8,201,340	7,041,574	15,242,914	-4,560,727	10,682,187	-561,397	10,120,790	10
11	01100	CAFETERIA				4,560,727	4,560,727	-4,560,727		11
12	01200	MAINTENANCE OF PERSONNEL								12
13	01300	NURSING ADMINISTRATION	17,848,834	2,181,431	20,030,265	-4,674,300	15,355,965	-153,806	15,202,159	13
14	01400	CENTRAL SERVICES & SUPPLY	6,258,426	8,320,769	14,579,195	-1,846	14,577,349	-101,622	14,475,727	14
15	01500	PHARMACY	13,088,328	54,291,059	67,379,387	-51,393,066	15,986,321	-1,443,092	14,543,229	15
16	01600	MEDICAL RECORDS & LIBRARY	1,652,598	981,330	2,633,928		2,633,928	-48,590	2,585,338	16
17	01700	SOCIAL SERVICE	963,746	395,733	1,359,479	14,481	1,373,960	-140,543	1,233,417	17
19	01900	NONPHYSICIAN ANESTHETISTS								19
20	02000	NURSING SCHOOL								20
21	02100	I&R SERVICES-SALARY & FRINGES APPRVD	32,670,609	10,584,344	43,254,953	-10,950,016	32,304,937		32,304,937	21
22	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				14,619,470	14,619,470	-4,149,603	10,469,867	22
23	02300	PARAMED ED PRGM-(SPECIFY)				461,093	461,093		461,093	23
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)				107,368	107,368	-1,522	105,846	23.01
23.02	02302	PARAMED ED PRGM-(NM SCHL)				139,251	139,251		139,251	23.02
23.03	02303	PARAMED ED PRGM-(RAD THER)				106,442	106,442		106,442	23.03
23.04	02304	PARAMED ED PRGM-(NUCLEAR MED)				102,686	102,686		102,686	23.04
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)				99,702	99,702		99,702	23.05
		INPATIENT ROUTINE SERV COST CENTERS								
30	03000	ADULTS & PEDIATRICS	76,831,365	19,564,758	96,396,123	-5,752,213	90,643,910	-8,033,763	82,610,147	30
31	03100	INTENSIVE CARE UNIT	19,546,649	4,327,055	23,873,704	-8,783	23,864,921	-219,482	23,645,439	31
35	02060	SPECIAL CARE NURSERY	12,372,059	1,368,750	13,740,809	-276,194	13,464,615	-1,400,854	12,063,761	35
40	04000	SUBPROVIDER - IPF	3,423,981	216,504	3,640,485	72,887	3,713,372	-189,667	3,523,705	40
43	04300	NURSERY				3,763,455	3,763,455		3,763,455	43
		ANCILLARY SERVICE COST CENTERS								
50	05000	OPERATING ROOM	20,541,292	83,018,811	103,560,103	-69,146,500	34,413,603	-8,572,596	25,841,007	50
51	05100	RECOVERY ROOM	6,840,810	721,402	7,562,212	9,080	7,571,292	-39,517	7,531,775	51
52	05200	DELIVERY ROOM & LABOR ROOM	12,831,783	4,754,972	17,586,755	-766,986	16,819,769	-1,627,930	15,191,839	52
53	05300	ANESTHESIOLOGY	1,071,399	2,738,539	3,809,938	-456,699	3,353,239	-81,051	3,272,188	53
54	05400	RADIOLOGY-DIAGNOSTIC	17,123,131	13,797,485	30,920,616	-7,732,798	23,187,818	-325,381	22,862,437	54
55	05500	RADIOLOGY-THERAPEUTIC	5,166,566	1,393,700	6,560,266	-60,293	6,499,973	-232,238	6,267,735	55
56	05600	RADIOISOTOPE	1,871,047	5,574,661	7,445,708	-3,071,481	4,374,227	-194,850	4,179,377	56
57	05700	CT SCAN	4,457,377	2,522,537	6,979,914	-633,257	6,346,657	-384	6,346,273	57
58	05800	MRI	6,449,195	3,372,876	9,822,071	-1,278,577	8,543,494	-9,831	8,533,663	58
59	05900	CARDIAC CATHETERIZATION	1,599,815	5,103,533	6,703,348	-4,794,662	1,908,686	-115,121	1,793,565	59
59.01	03650	VASCULAR LAB	992,478	19,461	1,011,939	6,656	1,018,595	-39,174	979,421	59.01
59.02	03140	CARDIAC GRAPHICS	3,158,360	1,483,202	4,641,562	-132,425	4,509,137	-227,152	4,281,985	59.02
59.03	03560	PULMONARY FUNCTION	362,942	153,648	516,590	6,658	523,248	-5,723	517,525	59.03
59.04	03290	EPS	1,096,778	9,085,203	10,181,981	-8,579,782	1,602,199	-93,357	1,508,842	59.04
59.05	03340	GI	4,198,099	3,796,087	7,994,186	-305,819	7,688,367	-105,434	7,582,933	59.05
60	06000	LABORATORY	16,470,023	28,208,811	44,678,834	-2,575,889	42,102,945	-762,274	41,340,671	60
62	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		12,259,859	12,259,859	-76,238	12,183,621		12,183,621	62
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	06300	BLOOD STORING, PROCESSING & TRANS.	2,590,348	1,981,893	4,572,241	30,461	4,602,702	-29,258	4,573,444	63
63.01	06301	CELL THERAPY LAB								63.01
65	06500	RESPIRATORY THERAPY	2,624,082	2,924,423	5,548,505	4,582,229	10,130,734	-1,092,600	9,038,134	65
66	06600	PHYSICAL THERAPY	365,293	972,844	1,338,137	1,282,833	2,620,970	-60,029	2,560,941	66

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATION S	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
67	06700	OCCUPATIONAL THERAPY	239,069	85,627	324,696	784,538	1,109,234	-31,442	1,077,792	67
70	07000	ELECTROENCEPHALOGRAPHY	1,945,809	430,155	2,375,964	19,715	2,395,679	-56,880	2,338,799	70
71	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				41,974,455	41,974,455		41,974,455	71
72	07200	IMPL. DEV. CHARGED TO PATIENTS				54,096,781	54,096,781		54,096,781	72
73	07300	DRUGS CHARGED TO PATIENTS				53,021,059	53,021,059		53,021,059	73
76.97	07697	CARDIAC REHABILITATION	290,071	106,268	396,339	4,945	401,284	-117,188	284,096	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
		OUTPATIENT SERVICE COST CENTERS								
90	09000	CLINIC	1,884,852	226,531	2,111,383	-159,515	1,951,868	-4,440	1,947,428	90
90.01	09001	PSYCH CLINIC	4,957,499	2,298,758	7,256,257	153,840	7,410,097	-1,333,231	6,076,866	90.01
90.02	09002	TRANSPLANT CLINIC	420,995	180,038	601,033	196,965	797,998	-15,166	782,832	90.02
90.03	09003	OB CLINIC	1,039,487	583,205	1,622,692	535,386	2,158,078	-1,266,405	891,673	90.03
91	09100	EMERGENCY	10,302,440	2,035,544	12,337,984	364,987	12,702,971	-312,848	12,390,123	91
92	09200	OBSERVATION BEDS (NON-DISTINCT PART)								92
92.01	09201	OBSERVATION BEDS-DISTINCT	1,803,214	142,126	1,945,340		1,945,340	-61	1,945,279	92.01
		OTHER REIMBURSABLE COST CENTERS								
100	10000	I&R SERVICES-NOT APPRVD PRGM				471,280	471,280		471,280	100
		SPECIAL PURPOSE COST CENTERS								
105	10500	KIDNEY ACQUISITION	766,521	8,130,145	8,896,666	941,770	9,838,436	-622,124	9,216,312	105
106	10600	HEART ACQUISITION	438,673	1,110,392	1,549,065	128,189	1,677,254	-102,032	1,575,222	106
107	10700	LIVER ACQUISITION	663,543	5,617,362	6,280,905	545,060	6,825,965	-1,298,224	5,527,741	107
109	10900	PANCREAS ACQUISITION	28,781	1,563,002	1,591,783	115,705	1,707,488	-27,514	1,679,974	109
116	11600	HOSPICE	1,061,789	446,087	1,507,876	86,394	1,594,270	-55,824	1,538,446	116
118		SUBTOTALS (sum of lines 1-117)	387,404,991	849,316,197	1,236,721,188	5,339,417	1,242,060,605	159,779,657	1,082,280,948	118
		NONREIMBURSABLE COST CENTERS								
190	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,913	680	7,593		7,593	-36	7,557	190
191	19100	RESEARCH	-144	7,409	7,265	1,808,938	1,816,203	-1,676	1,814,527	191
191.01	19101	SPONSERED PROJECT	298,885	33,936	332,821	4,699,280	5,032,101	-156,780	4,875,321	191.01
194	07950	REAL ESTATE	22,725	26,842,337	26,865,062	2,204,361	29,069,423	-29,069,423		194
194.01	07951	MARKETING, OTHER NON-REIMB	1,613,452	8,520,122	10,133,574	-1,915,044	8,218,530	-1,365,082	6,853,448	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	7,201,068	4,719,603	11,920,671	-12,136,952	-216,281	216,281		194.02
200		TOTAL (sum of lines 118-199)	396,547,890	889,440,284	1,285,988,174		1,285,988,174	190,156,373	1,095,831,801	200



COMPU-MAX

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	CREDIT CC 1054 RECL TO NONSALARY	A	ADMINISTRATIVE & GENERAL	5.05	271,855		1
2	FRINGE CHR TO SALARY RCL TO NON	A	ADMINISTRATIVE & GENERAL	5.05		1,057	2
3	AP VOUCHER NO HOURS RCL TO NON	A	ADMINISTRATIVE & GENERAL	5.05		66,559	3
4	CC 1300 RCL SALARY TO NON	A	DIETARY	10		125	4
5	CC 1878 RCL SALARY TO NON	A	MEDICAL RECORDS & LIBRARY	16		931	5
6	CC 1384 RCL SALARY TO NON	A	SOCIAL SERVICE	17	5,940		6
7	CC 1630 RCL SALARY TO NON	A	I&R SERVICES-OTHER PRGM COSTS	22		13,889	7
8	CC 1667 RCL SALARY TO NON	A	I&R SERVICES-OTHER PRGM COSTS	22		877	8
9	CC 1677 RCL SALARY TO NON	A	I&R SERVICES-OTHER PRGM COSTS	22		200,438	9
10	CC 1481 CHILD SURG FUND SAL TO NON	A	SPECIAL CARE NURSERY	35		80,277	10
11	CC 1481 NICU HOSPTIST SAL TO NON	A	SPECIAL CARE NURSERY	35		1,287,884	11
12	CC 1481 ADJ ENTRIES	A	SPECIAL CARE NURSERY	35	4,212		12
13	CC 1481 RVS FY11 NICU HOSP	A	SPECIAL CARE NURSERY	35	60,955		13
14	CC 1481 FAC BIL YR END ACCRUAL	A	SPECIAL CARE NURSERY	35		34,717	14
15	CC 1507 SAL TO NON AUTOPSY	A	LABORATORY	60		5,830	15
16	CC 1528 SAL TO NON SAL	A	ELECTROENCEPHALOGRAPHY	70		4,800	16
17	CC 1558 SAL TO NON SAL	A	OB CLINIC	90.03	5,679		17
18	CC 1658 FRINGE BENEFITS PART A	A	I&R SERVICES-OTHER PRGM COSTS	22		16,284	18
19	CC 1486,88,89 FRINGE BENEF PART A	A	ADULTS & PEDIATRICS	30		8,079	19
20	CC 1481FRINGE BENEFIT PART A	A	SPECIAL CARE NURSERY	35		25,766	20
21	CC 1499 FRINGE BENEFIT PART A	A	LABORATORY	60		7,380	21
22	CC 1534 FRINGE BENEFIT PART A	A	PHYSICAL THERAPY	66		3,200	22
23	FELLOW SAL TO FRINGE SAL TO NON SAL	A	OTHER COMPANY WIDE ACTIVITY	194.02		1,220,005	23
24	RECLASS COMPANY WIDE TO FRINGE BEN	A	EMPLOYEE BENEFITS DEPARTMENT	4		770,622	24
25	RECLASS COMPANY WIDE TO NON	A	ADMINISTRATIVE & GENERAL	5.05		5,248	25
26	RCL COMPANY WIDE TO LINE 21 FELLOWS	A	I&R SERVICES-SALARY & FRINGES	21	1,254,723	468,798	26
27	RCL COMPANY WIDE TO LINE 22	A	I&R SERVICES-OTHER PRGM COSTS	22	666,194	611,233	27
28	RCL COMPANY WIDE TO LINE 23.01	A	PARAMED ED PRGM-(CHAPLAINCY)	23.01		12,896	28
29	RCL COMPANY WIDE TO LINE 30	A	ADULTS & PEDIATRICS	30	136,286	179,817	29
30	RCL COMPANY WIDE TO LINE 35	A	SPECIAL CARE NURSERY	35	110,150	108,154	30
31	RCL COMPANY WIDE TO LINE 40	A	SUBPROVIDER - IPF	40	48,740	11,258	31
32	RCL COMPANY WIDE TO LINE 90.01	A	PSYCH CLINIC	90.01	54,383	4,437	32
33	RCL COMPANY WIDE TO LINE 90.03	A	OB CLINIC	90.03	403,133	143,761	33
34	RCL COMPANY WIDE TO LINE 91	A	EMERGENCY	91	209,325	133,370	34
35	RCL COMPANY WIDE TO LINE 116	A	HOSPICE	116		81,399	35
36	RCL COMPANY WIDE TO LINE 191	A	RESEARCH	191	1,567,038	241,900	36
37	RCL COMPANY WIDE TO LINE 191.01	A	SPONSERED PROJECT	191.01	1,556,674	3,139,965	37
38	RCL ACCT 600000 LN 21 TO LN 22	A	I&R SERVICES-OTHER PRGM COSTS	22	1,399,640		38
39	RCL ACCT 600200 LN 21 TO LN 22	A	I&R SERVICES-OTHER PRGM COSTS	22	3,226		39
40	RCL ACCT 600300 LN 21 TO LN 22	A	I&R SERVICES-OTHER PRGM COSTS	22	1,370		40
41	RCL ACCT 615200 LN 21 TO LN 22	A	I&R SERVICES-OTHER PRGM COSTS	22	72,375		41
42	RCL ACCT 615201 LN 21 TO LN 22	A	I&R SERVICES-OTHER PRGM COSTS	22	2,897,368		42
43	RCL ACCT 615203 LN 21 TO LN 22	A	I&R SERVICES-OTHER PRGM COSTS	22	367,463		43
44	RCL ACCT 615211 LN 21 TO LN 22	A	I&R SERVICES-OTHER PRGM COSTS	22	2,119,569		44
45	RCL ACCT 615213 LN 21 TO LN 22	A	I&R SERVICES-OTHER PRGM COSTS	22	147,263		45
46	RCL ACCT 615251 LN 21 TO LN 22	A	I&R SERVICES-OTHER PRGM COSTS	22	3,429		46
47	RCL ACCT 633300 LN 21 TO LN 22	A	I&R SERVICES-OTHER PRGM COSTS	22	101,503		47
48	RCL NON SALARY LN 21 TO LN 22	A	I&R SERVICES-OTHER PRGM COSTS	22		5,358,613	48
49	PART A FRINGE RECLASS ACCT 615201	A	NURSING ADMINISTRATION	13		3,726	49
50	PART A FRINGE RECLASS ACCT 615201	A	PHARMACY	15		7,056	50
51	PART A FRINGE RECLASS ACCT 615201	A	SOCIAL SERVICE	17		12,399	51
52	PART A FRINGE RECLASS ACCT 615201	A	I&R SERVICES-OTHER PRGM COSTS	22		390,605	52
53	PART A FRINGE RECLASS ACCT 615201	A	ADULTS & PEDIATRICS	30		61,517	53
54	PART A FRINGE RECLASS ACCT 615201	A	INTENSIVE CARE UNIT	31		52,979	54
55	PART A FRINGE RECLASS ACCT 615201	A	SUBPROVIDER - IPF	40		8,139	55
56	PART A FRINGE RECLASS ACCT 615201	A	OPERATING ROOM	50		68,325	56
57	PART A FRINGE RECLASS ACCT 615201	A	RECOVERY ROOM	51		10,613	57
58	PART A FRINGE RECLASS ACCT 615201	A	DELIVERY ROOM & LABOR ROOM	52		26,191	58
59	PART A FRINGE RECLASS ACCT 615201	A	ANESTHESIOLOGY	53		20,377	59
60	PART A FRINGE RECLASS ACCT 615201	A	RADIOLOGY-DIAGNOSTIC	54		48,361	60
61	PART A FRINGE RECLASS ACCT 615201	A	RADIOLOGY-THERAPEUTIC	55		10,493	61
62	PART A FRINGE RECLASS ACCT 615201	A	RADIOISOTOPE	56		7,671	62
63	PART A FRINGE RECLASS ACCT 615201	A	CT SCAN	57		4,614	63
64	PART A FRINGE RECLASS ACCT 615201	A	MRI	58		4,614	64
65	PART A FRINGE RECLASS ACCT 615201	A	CARDIAC CATHETERIZATION	59		13,971	65
66	PART A FRINGE RECLASS ACCT 615201	A	VASCULAR LAB	59.01		5,699	66
67	PART A FRINGE RECLASS ACCT 615201	A	CARDIAC GRAPHICS	59.02		30,189	67
68	PART A FRINGE RECLASS ACCT 615201	A	PULMONARY FUNCTION	59.03		2,699	68
69	PART A FRINGE RECLASS ACCT 615201	A	EPS	59.04		13,971	69
70	PART A FRINGE RECLASS ACCT 615201	A	GI	59.05		12,410	70



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
71	PART A FRINGE RECLASS ACCT 615201	A	LABORATORY	60		262,414	71
72	PART A FRINGE RECLASS ACCT 615201	A	BLOOD STORING, PROCESSING & T	63		5,612	72
73	PART A FRINGE RECLASS ACCT 615201	A	BLOOD STORING, PROCESSING & T	63		6,118	73
74	PART A FRINGE RECLASS ACCT 615201	A	RESPIRATORY THERAPY	65		20,196	74
75	PART A FRINGE RECLASS ACCT 615201	A	PHYSICAL THERAPY	66		8,856	75
76	PART A FRINGE RECLASS ACCT 615201	A	CARDIAC GRAPHICS	59.02		794	76
77	PART A FRINGE RECLASS ACCT 615201	A	ELECTROENCEPHALOGRAPHY	70		16,881	77
78	PART A FRINGE RECLASS ACCT 615201	A	CARDIAC REHABILITATION	76.97		4,234	78
79	PART A FRINGE RECLASS ACCT 615201	A	CLINIC	90		5,775	79
80	PART A FRINGE RECLASS ACCT 615201	A	PSYCH CLINIC	90.01		12,809	80
81	PART A FRINGE RECLASS ACCT 615201	A	OB CLINIC	90.03		4,614	81
82	PART A FRINGE RECLASS ACCT 615201	A	EMERGENCY	91		21,240	82
83	PART A FRINGE RECLASS ACCT 615201	A	KIDNEY ACQUISITION	105		6,476	83
84	PART A FRINGE RECLASS ACCT 615201	A	HEART ACQUISITION	106		12,745	84
85	PART A FRINGE RECLASS ACCT 615201	A	LIVER ACQUISITION	107		10,445	85
86	PART A FRINGE RECLASS ACCT 615201	A	PANCREAS ACQUISITION	109		3,885	86
87	PART A FRINGE RECLASS ACCT 615201	A	HOSPICE	116		4,490	87
88	PART A FRINGE RECLASS ACCT 615203	A	NURSING ADMINISTRATION	13		27,220	88
89	PART A FRINGE RECLASS ACCT 615203	A	I&R SERVICES-OTHER PRGM COSTS	22		90,028	89
90	PART A FRINGE RECLASS ACCT 615203	A	PHYSICAL THERAPY	66		8,856	90
91	PART A FRINGE RECLASS ACCT 615211	A	I&R SERVICES-OTHER PRGM COSTS	22		238,452	91
92	PART A FRINGE RECLASS ACCT 615213	A	I&R SERVICES-OTHER PRGM COSTS	22		36,079	92
93	PART A FRINGE RECLASS ACCT 615251	A	I&R SERVICES-OTHER PRGM COSTS	22		463	93
94	PART A FRINGE RECLASS ACCT 615251	A	ADULTS & PEDIATRICS	30		28,929	94
95	PART A FRINGE RECLASS ACCT 615251	A	PSYCH CLINIC	90.01		68,169	95
96	PART A FRINGE RECLASS ACCT 615201	A	SPONSERED PROJECT	191.01		2,261	96
97	RCL ACCT 642000 MCGAW FRINGE	A	I&R SERVICES-SALARY & FRINGES	21		13,486	97
98	RCL ACCT 641831 ON CALL FRINGE	A	KIDNEY ACQUISITION	105		69,612	98
99	RCL ACCT 641831 ON CALL FRINGE	A	LIVER ACQUISITION	107		69,612	99
100	MALPRACTICE	A	NURSING ADMINISTRATION	13		3,388	100
101	MALPRACTICE	A	PHARMACY	15		1,741	101
102	MALPRACTICE	A	SOCIAL SERVICE	17		2,082	102
103	MALPRACTICE	A	I&R SERVICES-OTHER PRGM COSTS	22		136,941	103
104	MALPRACTICE	A	ADULTS & PEDIATRICS	30		16,063	104
105	MALPRACTICE	A	INTENSIVE CARE UNIT	31		8,895	105
106	MALPRACTICE	A	SPECIAL CARE NURSERY	35		2,801	106
107	MALPRACTICE	A	SUBPROVIDER - IPF	40		4,750	107
108	MALPRACTICE	A	OPERATING ROOM	50		11,534	108
109	MALPRACTICE	A	RECOVERY ROOM	51		1,782	109
110	MALPRACTICE	A	DELIVERY ROOM & LABOR ROOM	52		4,397	110
111	MALPRACTICE	A	ANESTHESIOLOGY	53		3,421	111
112	MALPRACTICE	A	RADIOLOGY-DIAGNOSTIC	54		8,119	112
113	MALPRACTICE	A	RADIOLOGY-THERAPEUTIC	55		1,762	113
114	MALPRACTICE	A	RADIOISOTOPE	56		1,288	114
115	MALPRACTICE	A	CT SCAN	57		775	115
116	MALPRACTICE	A	MRI	58		775	116
117	MALPRACTICE	A	CARDIAC CATHETERIZATION	59		2,346	117
118	MALPRACTICE	A	VASCULAR LAB	59.01		957	118
119	MALPRACTICE	A	CARDIAC GRAPHICS	59.02		5,201	119
120	MALPRACTICE	A	PULMONARY FUNCTION	59.03		453	120
121	MALPRACTICE	A	EPS	59.04		2,346	121
122	MALPRACTICE	A	GI	59.05		2,084	122
123	MALPRACTICE	A	LABORATORY	60		44,990	123
124	MALPRACTICE	A	BLOOD STORING, PROCESSING & T	63		942	124
125	MALPRACTICE	A	BLOOD STORING, PROCESSING & T	63		1,027	125
126	MALPRACTICE	A	RESPIRATORY THERAPY	65		3,391	126
127	MALPRACTICE	A	PHYSICAL THERAPY	66		1,432	127
128	MALPRACTICE	A	ELECTROENCEPHALOGRAPHY	70		2,834	128
129	MALPRACTICE	A	CARDIAC REHABILITATION	76.97		711	129
130	MALPRACTICE	A	CLINIC	90		970	130
131	MALPRACTICE	A	PSYCH CLINIC	90.01		14,042	131
132	MALPRACTICE	A	OB CLINIC	90.03		775	132
133	MALPRACTICE	A	EMERGENCY	91		7,743	133
134	MALPRACTICE	A	KIDNEY ACQUISITION	105		1,087	134
135	MALPRACTICE	A	HEART ACQUISITION	106		2,140	135
136	MALPRACTICE	A	LIVER ACQUISITION	107		1,754	136
137	MALPRACTICE	A	PANCREAS ACQUISITION	109		652	137
138	MALPRACTICE	A	HOSPICE	116		505	138
139	MALPRACTICE	A	SPONSERED PROJECT	191.01		380	139
140	RECLASSCC1025 NON SALRY TO SALARY	A	ADMINISTRATIVE & GENERAL	5.05		126,350	140



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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RECLASSIFICATIONS

WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				
			COST CENTER	LINE #	SALARY	OTHER	
141	RECLCC1025 TO PARA SCH RADIOGRAPHY	A	PARAMED ED PRGM-(NM SCHL)	23.02	47,854	141	
142	RECLCC1025 TO PARA SCH RADIA THERAP	A	PARAMED ED PRGM-(RAD THER)	23.03	25,087	142	
143	RECLCC1025 TO PARA SCH NUCLEAR MED	A	PARAMED ED PRGM-(NUCLEAR MED)	23.04	26,183	143	
144	RECLCC1025 TO PARA SCH SONOGRAPHY	A	PARAMED ED PRGM-(SONOGRAPHY)	23.05	27,226	144	
145	RECLSALTO PARA SCH RADIOGRAPHY	A	PARAMED ED PRGM-(NM SCHL)	23.02	52,806	145	
146	RECLSALTO PARA SCH RADIA THERAPY	A	PARAMED ED PRGM-(RAD THER)	23.03	54,547	146	
147	RECLSALTO PARA SCH NUCLEAR MED	A	PARAMED ED PRGM-(NUCLEAR MED)	23.04	47,641	147	
148	RECLSALTO PARA SCH NUCLEAR MED	A	PARAMED ED PRGM-(NUCLEAR MED)	23.04	3,062	148	
149	RECLSALTO PARA SCH DMS	A	PARAMED ED PRGM-(SONOGRAPHY)	23.05	47,952	149	
150	RECLSALTOPARA SCH RADIOGRAPHY	A	PARAMED ED PRGM-(NM SCHL)	23.02	4,731	150	
151	RECLSALTOPARA SCH PHARMACY	A	PARAMED ED PRGM-(SPECIFY)	23	308,051	151	
152	RECLSALTOPARA SCH CHAPLAINCY	A	PARAMED ED PRGM-(CHAPLAINCY)	23.01	94,472	152	
153	RECLSBONUS TOTRANSPLANT CLINIC	A	TRANSPLANT CLINIC	90.02	2,826	153	
154	RECLSBONUS TO KIDNEYACQUISITION	A	KIDNEY ACQUISITION	105	12,446	154	
155	RECLSBONUS TO HEART ACQUISITION	A	HEART ACQUISITION	106	1,442	155	
156	RECLSBONUS TO LIVER ACQUISITION	A	LIVER ACQUISITION	107	2,952	156	
157	RECLSBONUS OVERHEAD TO CLINIC	A	TRANSPLANT CLINIC	90.02	7,714	157	
158	RECLSBONUS OVERHEAD TO 1568	A	KIDNEY ACQUISITION	105	14,986	158	
159	RECLSBONUS OVERHEAD TO 1569	A	KIDNEY ACQUISITION	105	15,436	159	
160	RECLSBONUS OVERHEAD TO 1711	A	HEART ACQUISITION	106	3,994	160	
161	RECLSBONUS OVERHEAD TO 1445	A	LIVER ACQUISITION	107	14,307	161	
162	RECLSBONUS OVERHEAD TO 1457	A	LIVER ACQUISITION	107	2,126	162	
163	RECLSBONUS OVERHEAD TO 1456	A	PANCREAS ACQUISITION	109	3,969	163	
164	RECL OVERHEAD TO CLINIC FRM 5.05	A	TRANSPLANT CLINIC	90.02	137,684	164	
165	RECL OVERHEAD TO CLINIC FRM 30	A	TRANSPLANT CLINIC	90.02	25,944	165	
166	RECL OVERHEAD TO CLINIC FRM 90	A	TRANSPLANT CLINIC	90.02	8,637	166	
167	RECL NON OVERHEAD TO CL FRM 5.05	A	TRANSPLANT CLINIC	90.02		33,955	167
168	RECL OVERHEAD TO KID AC FRM 5.05	A	KIDNEY ACQUISITION	105	543,008	168	
169	RECL OVERHEAD TO KID AC FRM 30	A	KIDNEY ACQUISITION	105	102,322	169	
170	RECL OVERHEAD TO KID AC FRM 90	A	KIDNEY ACQUISITION	105	34,062	170	
171	RECL OVERHEAD TO KID AC FRM 90.02	A	KIDNEY ACQUISITION	105	8,422	171	
172	RECL NON WAGE TO KID AC FRM 5.05	A	KIDNEY ACQUISITION	105		133,913	172
173	RECL OVERHEAD TO HEART FRM 5.05	A	HEART ACQUISITION	106	71,280	173	
174	RECL OVERHEAD TO HEART FRM 30	A	HEART ACQUISITION	106	13,432	174	
175	RECL OVERHEAD TO HEART FRM 90	A	HEART ACQUISITION	106	4,471	175	
176	RECL OVERHEAD TO HEART FRM 90.02	A	HEART ACQUISITION	106	1,106	176	
177	RECL NON WAGE TO HEART FRM 5.05	A	HEART ACQUISITION	106		17,579	177
178	RECL OVERHEAD TO LIVER FRM 5.05	A	LIVER ACQUISITION	107	293,311	178	
179	RECL OVERHEAD TO LIVER FRM 30	A	LIVER ACQUISITION	107	55,270	179	
180	RECL OVERHEAD TO LIVER FRM 90	A	LIVER ACQUISITION	107	18,399	180	
181	RECL OVERHEAD TO LIVER FRM 90.02	A	LIVER ACQUISITION	107	4,549	181	
182	RECL NONWAGE TO LIVER FRM 5.05	A	LIVER ACQUISITION	107		72,335	182
183	RECL OVERHEAD TO PANC FRM 5.05	A	PANCREAS ACQUISITION	109	70,838	183	
184	RECL OVERHEAD TO PANC FRM 30	A	PANCREAS ACQUISITION	109	13,348	184	
185	RECL OVERHEAD TO PANC FRM 90	A	PANCREAS ACQUISITION	109	4,444	185	
186	RECL OVERHEAD TO PANC FRM 90.02	A	PANCREAS ACQUISITION	109	1,099	186	
187	RECL NON WAGE TO PANC FRM 5.05	A	PANCREAS ACQUISITION	109		17,470	187
188	RECLPRECEPTORSALARYTO PARA SCH	A	PARAMED ED PRGM-(SPECIFY)	23	131,292	188	
189	RECL1025NONEXPPTO PARA RADIOGRAPH	A	PARAMED ED PRGM-(NM SCHL)	23.02		2,629	189
190	RECL1025NONEXPPTO PARA RADIATION THE	A	PARAMED ED PRGM-(RAD THER)	23.03		2,629	190
191	RECL1025NONEXPPTO PARA NUCLEAR	A	PARAMED ED PRGM-(NUCLEAR MED)	23.04		2,629	191
192	RECL1025NONEXPPTO PARA SONOGRAPHY	A	PARAMED ED PRGM-(SONOGRAPHY)	23.05		2,629	192
193	RECL PARA EXPENSES FROM PHARM	A	PARAMED ED PRGM-(SPECIFY)	23		21,750	193
500	TOTAL RECLASSIFICATIONS				15,959,571	16,743,733	500
	CODE LETTER - A						
1	HOME OFFICE DEPRECIATION RECLASS	B	CAP REL COSTS-MVBLE EQUIP	2		9,047,846	1
500	TOTAL RECLASSIFICATIONS					9,047,846	500
	CODE LETTER - B						
1	DRUG RECLASS	C	DRUGS CHARGED TO PATIENTS	73		50,618,230	1
2	DRUG RECLASS	C	DRUGS CHARGED TO PATIENTS	73		36,044	2
3	DRUG RECLASS	C	DRUGS CHARGED TO PATIENTS	73		1,845	3
4	DRUG RECLASS	C	DRUGS CHARGED TO PATIENTS	73		69,069	4
5	DRUG RECLASS	C	DRUGS CHARGED TO PATIENTS	73		630,853	5
6	DRUG RECLASS	C	DRUGS CHARGED TO PATIENTS	73		1,202,401	6
7	DRUG RECLASS	C	DRUGS CHARGED TO PATIENTS	73		110,046	7
8	DRUG RECLASS	C	DRUGS CHARGED TO PATIENTS	73		94,885	8
9	DRUG RECLASS	C	DRUGS CHARGED TO PATIENTS	73		76,238	9
10	DRUG RECLASS	C	DRUGS CHARGED TO PATIENTS	73		167	10



COMPU-MAX

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
11	DRUG RECLASS	C	DRUGS CHARGED TO PATIENTS	73		73,724	11
12	DRUG RECLASS	C	DRUGS CHARGED TO PATIENTS	73		96,247	12
13	DRUG RECLASS	C	DRUGS CHARGED TO PATIENTS	73		4,619	13
14	DRUG RECLASS	C	DRUGS CHARGED TO PATIENTS	73		6,691	14
500	TOTAL RECLASSIFICATIONS					53,021,059	500
	CODE LETTER - C						
1	IMPLANT RECLASS	D	IMPL. DEV. CHARGED TO PATIENT	72		40,579,155	1
2	IMPLANT RECLASS	D	IMPL. DEV. CHARGED TO PATIENT	72		608	2
3	IMPLANT RECLASS	D	IMPL. DEV. CHARGED TO PATIENT	72		1,879,452	3
4	IMPLANT RECLASS	D	IMPL. DEV. CHARGED TO PATIENT	72		16,681	4
5	IMPLANT RECLASS	D	IMPL. DEV. CHARGED TO PATIENT	72		2,963,730	5
6	IMPLANT RECLASS	D	IMPL. DEV. CHARGED TO PATIENT	72		15	6
7	IMPLANT RECLASS	D	IMPL. DEV. CHARGED TO PATIENT	72		2,582,644	7
8	IMPLANT RECLASS	D	IMPL. DEV. CHARGED TO PATIENT	72		1,388	8
9	IMPLANT RECLASS	D	IMPL. DEV. CHARGED TO PATIENT	72		6,054,369	9
10	IMPLANT RECLASS	D	IMPL. DEV. CHARGED TO PATIENT	72		18,131	10
11	IMPLANT RECLASS	D	IMPL. DEV. CHARGED TO PATIENT	72		608	11
500	TOTAL RECLASSIFICATIONS					54,096,781	500
	CODE LETTER - D						
1	MED SUPPLY RECLASS	E	MEDICAL SUPPLIES CHARGED TO P	71		337,721	1
2	MED SUPPLY RECLASS	E	MEDICAL SUPPLIES CHARGED TO P	71		1,179	2
3	MED SUPPLY RECLASS	E	MEDICAL SUPPLIES CHARGED TO P	71		70,657	3
4	MED SUPPLY RECLASS	E	MEDICAL SUPPLIES CHARGED TO P	71		522,069	4
5	MED SUPPLY RECLASS	E	MEDICAL SUPPLIES CHARGED TO P	71		28,520,978	5
6	MED SUPPLY RECLASS	E	MEDICAL SUPPLIES CHARGED TO P	71		3,315	6
7	MED SUPPLY RECLASS	E	MEDICAL SUPPLIES CHARGED TO P	71		688,237	7
8	MED SUPPLY RECLASS	E	MEDICAL SUPPLIES CHARGED TO P	71		479,889	8
9	MED SUPPLY RECLASS	E	MEDICAL SUPPLIES CHARGED TO P	71		5,719,448	9
10	MED SUPPLY RECLASS	E	MEDICAL SUPPLIES CHARGED TO P	71		1,205	10
11	MED SUPPLY RECLASS	E	MEDICAL SUPPLIES CHARGED TO P	71		116,350	11
12	MED SUPPLY RECLASS	E	MEDICAL SUPPLIES CHARGED TO P	71		2,118,289	12
13	MED SUPPLY RECLASS	E	MEDICAL SUPPLIES CHARGED TO P	71		1,286	13
14	MED SUPPLY RECLASS	E	MEDICAL SUPPLIES CHARGED TO P	71		2,660,286	14
15	MED SUPPLY RECLASS	E	MEDICAL SUPPLIES CHARGED TO P	71		302,182	15
16	MED SUPPLY RECLASS	E	MEDICAL SUPPLIES CHARGED TO P	71		214,827	16
17	MED SUPPLY RECLASS	E	MEDICAL SUPPLIES CHARGED TO P	71		185,268	17
18	MED SUPPLY RECLASS	E	MEDICAL SUPPLIES CHARGED TO P	71		14,372	18
19	MED SUPPLY RECLASS	E	MEDICAL SUPPLIES CHARGED TO P	71		16,897	19
500	TOTAL RECLASSIFICATIONS					41,974,455	500
	CODE LETTER - E						
1	NN RECLASS	F	NURSERY	43	3,208,053	445,069	1
2	NN RECLASS	F	NURSERY	43	896	100	2
3	NN RECLASS	F	NURSERY	43	80,950	28,387	3
500	TOTAL RECLASSIFICATIONS				3,289,899	473,556	500
	CODE LETTER - F						
1	DIETARY RECLASS	G	CAFETERIA	11	2,356,947	2,203,780	1
500	TOTAL RECLASSIFICATIONS				2,356,947	2,203,780	500
	CODE LETTER - G						
1	EQUIPMENT DEPRECIATION RECLASS	H	CAP REL COSTS-BLDG & FIXT	1		4,397,795	1
500	TOTAL RECLASSIFICATIONS					4,397,795	500
	CODE LETTER - H						
1	RECLASS SCHOOLS	I	PARAMED ED PRGM-(NM SCHL)	23.02		31,231	1
2			PARAMED ED PRGM-(RAD THER)	23.03		24,179	2
3			PARAMED ED PRGM-(NUCLEAR MED)	23.04		23,171	3
4			PARAMED ED PRGM-(SONOGRAPHY)	23.05		21,895	4
500	TOTAL RECLASSIFICATIONS					100,476	500
	CODE LETTER - I						
1	RECLASS LAUNDRY SERVICES	K	LAUNDRY & LINEN SERVICE	8		3,029,317	1
500	TOTAL RECLASSIFICATIONS					3,029,317	500
	CODE LETTER - K						
1	CAPITAL RELATED COST RECLASS	M	ADMITTING	5.04		126,277	1
2	CAPITAL RELATED COST RECLASS	M	ADMITTING	5.04		254,972	2



COMPU-MAX

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
3	CAPITAL RELATED COST RECLASS	M	ADMITTING	5.04		13,147	3
4	CAPITAL RELATED COST RECLASS	M	OPERATION OF PLANT	7		2,809,132	4
5	CAPITAL RELATED COST RECLASS	M	REAL ESTATE	194		289,317	5
6	CAPITAL RELATED COST RECLASS	M	ADMINISTRATIVE & GENERAL	5.05		7,540	6
7	CAPITAL RELATED COST RECLASS	M	BLOOD STORING, PROCESSING & T	63		11,340	7
8	CAPITAL RELATED COST RECLASS	M	LABORATORY	60		1,846	8
9	CAPITAL RELATED COST RECLASS	M	ADMINISTRATIVE & GENERAL	5.05		1,490	9
10	CAPITAL RELATED COST RECLASS	M	PULMONARY FUNCTION	59.03		6,180	10
11	CAPITAL RELATED COST RECLASS	M	EPS	59.04		118,556	11
12	CAPITAL RELATED COST RECLASS	M	ADMINISTRATIVE & GENERAL	5.05		17,046	12
13	CAPITAL RELATED COST RECLASS	M	RADIOLOGY-THERAPEUTIC	55		1,730	13
14	CAPITAL RELATED COST RECLASS	M	MRI	58		34,800	14
15	CAPITAL RELATED COST RECLASS	M	PURCHASING RECEIVING & STORES	5.03		6,839	15
16	CAPITAL RELATED COST RECLASS	M	ADMINISTRATIVE & GENERAL	5.05		1,351,309	16
17	CAPITAL RELATED COST RECLASS	M	OPERATION OF PLANT	7		1,502,898	17
18	CAPITAL RELATED COST RECLASS	M	NURSING ADMINISTRATION	13		10,870	18
19	CAPITAL RELATED COST RECLASS	M	PHARMACY	15		15,181	19
20	CAPITAL RELATED COST RECLASS	M	BLOOD STORING, PROCESSING & T	63		5,422	20
21	CAPITAL RELATED COST RECLASS	M	REAL ESTATE	194		1,915,044	21
500	TOTAL RECLASSIFICATIONS					8,500,936	500
	CODE LETTER - M						
1	RESIDENTS IN UNAPPROVED PROGRAMS	N	I&R SERVICES-NOT APPRVD PRGM	100	471,280		1
2							2
500	TOTAL RECLASSIFICATIONS				471,280		500
	CODE LETTER - N						
1	THERAPY HUB RECLASS	O	RESPIRATORY THERAPY	65	4,773,636		1
2			PHYSICAL THERAPY	66	1,446,365		2
3			OCCUPATIONAL THERAPY	67	798,910		3
500	TOTAL RECLASSIFICATIONS				7,018,911		500
	CODE LETTER - O						
	GRAND TOTAL (INCREASES)				29,096,608	193,589,734	

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	WKST A-7 REF.
		1	6	7	8	9	10
1	CREDIT CC 1054 RECL TO NONSALARY	A	ADMINISTRATIVE & GENERAL	5.05		271,855	1
2	FRINGE CHRG TO SALARY RCL TO NON	A	ADMINISTRATIVE & GENERAL	5.05	1,057		2
3	AP VOUCHER NO HOURS RCL TO NON	A	ADMINISTRATIVE & GENERAL	5.05	66,559		3
4	CC 1300 RCL SALARY TO NON	A	DIETARY	10	125		4
5	CC 1878 RCL SALARY TO NON	A	MEDICAL RECORDS & LIBRARY	16	931		5
6	CC 1384 RCL SALARY TO NON	A	SOCIAL SERVICE	17		5,940	6
7	CC 1630 RCL SALARY TO NON	A	I&R SERVICES-SALARY & FRINGES	21	13,889		7
8	CC 1667 RCL SALARY TO NON	A	I&R SERVICES-SALARY & FRINGES	21	877		8
9	CC 1677 RCL SALARY TO NON	A	I&R SERVICES-SALARY & FRINGES	21	200,438		9
10	CC 1481 CHILD SURG FUND SAL TO NON	A	SPECIAL CARE NURSERY	35	80,277		10
11	CC 1481 NICU HOSPTIST SAL TO NON	A	SPECIAL CARE NURSERY	35	1,287,884		11
12	CC 1481 ADJ ENTRIES	A	SPECIAL CARE NURSERY	35		4,212	12
13	CC 1481 RVS FY11 NICU HOSP	A	SPECIAL CARE NURSERY	35		60,955	13
14	CC 1481 FAC BIL YR END ACCRUAL	A	SPECIAL CARE NURSERY	35	34,717		14
15	CC 1507 SAL TO NON AUTOPSY	A	LABORATORY	60	5,830		15
16	CC 1528 SAL TO NON SAL	A	ELECTROENCEPHALOGRAPHY	70	4,800		16
17	CC 1558 SAL TO NON SAL	A	OB CLINIC	90.03		5,679	17
18	CC 1658 FRINGE BENEFITS PART A	A	ADMINISTRATIVE & GENERAL	5.05		16,284	18
19	CC 1486,88,89 FRINGE BENEF PART A	A	ADMINISTRATIVE & GENERAL	5.05		8,079	19
20	CC 1481FRINGE BENEFIT PART A	A	ADMINISTRATIVE & GENERAL	5.05		25,766	20
21	CC 1499 FRINGE BENEFIT PART A	A	ADMINISTRATIVE & GENERAL	5.05		7,380	21
22	CC 1534 FRINGE BENEFIT PART A	A	ADMINISTRATIVE & GENERAL	5.05		3,200	22
23	FELLOW SAL TO FRINGE SAL TO NON SAL	A	OTHER COMPANY WIDE ACTIVITY	194.02	1,220,005		23
24	RECLASS COMPANY WIDE TO FRINGE BEN	A	OTHER COMPANY WIDE ACTIVITY	194.02		770,622	24
25	RECLASS COMPANY WIDE TO NON	A	OTHER COMPANY WIDE ACTIVITY	194.02		5,248	25
26	RCL COMPANY WIDE TO LINE 21 FELLOWS	A	OTHER COMPANY WIDE ACTIVITY	194.02	1,254,723	468,798	26
27	RCL COMPANY WIDE TO LINE 22	A	OTHER COMPANY WIDE ACTIVITY	194.02	666,194	611,233	27
28	RCL COMPANY WIDE TO LINE 23.01	A	OTHER COMPANY WIDE ACTIVITY	194.02	12,896		28
29	RCL COMPANY WIDE TO LINE 30	A	OTHER COMPANY WIDE ACTIVITY	194.02	136,286	179,817	29
30	RCL COMPANY WIDE TO LINE 35	A	OTHER COMPANY WIDE ACTIVITY	194.02	110,150	108,154	30
31	RCL COMPANY WIDE TO LINE 40	A	OTHER COMPANY WIDE ACTIVITY	194.02	48,740	11,258	31
32	RCL COMPANY WIDE TO LINE 90.01	A	OTHER COMPANY WIDE ACTIVITY	194.02	54,383	4,437	32
33	RCL COMPANY WIDE TO LINE 90.03	A	OTHER COMPANY WIDE ACTIVITY	194.02	403,133	143,761	33
34	RCL COMPANY WIDE TO LINE 91	A	OTHER COMPANY WIDE ACTIVITY	194.02	209,325	133,370	34
35	RCL COMPANY WIDE TO LINE 116	A	OTHER COMPANY WIDE ACTIVITY	194.02		81,399	35
36	RCL COMPANY WIDE TO LINE 191	A	OTHER COMPANY WIDE ACTIVITY	194.02	1,567,038	241,900	36
37	RCL COMPANY WIDE TO LINE 191.01	A	OTHER COMPANY WIDE ACTIVITY	194.02	1,556,674	3,139,965	37
38	RCL ACCT 600000 LN 21 TO LN 22	A	I&R SERVICES-SALARY & FRINGES	21	1,399,640		38
39	RCL ACCT 600200 LN 21 TO LN 22	A	I&R SERVICES-SALARY & FRINGES	21	3,226		39
40	RCL ACCT 600300 LN 21 TO LN 22	A	I&R SERVICES-SALARY & FRINGES	21	1,370		40
41	RCL ACCT 615200 LN 21 TO LN 22	A	I&R SERVICES-SALARY & FRINGES	21	72,375		41
42	RCL ACCT 615201 LN 21 TO LN 22	A	I&R SERVICES-SALARY & FRINGES	21	2,897,368		42
43	RCL ACCT 615203 LN 21 TO LN 22	A	I&R SERVICES-SALARY & FRINGES	21	367,463		43
44	RCL ACCT 615211 LN 21 TO LN 22	A	I&R SERVICES-SALARY & FRINGES	21	2,119,569		44
45	RCL ACCT 615213 LN 21 TO LN 22	A	I&R SERVICES-SALARY & FRINGES	21	147,263		45
46	RCL ACCT 615251 LN 21 TO LN 22	A	I&R SERVICES-SALARY & FRINGES	21	3,429		46
47	RCL ACCT 633300 LN 21 TO LN 22	A	I&R SERVICES-SALARY & FRINGES	21	101,503		47
48	RCL NON SALARY LN 21 TO LN 22	A	I&R SERVICES-SALARY & FRINGES	21		5,358,613	48
49	PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		3,726	49
50	PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		7,056	50
51	PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		12,399	51
52	PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		390,605	52
53	PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		61,517	53
54	PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		52,979	54
55	PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		8,139	55
56	PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		68,325	56
57	PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		10,613	57
58	PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		26,191	58
59	PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		20,377	59
60	PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		48,361	60
61	PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		10,493	61
62	PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		7,671	62
63	PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		4,614	63
64	PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		4,614	64
65	PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		13,971	65
66	PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		5,699	66
67	PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		30,189	67
68	PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		2,699	68
69	PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		13,971	69



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	WKST A-7 REF.
		1	6	7	8	9	10
70	PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		12,410	70
71	PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		262,414	71
72	PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		5,612	72
73	PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		6,118	73
74	PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		20,196	74
75	PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		8,856	75
76	PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		794	76
77	PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		16,881	77
78	PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		4,234	78
79	PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		5,775	79
80	PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		12,809	80
81	PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		4,614	81
82	PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		21,240	82
83	PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		6,476	83
84	PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		12,745	84
85	PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		10,445	85
86	PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		3,885	86
87	PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		4,490	87
88	PART A FRINGE RECLASS ACCT 615203	A	ADMINISTRATIVE & GENERAL	5.05		27,220	88
89	PART A FRINGE RECLASS ACCT 615203	A	ADMINISTRATIVE & GENERAL	5.05		90,028	89
90	PART A FRINGE RECLASS ACCT 615203	A	ADMINISTRATIVE & GENERAL	5.05		8,856	90
91	PART A FRINGE RECLASS ACCT 615211	A	ADMINISTRATIVE & GENERAL	5.05		238,452	91
92	PART A FRINGE RECLASS ACCT 615213	A	ADMINISTRATIVE & GENERAL	5.05		36,079	92
93	PART A FRINGE RECLASS ACCT 615251	A	ADMINISTRATIVE & GENERAL	5.05		463	93
94	PART A FRINGE RECLASS ACCT 615251	A	ADMINISTRATIVE & GENERAL	5.05		28,929	94
95	PART A FRINGE RECLASS ACCT 615251	A	ADMINISTRATIVE & GENERAL	5.05		68,169	95
96	PART A FRINGE RECLASS ACCT 615201	A	ADMINISTRATIVE & GENERAL	5.05		2,261	96
97	RCL ACCT 642000 MCGAW FRINGE	A	ADMINISTRATIVE & GENERAL	5.05		13,486	97
98	RCL ACCT 641831 ON CALL FRINGE	A	ADMINISTRATIVE & GENERAL	5.05		69,612	98
99	RCL ACCT 641831 ON CALL FRINGE	A	ADMINISTRATIVE & GENERAL	5.05		69,612	99
100	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		3,388	100
101	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		1,741	101
102	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		2,082	102
103	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		136,941	103
104	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		16,063	104
105	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		8,895	105
106	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		2,801	106
107	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		4,750	107
108	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		11,534	108
109	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		1,782	109
110	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		4,397	110
111	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		3,421	111
112	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		8,119	112
113	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		1,762	113
114	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		1,288	114
115	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		775	115
116	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		775	116
117	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		2,346	117
118	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		957	118
119	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		5,201	119
120	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		453	120
121	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		2,346	121
122	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		2,084	122
123	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		44,990	123
124	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		942	124
125	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		1,027	125
126	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		3,391	126
127	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		1,432	127
128	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		2,834	128
129	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		711	129
130	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		970	130
131	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		14,042	131
132	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		775	132
133	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		7,743	133
134	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		1,087	134
135	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		2,140	135
136	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		1,754	136
137	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		652	137
138	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		505	138



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	WKST A-7 REF.	
		1	6	7	8	9	10	
139	MALPRACTICE	A	ADMINISTRATIVE & GENERAL	5.05		380		139
140	RECLASSCC1025 NON SALRY TO SALARY	A	ADMINISTRATIVE & GENERAL	5.05		126,350		140
141	RECLCC1025 TO PARA SCH RADIOGRAPHY	A	ADMINISTRATIVE & GENERAL	5.05	47,854			141
142	RECLCC1025 TO PARA SCH RADIA THERAP	A	ADMINISTRATIVE & GENERAL	5.05	25,087			142
143	RECLCC1025 TO PARA SCH NUCLEAR MED	A	ADMINISTRATIVE & GENERAL	5.05	26,183			143
144	RECLCC1025 TO PARA SCH SONOGRAPHY	A	ADMINISTRATIVE & GENERAL	5.05	27,226			144
145	RECLSALTO PARA SCH RADIOGRAPHY	A	RADIOLOGY-DIAGNOSTIC	54	52,806			145
146	RECLSALTO PARA SCH RADIA THERAPY	A	RADIOLOGY-THERAPEUTIC	55	54,547			146
147	RECLSALTO PARA SCH NUCLEAR MED	A	RADIOISOTOPE	56	47,641			147
148	RECLSALTO PARA SCH NUCLEAR MED	A	CT SCAN	57	3,062			148
149	RECLSALTO PARA SCH DMS	A	RADIOLOGY-DIAGNOSTIC	54	47,952			149
150	RECLSALTOPARA SCH RADIOGRAPHY	A	CT SCAN	57	4,731			150
151	RECLSALTOPARA SCH PHARMACY	A	PHARMACY	15	308,051			151
152	RECLSALTOPARA SCH CHAPLAINCY	A	ADMINISTRATIVE & GENERAL	5.05	94,472			152
153	RECLSBONUS TOTRANSPLANT CLINIC	A	ADMINISTRATIVE & GENERAL	5.05	2,826			153
154	RECLSBONUS TO KIDNEYACQUISITION	A	ADMINISTRATIVE & GENERAL	5.05	12,446			154
155	RECLSBONUS TO HEART ACQUISITION	A	ADMINISTRATIVE & GENERAL	5.05	1,442			155
156	RECLSBONUS TO LIVER ACQUISITION	A	ADMINISTRATIVE & GENERAL	5.05	2,952			156
157	RECLSBONUS OVERHEAD TO CLINIC	A	ADMINISTRATIVE & GENERAL	5.05	7,714			157
158	RECLSBONUS OVERHEAD TO 1568	A	ADMINISTRATIVE & GENERAL	5.05	14,986			158
159	RECLSBONUS OVERHEAD TO 1569	A	ADMINISTRATIVE & GENERAL	5.05	15,436			159
160	RECLSBONUS OVERHEAD TO 1711	A	ADMINISTRATIVE & GENERAL	5.05	3,994			160
161	RECLSBONUS OVERHEAD TO 1445	A	ADMINISTRATIVE & GENERAL	5.05	14,307			161
162	RECLSBONUS OVERHEAD TO 1457	A	ADMINISTRATIVE & GENERAL	5.05	2,126			162
163	RECLSBONUS OVERHEAD TO 1456	A	ADMINISTRATIVE & GENERAL	5.05	3,969			163
164	RECL OVERHEAD TO CLINIC FRM 5.05	A	ADMINISTRATIVE & GENERAL	5.05	137,684			164
165	RECL OVERHEAD TO CLINIC FRM 30	A	ADULTS & PEDIATRICS	30	25,944			165
166	RECL OVERHEAD TO CLINIC FRM 90	A	CLINIC	90	8,637			166
167	RECL NON OVERHEAD TO CL FRM 5.05	A	ADMINISTRATIVE & GENERAL	5.05		33,955		167
168	RECL OVERHEAD TO KID AC FRM 5.05	A	ADMINISTRATIVE & GENERAL	5.05	543,008			168
169	RECL OVERHEAD TO KID AC FRM 30	A	ADULTS & PEDIATRICS	30	102,322			169
170	RECL OVERHEAD TO KID AC FRM 90	A	CLINIC	90	34,062			170
171	RECL OVERHEAD TO KID AC FRM 90.02	A	TRANSPLANT CLINIC	90.02	8,422			171
172	RECL NON WAGE TO KID AC FRM 5.05	A	ADMINISTRATIVE & GENERAL	5.05		133,913		172
173	RECL OVERHEAD TO HEART FRM 5.05	A	ADMINISTRATIVE & GENERAL	5.05	71,280			173
174	RECL OVERHEAD TO HEART FRM 30	A	ADULTS & PEDIATRICS	30	13,432			174
175	RECL OVERHEAD TO HEART FRM 90	A	CLINIC	90	4,471			175
176	RECL OVERHEAD TO HEART FRM 90.02	A	TRANSPLANT CLINIC	90.02	1,106			176
177	RECL NON WAGE TO HEART FRM 5.05	A	ADMINISTRATIVE & GENERAL	5.05		17,579		177
178	RECL OVERHEAD TO LIVER FRM 5.05	A	ADMINISTRATIVE & GENERAL	5.05	293,311			178
179	RECL OVERHEAD TO LIVER FRM 30	A	ADULTS & PEDIATRICS	30	55,270			179
180	RECL OVERHEAD TO LIVER FRM 90	A	CLINIC	90	18,399			180
181	RECL OVERHEAD TO LIVER FRM 90.02	A	TRANSPLANT CLINIC	90.02	4,549			181
182	RECL NONWAGE TO LIVER FRM 5.05	A	ADMINISTRATIVE & GENERAL	5.05		72,335		182
183	RECL OVERHEAD TO PANC FRM 5.05	A	ADMINISTRATIVE & GENERAL	5.05	70,838			183
184	RECL OVERHEAD TO PANC FRM 30	A	ADULTS & PEDIATRICS	30	13,348			184
185	RECL OVERHEAD TO PANC FRM 90	A	CLINIC	90	4,444			185
186	RECL OVERHEAD TO PANC FRM 90.02	A	TRANSPLANT CLINIC	90.02	1,099			186
187	RECL NON WAGE TO PANC FRM 5.05	A	ADMINISTRATIVE & GENERAL	5.05		17,470		187
188	RECLPRECEPTORSALARYTO PARA SCH	A	PHARMACY	15	131,292			188
189	RECL1025NONEXPPTO PARA RADIOGRAPH	A	ADMINISTRATIVE & GENERAL	5.05		2,629		189
190	RECL1025NONEXPPTO PARA RADIATION THE	A	ADMINISTRATIVE & GENERAL	5.05		2,629		190
191	RECL1025NONEXPPTO PARA NUCLEAR	A	ADMINISTRATIVE & GENERAL	5.05		2,629		191
192	RECL1025NONEXPPTO PARA SONOGRAPHY	A	ADMINISTRATIVE & GENERAL	5.05		2,629		192
193	RECL PARA EXPENSES FROM PHARM	A	PHARMACY	15		21,750		193
500	TOTAL RECLASSIFICATIONS				18,414,865	14,288,439		500
	CODE LETTER - A							
1	HOME OFFICE DEPRECIATION RECLASS	B	ADMINISTRATIVE & GENERAL	5.05		9,047,846	14	1
500	TOTAL RECLASSIFICATIONS					9,047,846		500
	CODE LETTER - B							
1	DRUG RECLASS	C	PHARMACY	15		50,618,230		1
2	DRUG RECLASS	C	RADIOLOGY-DIAGNOSTIC	54		36,044		2
3	DRUG RECLASS	C	RADIOLOGY-THERAPEUTIC	55		1,845		3
4	DRUG RECLASS	C	RADIOISOTOPE	56		69,069		4
5	DRUG RECLASS	C	CT SCAN	57		630,853		5



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	WKST A-7 REF. 10	
		1	6	7	8	9	10	
6	DRUG RECLASS	C	MRI	58		1,202,401	6	
7	DRUG RECLASS	C	CARDIAC CATHETERIZATION	59		110,046	7	
8	DRUG RECLASS	C	CARDIAC GRAPHICS	59.02		94,885	8	
9	DRUG RECLASS	C	WHOLE BLOOD & PACKED RED BLOO	62		76,238	9	
10	DRUG RECLASS	C	RESPIRATORY THERAPY	65		167	10	
11	DRUG RECLASS	C	CARDIAC GRAPHICS	59.02		73,724	11	
12	DRUG RECLASS	C	CLINIC	90		96,247	12	
13	DRUG RECLASS	C	TRANSPLANT CLINIC	90.02		4,619	13	
14	DRUG RECLASS	C	EMERGENCY	91		6,691	14	
500	TOTAL RECLASSIFICATIONS					53,021,059	500	
	CODE LETTER - C							
1	IMPLANT RECLASS	D	OPERATING ROOM	50		40,579,155	1	
2	IMPLANT RECLASS	D	ANESTHESIOLOGY	53		608	2	
3	IMPLANT RECLASS	D	RADIOLOGY-DIAGNOSTIC	54		1,879,452	3	
4	IMPLANT RECLASS	D	RADIOLOGY-THERAPEUTIC	55		16,681	4	
5	IMPLANT RECLASS	D	RADIOISOTOPE	56		2,963,730	5	
6	IMPLANT RECLASS	D	MRI	58		15	6	
7	IMPLANT RECLASS	D	CARDIAC CATHETERIZATION	59		2,582,644	7	
8	IMPLANT RECLASS	D	PULMONARY FUNCTION	59.03		1,388	8	
9	IMPLANT RECLASS	D	EPS	59.04		6,054,369	9	
10	IMPLANT RECLASS	D	GI	59.05		18,131	10	
11	IMPLANT RECLASS	D	PHYSICAL THERAPY	66		608	11	
500	TOTAL RECLASSIFICATIONS					54,096,781	500	
	CODE LETTER - D							
1	MED SUPPLY RECLASS	E	PHARMACY	15		337,721	1	
2	MED SUPPLY RECLASS	E	ADULTS & PEDIATRICS	30		1,179	2	
3	MED SUPPLY RECLASS	E	INTENSIVE CARE UNIT	31		70,657	3	
4	MED SUPPLY RECLASS	E	SPECIAL CARE NURSERY	35		522,069	4	
5	MED SUPPLY RECLASS	E	OPERATING ROOM	50		28,520,978	5	
6	MED SUPPLY RECLASS	E	RECOVERY ROOM	51		3,315	6	
7	MED SUPPLY RECLASS	E	DELIVERY ROOM & LABOR ROOM	52		688,237	7	
8	MED SUPPLY RECLASS	E	ANESTHESIOLOGY	53		479,889	8	
9	MED SUPPLY RECLASS	E	RADIOLOGY-DIAGNOSTIC	54		5,719,448	9	
10	MED SUPPLY RECLASS	E	RADIOLOGY-THERAPEUTIC	55		1,205	10	
11	MED SUPPLY RECLASS	E	MRI	58		116,350	11	
12	MED SUPPLY RECLASS	E	CARDIAC CATHETERIZATION	59		2,118,289	12	
13	MED SUPPLY RECLASS	E	PULMONARY FUNCTION	59.03		1,286	13	
14	MED SUPPLY RECLASS	E	EPS	59.04		2,660,286	14	
15	MED SUPPLY RECLASS	E	GI	59.05		302,182	15	
16	MED SUPPLY RECLASS	E	RESPIRATORY THERAPY	65		214,827	16	
17	MED SUPPLY RECLASS	E	PHYSICAL THERAPY	66		185,268	17	
18	MED SUPPLY RECLASS	E	OCCUPATIONAL THERAPY	67		14,372	18	
19	MED SUPPLY RECLASS	E	OB CLINIC	90.03		16,897	19	
500	TOTAL RECLASSIFICATIONS					41,974,455	500	
	CODE LETTER - E							
1	NN RECLASS	F	ADULTS & PEDIATRICS	30	3,208,053	445,069	1	
2	NN RECLASS	F	SPECIAL CARE NURSERY	35	896	100	2	
3	NN RECLASS	F	DELIVERY ROOM & LABOR ROOM	52	80,950	28,387	3	
500	TOTAL RECLASSIFICATIONS				3,289,899	473,556	500	
	CODE LETTER - F							
1	DIETARY RECLASS	G	DIETARY	10	2,356,947	2,203,780	1	
500	TOTAL RECLASSIFICATIONS				2,356,947	2,203,780	500	
	CODE LETTER - G							
1	EQUIPMENT DEPRECIATION RECLASS	H	CAP REL COSTS-MVBLE EQUIP	2		4,397,795	14	
500	TOTAL RECLASSIFICATIONS					4,397,795	500	
	CODE LETTER - H							
1	RECLASS SCHOOLS	I	ADMINISTRATIVE & GENERAL	5.05		31,231	1	
2			ADMINISTRATIVE & GENERAL	5.05		24,179	2	
3			ADMINISTRATIVE & GENERAL	5.05		23,171	3	
4			ADMINISTRATIVE & GENERAL	5.05		21,895	4	
500	TOTAL RECLASSIFICATIONS					100,476	500	
	CODE LETTER - I							



COMPU-MAX

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	WKST A-7 REF.	
		1	6	7	8	9	10	
1	RECLASS LAUNDRY SERVICES	K	PURCHASING RECEIVING & STORES	5.03		3,029,317	1	
500	TOTAL RECLASSIFICATIONS					3,029,317	500	
	CODE LETTER - K							
1	CAPITAL RELATED COST RECLASS	M	DATA PROCESSING	5.02		126,277	1	
2	CAPITAL RELATED COST RECLASS	M	ADMINISTRATIVE & GENERAL	5.05		254,972	2	
3	CAPITAL RELATED COST RECLASS	M	ADMINISTRATIVE & GENERAL	5.05		13,147	3	
4	CAPITAL RELATED COST RECLASS	M	ADMINISTRATIVE & GENERAL	5.05		2,809,132	4	
5	CAPITAL RELATED COST RECLASS	M	ADMINISTRATIVE & GENERAL	5.05		289,317	5	
6	CAPITAL RELATED COST RECLASS	M	NURSING ADMINISTRATION	13		7,540	6	
7	CAPITAL RELATED COST RECLASS	M	NURSING ADMINISTRATION	13		11,340	7	
8	CAPITAL RELATED COST RECLASS	M	CENTRAL SERVICES & SUPPLY	14		1,846	8	
9	CAPITAL RELATED COST RECLASS	M	OPERATING ROOM	50		1,490	9	
10	CAPITAL RELATED COST RECLASS	M	OPERATING ROOM	50		6,180	10	
11	CAPITAL RELATED COST RECLASS	M	OPERATING ROOM	50		118,556	11	
12	CAPITAL RELATED COST RECLASS	M	RADIOLOGY-DIAGNOSTIC	54		17,046	12	
13	CAPITAL RELATED COST RECLASS	M	RADIOLOGY-DIAGNOSTIC	54		1,730	13	
14	CAPITAL RELATED COST RECLASS	M	RADIOLOGY-DIAGNOSTIC	54		34,800	14	
15	CAPITAL RELATED COST RECLASS	M	LABORATORY	60		6,839	15	
16	CAPITAL RELATED COST RECLASS	M	LABORATORY	60		1,351,309	16	
17	CAPITAL RELATED COST RECLASS	M	LABORATORY	60		1,502,898	17	
18	CAPITAL RELATED COST RECLASS	M	LABORATORY	60		10,870	18	
19	CAPITAL RELATED COST RECLASS	M	LABORATORY	60		15,181	19	
20	CAPITAL RELATED COST RECLASS	M	LABORATORY	60		5,422	20	
21	CAPITAL RELATED COST RECLASS	M	MARKETING, OTHER NON-REIMB	194.01		1,915,044	21	
500	TOTAL RECLASSIFICATIONS					8,500,936	500	
	CODE LETTER - M							
1	RESIDENTS IN UNAPPROVED PROGRAMS	N	I&R SERVICES-OTHER PRGM COSTS	22	253,832		1	
2			OTHER COMPANY WIDE ACTIVITY	194.02	217,448		2	
500	TOTAL RECLASSIFICATIONS				471,280		500	
	CODE LETTER - N							
1	THERAPY HUB RECLASS	O	NURSING ADMINISTRATION	13	4,700,624		1	
2			ADULTS & PEDIATRICS	30	2,318,287		2	
3							3	
500	TOTAL RECLASSIFICATIONS				7,018,911		500	
	CODE LETTER - O							
	GRAND TOTAL (DECREASES)				31,551,902	191,134,440		

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES

	DESCRIPTION	BEGINNING BALANCES	ACQUISITIONS			DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS	
			PURCHASES	DONATION	TOTAL				
		1	2	3	4	5	6	7	
1	LAND	182,419,354					182,419,354		1
2	LAND IMPROVEMENTS	13,101,059					13,101,059		2
3	BUILDINGS AND FIXTURES	1,118,069,196	37,450,878		37,450,878	11,549,393	1,143,970,681		3
4	BUILDING IMPROVEMENTS	368,894,175					368,894,175		4
5	FIXED EQUIPMENT								5
6	MOVABLE EQUIPMENT	329,491,630	20,595,314		20,595,314	12,954,305	337,132,639		6
7	HIT DESIGNATED ASSETS	2,199,995					2,199,995		7
8	SUBTOTAL (sum of lines 1-7)	2,014,175,409	58,046,192		58,046,192	24,503,698	2,047,717,903		8
9	RECONCILING ITEMS								9
10	TOTAL (line 7 minus line 9)	2,014,175,409	58,046,192		58,046,192	24,503,698	2,047,717,903		10

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

	DESCRIPTION	SUMMARY OF CAPITAL							TOTAL(1) (Sum of cols. 9 through 14)	
		DEPRECIATION	LEASE	INTEREST	INSURANCE (see instr.)	TAXES (see instr.)	OTHER CAPITAL-RELATED COSTS (see instr.)			
*		9	10	11	12	13	14	15		
1	CAP REL COSTS-BLDG & FIXT	77,314,614						77,314,614	1	
2	CAP REL COSTS-MVBLE EQUIP	33,134,834						33,134,834	2	
3	TOTAL (sum of lines 1-2)	110,449,448						110,449,448	3	

(1) The amount in columns 9 through 14 must equal the amount on Worksheet A, column 2, lines 1 and 2. Enter in each column the appropriate amounts including any directly assigned cost that may

have been included in Worksheet A, column 2, lines 1 and 2.

* All lines numbers are to be consistent with Worksheet A line numbers for capital cost centers.

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO (col. 1 - col. 2)	RATIO (see instr.)	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL (sum of cols. 5 through 7)	
*		9	10	11	12	13	14	15	16	
1	CAP REL COSTS-BLDG & FI	77,314,614		77,314,614	0.700000					1
2	CAP REL COSTS-MVBLE EQUIP	33,134,834		33,134,834	0.300000					2
3	TOTAL (sum of lines 1-2)	110,449,448		110,449,448	1.000000					3

	DESCRIPTION	SUMMARY OF CAPITAL							TOTAL(2) (sum of cols. 9 through 14)	
		DEPRECIATION	LEASE	INTEREST	INSURANCE (see instr.)	TAXES (see instr.)	OTHER CAPITAL-RELATED COSTS (see instr.)			
*		9	10	11	12	13	14	15		
1	CAP REL COSTS-BLDG & FIXT	77,314,614					4,397,795	81,712,409	1	
2	CAP REL COSTS-MVBLE EQUIP	33,134,834					4,317,012	37,451,846	2	
3	TOTAL (sum of lines 1-2)	110,449,448					8,714,807	119,164,255	3	

(2) The amounts on lines 1 and 2 must equal the corresponding amounts on Worksheet A, column 7, lines 1 and 2. Columns 9 through 14 should include related Worksheet A-6 reclassifications,

Worksheet A-8 adjustments, and Worksheet A-8-1 related organizations and home office costs. (See instructions.)



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

		EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED				
	DESCRIPTION(1)	BASIS / CODE (2)	AMOUNT	COST CENTER	LINE#	WKST A-7 REF.
		1	2	3	4	5
1	INVESTMENT INCOME-BUILDINGS & FIXTURES (chapter 2)			CAP REL COSTS-BLDG & FIXT	1	1
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)					7
8	TELEVISION AND RADIO SERVICE (chapter 21)					8
9	PARKING LOT (chapter 21)					9
10	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-7,898,646			10
11	SALE OF SCRAP, WASTE, ETC. (chapter 23)					11
12	RELATED ORGANIZATION TRANSACTIONS (chapter 10)	WKST A-8-1	-20,643,003			12
13	LAUNDRY AND LINEN SERVICE					13
14	CAFETERIA - EMPLOYEES AND GUESTS					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 OVERPAYMENTS					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	A	-333,039	CAP REL COSTS-MVBLE EQUIP	2	14 27
28	NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29	PHYSICIANS' ASSISTANT					29
30	ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67	30
31	ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		SPEECH PATHOLOGY	68	31
32	CAH HIT ADJ FOR DEPRECIATION AND					32
33						33
34						34
35						35
36						36
37						37
38						38
39						39
39.01	615221NMFF CONTR CLIN BASE CC 1343	A	-365,000	ADMINISTRATIVE & GENERAL	5.05	39.01
39.02	615221NMFF CONTR CLIN BASE CC 1447	A	-36,347	ADMINISTRATIVE & GENERAL	5.05	39.02
39.03	615221NMFF CONTR CLIN BASE CC1710	A	-597,036	ADMINISTRATIVE & GENERAL	5.05	39.03
39.04	615231NMFF CLIN SUPP GOALS CC1054	A	-64,387	ADMINISTRATIVE & GENERAL	5.05	39.04
39.05	615231NMFF CLIN SUPP GOALS CC1447	A	-173,638	ADMINISTRATIVE & GENERAL	5.05	39.05
39.06	615231NMFF CLIN SUPP GOALS CC 1710	A	-94,579	ADMINISTRATIVE & GENERAL	5.05	39.06
39.07	615221NMFF CONTR CLIN BASE CC1664	A	-428,348	I&R SERVICES-OTHER PRGM COSTS APPRVD	22	39.07
39.08	615231NMFF CLIN SUPP GOALS CC1675	A	-45,492	I&R SERVICES-OTHER PRGM COSTS APPRVD	22	39.08
39.10	615221NMFF CONTR CLIN BASE CC1795	A	-6,161,061	ADULTS & PEDIATRICS	30	39.10
39.11	615231NMFF CLIN SUPP GOALS CC1795	A	-1,085,282	ADULTS & PEDIATRICS	30	39.11
39.12	615241NMFF CLIN SHARED CORR CC 179	A	-349,171	ADULTS & PEDIATRICS	30	39.12
39.13	615231NMFF CLIN SUPP GOALS CC1455	A	-40,192	SUBPROVIDER - IPF	40	39.13
39.14	615221NMFF CONTR CLIN BASE CC 1425	A	-7,632,437	OPERATING ROOM	50	39.14
39.15	615231NMFF CLIN SUPP GOALS CC1425	A	-839,763	OPERATING ROOM	50	39.15
39.16	615210 CHRGR FR NMPG PROF SERV CC 1	A	-755,745	DELIVERY ROOM & LABOR ROOM	52	39.16

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS / CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF.
				COST CENTER	LINE#	
		1	2	3	4	5
39.17	615221NMFF CONTR CLIN BASE CC 1803	A	-716,312	DELIVERY ROOM & LABOR ROOM	52	39.17
39.18	615231NMFF CLIN SUPP GOALS CC 1803	A	-5,288	DELIVERY ROOM & LABOR ROOM	52	39.18
39.19	615241NMFF CLIN SHARED CORR CC1803	A	-28,590	DELIVERY ROOM & LABOR ROOM	52	39.19
39.20	615241NMFF CLIN SHARED CORR CC1054	A	112,553	ADMINISTRATIVE & GENERAL	5.05	39.20
39.21	615241NMFF CLIN SHARED CORR CC1710	A	19,294	ADMINISTRATIVE & GENERAL	5.05	39.21
39.22	615221NMFF CONTR CLIN BASE CC1446	A	-14,406	TRANSPLANT CLINIC	90.02	39.22
39.23	615221NMFF CONTR CLIN BASE CC1558	A	-426,097	OB CLINIC	90.03	39.23
39.24	615231NMFF CLIN SUPP GOALS CC 1558	A	779	OB CLINIC	90.03	39.24
39.25	615241NMFF CLIN SHARED CORR CC1558	A	-5,405	OB CLINIC	90.03	39.25
39.26	615231NMFF CLIN SUPP GOALS 1433	A	-112,538	EMERGENCY	91	39.26
39.27	615221NMFF CONTR CLIN BASE CC 1568	A	-515,648	KIDNEY ACQUISITION	105	39.27
39.28	641831 FRINGE CC1568	A	-69,612	KIDNEY ACQUISITION	105	39.28
39.29	615221 CONTR CLIN BASE CC 1445	A	-1,006,318	LIVER ACQUISITION	107	39.29
39.30	615231NMFF CLIN SUPP GOALS CC 1445	A	-59,731	LIVER ACQUISITION	107	39.30
39.31	615241NMFF CLIN SHARED CORR CC 144	A	-24,534	LIVER ACQUISITION	107	39.31
39.32	641831 FRINGE CC1445	A	-69,612	LIVER ACQUISITION	107	39.32
39.33	615221NMFF CONTR CLIN BASE CC1550	A	-21,408	HOSPICE	116	39.33
39.34	615200 CR BAL CC 1054	A	271,855	ADMINISTRATIVE & GENERAL	5.05	39.34
39.35	615200 AP VOUCHER NO HOURS	A	-66,559	ADMINISTRATIVE & GENERAL	5.05	39.35
39.36	615200 CC 1300 NO HOURS	A	-125	DIETARY	10	39.36
39.37	615200 CC 1878 NO HOURS	A	-931	MEDICAL RECORDS & LIBRARY	16	39.37
39.38	615200 CC 1384 NO HOURS	A	5,940	SOCIAL SERVICE	17	39.38
39.39	615200 CC1630 NO HOURS	A	-13,899	I&R SERVICES-OTHER PRGM COSTS APPRVD	22	39.39
39.40	615200 CC1667 NO HOURS	A	-877	I&R SERVICES-OTHER PRGM COSTS APPRVD	22	39.40
39.41	615200 CC1677 NO HOURS	A	-200,438	I&R SERVICES-OTHER PRGM COSTS APPRVD	22	39.41
39.42	615200 CC1481 CHLD SURGICAL FUND	A	-80,277	SPECIAL CARE NURSERY	35	39.42
39.43	615200 CC1481 NICU HOSPITALIS NO H	A	-1,287,884	SPECIAL CARE NURSERY	35	39.43
39.44	615200 CC1481 ADJ ENTRIES NO HOURS	A	4,212	SPECIAL CARE NURSERY	35	39.44
39.45	615200 CC1481 RVS FY1NICU HOSPITA	A	60,955	SPECIAL CARE NURSERY	35	39.45
39.46	615200 1481 FAC BIL YR END ACCRUAL	A	-34,717	SPECIAL CARE NURSERY	35	39.46
39.47	615200 CC 1507 AUTOPSY NO HOURS	A	-5,830	LABORATORY	60	39.47
39.48	615200 CC1528 NO HOURS	A	-4,800	ELECTROENCEPHALOGRAPHY	70	39.48
39.49	615200 CC 1558 NO HOURS	A	5,679	OB CLINIC	90.03	39.49
39.50	OIG EMPLOYEE HEALTH WELFARE	A	-128,303	EMPLOYEE BENEFITS DEPARTMENT	4	39.50
39.51	OIG DATA PROCESSING	A	-157,912	DATA PROCESSING	5.02	39.51
39.52	OIG ADMITTING FINANCIAL SERVICES	A	-175,808	ADMITTING	5.04	39.52
39.53	OIG ADMINISTRATION AND GENERAL	A	-2,631,677	ADMINISTRATIVE & GENERAL	5.05	39.53
39.54	OIG OPERATION OF PLANT	A	-472,288	OPERATION OF PLANT	7	39.54
39.55	OIG HOUSEKEEPING	A	-10,167	HOUSEKEEPING	9	39.55
39.56	OIG DIETARY	A	-11,345	DIETARY	10	39.56
39.57	OIG NURSING ADMINISTRATION	A	-65,784	NURSING ADMINISTRATION	13	39.57
39.58	OIG CENTRAL SERVICE SUPPLY	A	-91,674	CENTRAL SERVICES & SUPPLY	14	39.58
39.59	OIG PHARMACY	A	-22,215	PHARMACY	15	39.59
39.60	OIG MEDICAL RECORDS LIBRARY	A	-47,659	MEDICAL RECORDS & LIBRARY	16	39.60
39.61	OIG SOCIAL SERVICE	A	-31,663	SOCIAL SERVICE	17	39.61
39.62	OIG INTERN RESIDENT SERVICE	A	-51,208	I&R SERVICES-OTHER PRGM COSTS APPRVD	22	39.62
39.63	OIG ADULTS AND PEDIATRICS	A	-2,431	ADULTS & PEDIATRICS	30	39.63
39.64	OIG INTENSIVE CARE UNIT	A	-625	INTENSIVE CARE UNIT	31	39.64
39.65	OIG SPECIAL CARE NURSERY	A	-1,452	SPECIAL CARE NURSERY	35	39.65
39.66	OIG PSYCHIATRY	A	-3,108	SUBPROVIDER - IPF	40	39.66
39.67	OIG OPERATING ROOM	A	-28,121	OPERATING ROOM	50	39.67
39.68	OIG RECOVERY ROOM	A	-5,233	RECOVERY ROOM	51	39.68
39.69	OIG DELIVERY AND LABOR ROOMS	A	-1,093	DELIVERY ROOM & LABOR ROOM	52	39.69
39.70	OIG ANESTHESIOLOGY	A	-3,293	ANESTHESIOLOGY	53	39.70
39.71	OIG RADIOLOGY DIAGNOSTIC	A	-14,214	RADIOLOGY-DIAGNOSTIC	54	39.71
39.72	OIG RADIOLOGY THERAPEUTIC	A	-8,305	RADIOLOGY-THERAPEUTIC	55	39.72
39.73	OIG RADIOISOTOPE	A	-1,655	RADIOISOTOPE	56	39.73
39.74	OIG CT	A	-384	CT SCAN	57	39.74
39.75	OIG MRI	A	-9,831	MRI	58	39.75
39.76	OIG CATHETERIZATION LAB	A	-89	CARDIAC CATHETERIZATION	59	39.76
39.77	OIG VASCULAR LABORATORY	A	-170	VASCULAR LAB	59.01	39.77

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS / CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF.
				COST CENTER	LINE#	
		1	2	3	4	5
39.78	OIG CARDIOLOGY GRAPHICS	A	-34,092	CARDIAC GRAPHICS	59.02	39.78
39.79	OIG PULMONARY FUNCTION	A	-334	PULMONARY FUNCTION	59.03	39.79
39.80	OIG EPS	A	-219	EPS	59.04	39.80
39.81	OIG GI LABORATORY	A	-3,267	GI	59.05	39.81
39.82	OIG LABORATORY	A	-176,544	LABORATORY	60	39.82
39.83	OIG BLOOD STOR PROC AND ADMIN	A	-1,951	BLOOD STORING, PROCESSING & TRANS.	63	39.83
39.84	OIG CELL STORAGE	A	-417	BLOOD STORING, PROCESSING & TRANS.	63	39.84
39.85	OIG OXYGEN THERAPY	A	-9,145	RESPIRATORY THERAPY	65	39.85
39.86	OIG PHYSICAL THERAPY	A	-446	PHYSICAL THERAPY	66	39.86
39.87	OIG OCCUPATIONAL THERAPY	A	-168	OCCUPATIONAL THERAPY	67	39.87
39.88	OIG ELECTROENCEPHALOGRAPHY	A	-124	ELECTROENCEPHALOGRAPHY	70	39.88
39.89	OIG CLINIC	A	-1,019	CLINIC	90	39.89
39.90	OIG PSYCH CLINIC	A	-39,347	PSYCH CLINIC	90.01	39.90
39.91	OIG TRANSPLANT CLINIC	A	-760	TRANSPLANT CLINIC	90.02	39.91
39.92	OIG OB CLINIC	A	-8,501	OB CLINIC	90.03	39.92
39.93	OIG EMERGENCY	A	-5,475	EMERGENCY	91	39.93
39.94	OIG EMERGENCY OBSERVATION UNIT	A	-61	OBSERVATION BEDS-DISTINCT	92.01	39.94
39.95	OIG KIDNEY ACQUISITION	A	-36,864	KIDNEY ACQUISITION	105	39.95
39.96	OIG HEART TRANSPLANT	A	-1,023	HEART ACQUISITION	106	39.96
39.97	OIG HOSPICE	A	-23,257	HOSPICE	116	39.97
39.98	OIG SPONSORED PROJECT	A	-436	SPONSORED PROJECT	191.01	39.98
39.99	OIG REAL ESTATE	A	-91,779	REAL ESTATE	194	39.99
40	OIG MARKETING AND OTHER	A	-1,320,738	MARKETING, OTHER NON-REIMB	194.01	40
40.01	OIG PURCHASING	A	-13,080	PURCHASING RECEIVING & STORES	5.03	40.01
40.02	OIG GIFT SHOP	A	-36	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190	40.02
40.03	OIG COMPANY WIDE	A	-253	ADMINISTRATIVE & GENERAL	5.05	40.03
40.04	OIG COMPANY WIDE	A	-85,178	I&R SERVICES-OTHER PRGM COSTS APPRVD	22	40.04
40.05	OIG COMPANY WIDE	A	-1,522	PARAMED ED PRGM-(CHAPLAINCY)	23.01	40.05
40.06	OIG COMPANY WIDE	A	-21,806	ADULTS & PEDIATRICS	30	40.06
40.07	OIG COMPANY WIDE	A	-12,494	SPECIAL CARE NURSERY	35	40.07
40.08	OIG COMPANY WIDE	A	-140	CLINIC	90	40.08
40.09	OIG COMPANY WIDE	A	-13,478	OB CLINIC	90.03	40.09
40.10	OIG COMPANY WIDE	A	-5,886	EMERGENCY	91	40.10
40.11	OIG COMPANY WIDE	A	-10,159	HOSPICE	116	40.11
40.12	OIG COMPANY WIDE	A	-1,676	RESEARCH	191	40.12
40.13	OIG COMPANY WIDE	A	-156,344	SPONSORED PROJECT	191.01	40.13
41	ELIMINATE NEGATIVE OFFSET	A	91,779	REAL ESTATE	194	41
42						42
43						43
44	BUILDING RENTALS	B	-2,646,153	EMPLOYEE BENEFITS DEPARTMENT	4	44
45	BUILDING RENTALS	B	-493,941	ADMINISTRATIVE & GENERAL	5.05	45
45.01	BUILDING RENTALS	B	-4,277,751	OPERATION OF PLANT	7	45.01
45.02	BUILDING RENTALS	B	-283,449	PSYCH CLINIC	90.01	45.02
45.03	BUILDING RENTALS	B	-33,307,826	REAL ESTATE	194	45.03
46	FOOD SERVICE	B	-5,373,509	CAFETERIA	11	46
47	OTHER INCOME	B	-498,778	EMPLOYEE BENEFITS DEPARTMENT	4	47
47.01	OTHER INCOME	B	-4,335	PURCHASING RECEIVING & STORES	5.03	47.01
47.02	OTHER INCOME	B	-4,245	ADMITTING	5.04	47.02
47.03	OTHER INCOME	B	-2,809,972	ADMINISTRATIVE & GENERAL	5.05	47.03
47.04	OTHER INCOME	B	-1,566,269	OPERATION OF PLANT	7	47.04
47.05	OTHER INCOME	B	-209,147	HOUSEKEEPING	9	47.05
47.06	OTHER INCOME	B	-549,927	DIETARY	10	47.06
47.07	OTHER INCOME	B	-335	NURSING ADMINISTRATION	13	47.07
47.08	OTHER INCOME	B	-9,948	CENTRAL SERVICES & SUPPLY	14	47.08
47.09	OTHER INCOME	B	-1,373,260	PHARMACY	15	47.09
47.10	OTHER INCOME	B	-12,741	SOCIAL SERVICE	17	47.10
47.11	OTHER INCOME	B	-38,021	ADULTS & PEDIATRICS	30	47.11
47.12	OTHER INCOME	B	-142,458	RADIOLOGY-THERAPEUTIC	55	47.12
47.13	OTHER INCOME	B	-193,195	RADIOISOTOPE	56	47.13
47.14	OTHER INCOME	B	-10,600	VASCULAR LAB	59.01	47.14
47.15	OTHER INCOME	B	-2,025	CARDIAC GRAPHICS	59.02	47.15
47.16	OTHER INCOME	B	-1,300	PULMONARY FUNCTION	59.03	47.16
47.17	OTHER INCOME	B	-579,900	LABORATORY	60	47.17
47.18	OTHER INCOME	B	-14	BLOOD STORING, PROCESSING & TRANS.	63	47.18



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS / CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST A-7 REF.
				COST CENTER	LINE#		
		1	2	3	4	5	
47.19	OTHER INCOME	B	-1,083,455	RESPIRATORY THERAPY	65		47.19
47.20	OTHER INCOME	B	-12,914	PHYSICAL THERAPY	66		47.20
47.21	OTHER INCOME	B	-31,274	OCCUPATIONAL THERAPY	67		47.21
47.22	OTHER INCOME	B	-120	ELECTROENCEPHALOGRAPHY	70		47.22
47.23	OTHER INCOME	B	-117,188	CARDIAC REHABILITATION	76.97		47.23
47.24	OTHER INCOME	B	-509,473	PSYCH CLINIC	90.01		47.24
47.25	OTHER INCOME	B	-125,364	LIVER ACQUISITION	107		47.25
47.26	OTHER INCOME	B	-1,000	HOSPICE	116		47.26
47.27	OTHER INCOME	B	-1,533,024	REAL ESTATE	194		47.27
47.28	OTHER INCOME	B	-44,344	MARKETING, OTHER NON-REIMB	194.01		47.28
47.29	OTHER TUITIONS & FEES	B	-9,916	ADMINISTRATIVE & GENERAL	5.05		47.29
47.30	OTHER TUITIONS & FEES	B	-3,810	NURSING ADMINISTRATION	13		47.30
47.31	OTHER TUITIONS & FEES	B	-794,420	OB CLINIC	90.03		47.31
47.32	TUITION	B	-400	EMERGENCY	91		47.32
47.33	OTHER INCOME	B	-8,138,455	ADMINISTRATIVE & GENERAL	5.05		47.33
48	RE TAXES	A	-25,068	EMPLOYEE BENEFITS DEPARTMENT	4		48
48.01	RE TAXES	A	-1,315,834	ADMINISTRATIVE & GENERAL	5.05		48.01
48.02	INTEREST EXPENSE	A	-34,070,792	ADMINISTRATIVE & GENERAL	5.05		48.02
48.03	RE TAXES	A	-514,999	OPERATION OF PLANT	7		48.03
48.04	RE TAXES	A	-9,328,099	REAL ESTATE	194		48.04
48.05	HAP IDPA ASSESSMENT TAX	A	-36,438,232	ADMINISTRATIVE & GENERAL	5.05		48.05
48.06	LIMIT OFFSET TO COST	A	812,782	CAFETERIA	11		48.06
49	REAL ESTATE LIMIT TO COST	A	15,099,526	REAL ESTATE	194		49
49.02	ELIMINATE REMAINING COMPANY WIDE	A	216,281	OTHER COMPANY WIDE ACTIVITY	194.02		49.02
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-190,156,373				50

- (1) Description - all chapter references in this column pertain to CMS Pub. 15-1
- (2) Basis for adjustment (see instructions)
 - A. Costs - if cost, including applicable overhead, can be determined
 - B. Amount Received - if cost cannot be determined
- (3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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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 CLAIMED HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT INCLUDED IN WKST. A COLUMN 5	NET ADJUSTMENTS (col. 4 minus col. 5)*	WKST A-7 REF.	
1	2	3	4	5	6	7	
1	5.05	ADMINISTRATIVE & GENERAL	MANAGEMENT FEE FROM NMHC	118,515,303	139,158,306	-20,643,003	1
2	4	EMPLOYEE BENEFITS DEPARTMENT	VARIOUS FROM NMPG	1,210,220	1,210,220		2
3	5.05	ADMINISTRATIVE & GENERAL	VARIOUS FROM NMPG	14,984,058	14,984,058		3
3.01	5.05	ADMINISTRATIVE & GENERAL	VARIOUS FROM NHC	366,759	366,759		3.01
3.02	21	I&R SERVICES-SALARY & FRINGES APPRVD	VARIOUS FROM NMPG	137,234	137,234		3.02
3.03	10	DIETARY	VARIOUS FROM NMPG	288	288		3.03
3.04	52	DELIVERY ROOM & LABOR ROOM	VARIOUS FROM NMPG	755,745	755,745		3.04
3.05	90.03	OB CLINIC	VARIOUS FROM NMPG	19,983	19,983		3.05
3.06	116	HOSPICE	VARIOUS FROM NMPG	371	371		3.06
3.07	194	REAL ESTATE	VARIOUS FROM LFH	663	663		3.07
3.08	191.01	SPONSERED PROJECT	VARIOUS FROM NMPG	116	116		3.08
3.09	194.02	OTHER COMPANY WIDE ACTIVITY	VARIOUS FROM NMPG	249,223	249,223		3.09
3.10	17	SOCIAL SERVICE	VARIOUS FROM LFH	132,289	132,289		3.10
4							4
5	TOTALS (SUM OF LINES 1-4) TRANSFER COLUMN 6, LINE 5 TO WORKSHEET A-8, COLUMN 2, LINE 12			136,372,252	157,015,255	-20,643,003	5

* The amounts on lines 1 through 4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which have not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

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

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

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

	SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE			
				NAME	PERCENTAGE OF OWNERSHIP		TYPE OF BUSINESS
	1	2	3	4	5	6	
6	B			NM HEALTH CARE		HEALTH CARE	6
7	B			NM LAKE FOREST		HEALTH CARE	7
8	B			NM PHYS GROUP	100.00	HEALTH CARE	8
9	B			NM INSURANCE CO		HEALTH CARE	9
10							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:

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	WKST A LINE #	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFESS- IONAL COMPON- ENT	PROVIDER COMPON- ENT	RCE AMOUNT	PHYSICIAN / PROVIDER COMPON- ENT HOURS	UNADJ- USTED RCE LIMIT	5 PERCENT OF UNADJ- USTED RCE LIMIT	
	1	2	3	4	5	6	7	8	9	
1	5.05	ADMINISTRATIVE & GEN	2,119,393		2,119,393	177,200	8,717	742,621	37,131	1
2	13	NURSING ADMINISTRATI	169,646		169,646	177,200	967	82,381	4,119	2
3	15	PHARMACY	87,183		87,183	177,200	444	37,825	1,891	3
4	17	SOCIAL SERVICE	104,246		104,246	177,200	1	85	4	4
5	22	I&R SERVICES-OTHER P	6,857,551		6,857,551	177,200	39,868	3,396,447	169,822	5
6	30	ADULTS & PEDIATRICS	804,400		804,400	196,400	4,367	412,346	20,617	6
7	31	INTENSIVE CARE UNIT	445,420		445,420	165,600	2,734	217,668	10,883	7
8	35	SPECIAL CARE NURSERY	140,284		140,284	196,400	935	88,286	4,414	8
9	40	SUBPROVIDER - IPF	237,872		237,872	154,100	1,171	86,755	4,338	9
10	50	OPERATING ROOM	577,609		577,609	208,000	4,938	493,800	24,690	10
11	51	RECOVERY ROOM	89,226		89,226	177,200	624	53,160	2,658	11
12	52	DELIVERY ROOM & LABO	220,194		220,194	196,400	1,005	94,895	4,745	12
13	53	ANESTHESIOLOGY	171,314		171,314	200,300	936	90,135	4,507	13
14	54	RADIOLOGY-DIAGNOSTIC	406,590		406,590	225,300	806	87,304	4,365	14
15	55	RADIOLOGY-THERAPEUTI	88,220		88,220	225,300	46	4,983	249	15
16	56	RADIOISOTOPE	64,495		64,495	225,300	739	80,046	4,002	16
17	57	CT SCAN	38,794		38,794	225,300	515	55,783	2,789	17
18	58	MRI	38,794		38,794	225,300	448	48,526	2,426	18
19	59	CARDIAC CATHETERIZAT	117,458		117,458	165,600	1	80	4	19
20	59.01	VASCULAR LAB	47,911		47,911	165,600	233	18,550	928	20
21	59.02	CARDIAC GRAPHICS	253,812		253,812	165,600	786	62,578	3,129	21
22	59.03	PULMONARY FUNCTION	22,694		22,694	165,600	228	18,152	908	22
23	59.04	EPS	117,458		117,458	165,600	276	21,974	1,099	23
24	59.05	GI	104,336		104,336	177,200	1	85	4	24
25	60	LABORATORY	2,252,960		2,252,960	215,400	66,372	6,873,331	343,667	25
26	63	BLOOD STORING, PROCE	47,183		47,183	215,400	187	19,365	968	26
27	63.01	CELL THERAPY LAB	51,435		51,435	215,400	490	50,743	2,537	27
28	65	RESPIRATORY THERAPY	169,794		169,794	177,200	2,025	172,514	8,626	28
29	66	PHYSICAL THERAPY	71,699		71,699	177,200	277	23,598	1,180	29
30	59.02	CARDIAC GRAPHICS	6,674		6,674	165,600	21	1,672	84	30
31	70	ELECTROENCEPHALOGRAP	141,928		141,928	165,600	1,096	87,258	4,363	31
32	76.97	CARDIAC REHABILITATI	35,593		35,593	165,600	536	42,674	2,134	32
33	90	CLINIC	48,551		48,551	177,200	520	44,300	2,215	33
34	90.01	PSYCH CLINIC	703,184		703,184	154,100	2,540	188,180	9,409	34
35	90.03	OB CLINIC	38,794		38,794	165,600	164	13,057	653	35
36	91	EMERGENCY	387,765		313,256	177,200	2,265	192,961	9,648	36
37	105	KIDNEY ACQUISITION	54,444		54,444	208,000	536	53,600	2,680	37
38	106	HEART ACQUISITION	107,149		107,149	208,000	40	4,000	200	38
39	107	LIVER ACQUISITION	87,819		87,819	208,000	734	73,400	3,670	39
40	109	PANCREAS ACQUISITION	32,666		32,666	208,000	45	4,500	225	40
200		TOTAL	17,562,538		17,488,029		148,634	14,039,618	701,981	200

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	WKST A LINE #	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBER- SHIPS & CONTIN- UING EDUCATIO N	PROVIDER COMPON- ENT SHARE OF COL. 12	PHYSICIAN COST OF MALPRACT - ICE INSURANC E	PROVIDER COMPON- ENT SHARE OF COL. 14	ADJUSTED RCE LIMIT	RCE DISALLOW- ANCE	ADJUST- MENT	
	10	11	12	13	14	15	16	17	18	
1	5.05	ADMINISTRATIVE & GEN			42,323	42,323	784,944	1,334,449	1,334,449	1
2	13	NURSING ADMINISTRATI			3,388	3,388	85,769	83,877	83,877	2
3	15	PHARMACY			1,741	1,741	39,566	47,617	47,617	3
4	17	SOCIAL SERVICE			2,082	2,082	2,167	102,079	102,079	4
5	22	I&R SERVICES-OTHER P			136,941	136,941	3,533,388	3,324,163	3,324,163	5
6	30	ADULTS & PEDIATRICS			16,063	16,063	428,409	375,991	375,991	6
7	31	INTENSIVE CARE UNIT			8,895	8,895	226,563	218,857	218,857	7
8	35	SPECIAL CARE NURSERY			2,801	2,801	91,087	49,197	49,197	8
9	40	SUBPROVIDER - IPF			4,750	4,750	91,505	146,367	146,367	9
10	50	OPERATING ROOM			11,534	11,534	505,334	72,275	72,275	10
11	51	RECOVERY ROOM			1,782	1,782	54,942	34,284	34,284	11
12	52	DELIVERY ROOM & LABO			4,397	4,397	99,292	120,902	120,902	12
13	53	ANESTHESIOLOGY			3,421	3,421	93,556	77,758	77,758	13
14	54	RADIOLOGY-DIAGNOSTIC			8,119	8,119	95,423	311,167	311,167	14
15	55	RADIOLOGY-THERAPEUTI			1,762	1,762	6,745	81,475	81,475	15
16	56	RADIOISOTOPE			1,288	1,288	81,334			16
17	57	CT SCAN			775	775	56,558			17
18	58	MRI			775	775	49,301			18
19	59	CARDIAC CATHETERIZAT			2,346	2,346	2,426	115,032	115,032	19
20	59.01	VASCULAR LAB			957	957	19,507	28,404	28,404	20
21	59.02	CARDIAC GRAPHICS			5,068	5,068	67,646	186,166	186,166	21
22	59.03	PULMONARY FUNCTION			453	453	18,605	4,089	4,089	22
23	59.04	EPS			2,346	2,346	24,320	93,138	93,138	23
24	59.05	GI			2,084	2,084	2,169	102,167	102,167	24
25	60	LABORATORY			44,990	44,990	6,918,321			25
26	63	BLOOD STORING, PROCE			942	942	20,307	26,876	26,876	26
27	63.01	CELL THERAPY LAB			1,027	1,027	51,770			27
28	65	RESPIRATORY THERAPY			3,391	3,391	175,905			28
29	66	PHYSICAL THERAPY			1,432	1,432	25,030	46,669	46,669	29
30	59.02	CARDIAC GRAPHICS			133	133	1,805	4,869	4,869	30
31	70	ELECTROENCEPHALOGRAP			2,834	2,834	90,092	51,836	51,836	31
32	76.97	CARDIAC REHABILITATI			711	711	43,385			32
33	90	CLINIC			970	970	45,270	3,281	3,281	33
34	90.01	PSYCH CLINIC			14,042	14,042	202,222	500,962	500,962	34
35	90.03	OB CLINIC			775	775	13,832	24,962	24,962	35
36	91	EMERGENCY			7,743	6,255	199,216	114,040	188,549	36
37	105	KIDNEY ACQUISITION			1,087	1,087	54,687			37
38	106	HEART ACQUISITION			2,140	2,140	6,140	101,009	101,009	38
39	107	LIVER ACQUISITION			1,754	1,754	75,154	12,665	12,665	39
40	109	PANCREAS ACQUISITION			652	652	5,152	27,514	27,514	40
200		TOTAL			350,714	349,226	14,388,844	7,824,137	7,898,646	200



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMEN T	NONPATIENT PHONES	SUBTOTAL (cols.0-4)	
		0	1	2	4	5.01	4A	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	81,712,409	81,712,409					1
2	CAP REL COSTS-MVBLE EQUIP	37,451,846		37,451,846				2
4	EMPLOYEE BENEFITS DEPARTMENT	54,467,959	1,055,775	3,858	55,527,592			4
5.01	NONPATIENT PHONES	578,960	831,699	41,613	88,595	1,540,867		5.01
5.02	DATA PROCESSING	10,590,852	164,733	1,070,000	92,521	221,144	12,139,250	5.02
5.03	PURCHASING RECEIVING & STORES	518,910	62,152	49,324	155,282		785,668	5.03
5.04	ADMITTING	19,326,880	77,280	190,246	2,291,699	21,035	21,907,140	5.04
5.05	ADMINISTRATIVE & GENERAL	207,175,396	3,467,312	1,289,269	4,519,932	218,188	216,670,097	5.05
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	43,633,230	25,662,853	458,524	189,989	566,490	70,511,086	7
8	LAUNDRY & LINEN SERVICE	3,033,745	10,782				3,044,527	8
9	HOUSEKEEPING	13,010,236	962,611	1,268,182	1,519,563	2,268	16,762,860	9
10	DIETARY	10,120,790	2,057,195	830,909	1,297,539	2,884	14,309,317	10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	15,202,159	1,315,375	262,031	2,044,903	20,570	18,845,038	13
14	CENTRAL SERVICES & SUPPLY	14,475,727	975,930	2,135,413	990,164	4,949	18,582,183	14
15	PHARMACY	14,543,229	331,517	573,063	1,988,557	24	17,436,390	15
16	MEDICAL RECORDS & LIBRARY	2,585,338	49,074	19,442	261,315		2,915,169	16
17	SOCIAL SERVICE	1,233,417		21,871	138,886	853	1,395,027	17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD	32,304,937					32,304,937	21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	10,469,867	858,443	96,296	237,927		11,662,533	22
23	PARAMED ED PRGM-(SPECIFY)	461,093	3,109		69,510		533,712	23
23.01	PARAMED ED PRGM-(CHAPLAINCY)	105,846	5,181		14,947		125,974	23.01
23.02	PARAMED ED PRGM-(NM SCHL)	139,251	5,312		9,103		153,666	23.02
23.03	PARAMED ED PRGM-(RAD THER)	106,442	4,113		8,630		119,185	23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)	102,686	3,942		8,022		114,650	23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)	99,702	3,771		7,587		111,060	23.05
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	82,610,147	11,193,420	1,619,075	11,665,541	28,199	107,116,382	30
31	INTENSIVE CARE UNIT	23,645,439	1,890,461	602,497	3,030,445	33,399	29,202,241	31
35	SPECIAL CARE NURSERY	12,063,761	1,156,857	905,024	1,745,086		15,870,728	35
40	SUBPROVIDER - IPF	3,523,705	596,266	3,441	516,923	499	4,640,834	40
43	NURSERY	3,763,455					3,763,455	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	25,841,007	2,980,457	4,499,805	3,169,324	2,840	36,493,433	50
51	RECOVERY ROOM	7,531,775	282,680	682,051	1,069,867		9,566,373	51
52	DELIVERY ROOM & LABOR ROOM	15,191,839	1,487,604	522,629	1,999,461	24,142	19,225,675	52
53	ANESTHESIOLOGY	3,272,188	42,803	662,141	145,629	1,381	4,124,142	53
54	RADIOLOGY-DIAGNOSTIC	22,862,437	2,182,399	3,120,290	2,636,484	2,869	30,804,479	54
55	RADIOLOGY-THERAPEUTIC	6,267,735	724,043	3,133,455	796,491	165	10,921,889	55
56	RADIOISOTOPE	4,179,377	341,328	592,302	279,496	528	5,393,031	56
57	CT SCAN	6,346,273	368,188	291,523	698,574	334	7,704,892	57
58	MRI	8,533,663	301,143	4,154,740	1,014,939	1,357	14,005,842	58
59	CARDIAC CATHETERIZATION	1,793,565	105,406	485,947	236,738	834	2,622,490	59
59.01	VASCULAR LAB	979,421	68,859	124,011	150,344		1,322,635	59.01
59.02	CARDIAC GRAPHICS	4,281,985	226,923	439,339	463,383		5,411,630	59.02
59.03	PULMONARY FUNCTION	517,525	94,501	73,639	54,259		739,924	59.03
59.04	EPS	1,508,842	148,536	2,375,879	157,152	7,139	4,197,548	59.04
59.05	GI	7,582,933	308,420	1,057,706	649,650		9,598,709	59.05
60	LABORATORY	41,340,671	958,588	1,628,978	2,291,087	84,087	46,303,411	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	12,183,621					12,183,621	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	4,573,444	272,408	339,091	396,080	853	5,581,876	63
63.01	CELL THERAPY LAB							63.01
65	RESPIRATORY THERAPY	9,038,134	97,311	436,442	1,146,747	1,866	10,720,500	65
66	PHYSICAL THERAPY	2,560,941	116,960	24,489	277,192	165	2,979,747	66
67	OCCUPATIONAL THERAPY	1,077,792	31,245	209,106	164,222		1,482,365	67
70	ELECTROENCEPHALOGRAPHY	2,338,799	290,616	253,472	287,309	15,253	3,185,449	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	41,974,455					41,974,455	71
72	IMPL. DEV. CHARGED TO PATIENTS	54,096,781					54,096,781	72
73	DRUGS CHARGED TO PATIENTS	53,021,059					53,021,059	73
76.97	CARDIAC REHABILITATION	284,096			40,931	499	325,526	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMEN T	NONPATIENT PHONES	SUBTOTAL (cols.0-4)	
		0	1	2	4	5.01	4A	
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	1,947,428	249,216	233,953	280,364		2,710,961	90
90.01	PSYCH CLINIC	6,076,866	145,738	9,099	695,168	36,608	6,963,479	90.01
90.02	TRANSPLANT CLINIC	782,832	54,069	475	93,128	6,558	937,062	90.02
90.03	OB CLINIC	891,673	296,201	14,882	223,732	853	1,427,341	90.03
91	EMERGENCY	12,390,123	788,846	129,795	1,606,641	1,168	14,916,573	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT	1,945,279		167,701	285,292		2,398,272	92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R SERVICES-NOT APPRVD PRGM	471,280			74,563		545,843	100
	SPECIAL PURPOSE COST CENTERS							
105	KIDNEY ACQUISITION	9,216,312	32,960		229,288	14,342	9,492,902	105
106	HEART ACQUISITION	1,575,222	2,502		69,613		1,647,337	106
107	LIVER ACQUISITION	5,527,741	15,375	74	154,587	10,018	5,707,795	107
109	PANCREAS ACQUISITION	1,679,974	1,251		14,824		1,696,049	109
116	HOSPICE	1,538,446	59,254		164,700	132,661	1,895,061	116
118	SUBTOTALS (sum of lines 1-117)	1,082,280,948	65,820,993	37,103,092	54,909,925	1,467,022	1,065,349,266	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	7,557	28,172		1,094		36,823	190
191	RESEARCH	1,814,527	63,387	14,969	247,903		2,140,786	191
191.0 1	SPONSERED PROJECT	4,875,321		201,757	144,209	499	5,221,786	191.0 1
194	REAL ESTATE		15,780,428	130,997	3,595	22,741	15,937,761	194
194.0 1	MARKETING, OTHER NON-REIMB	6,853,448	19,429	1,031	220,866	446	7,095,220	194.0 1
194.0 2	OTHER COMPANY WIDE ACTIVITY					50,159	50,159	194.0 2
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	1,095,831,801	81,712,409	37,451,846	55,527,592	1,540,867	1,095,831,801	202



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	DATA PROCESSING 5.02	SUBTOTAL (cols.0-4)	PURCH REC STORES 5.03	ADMITTING 5.04	SUBTOTAL (cols.0-4)	ADMIN + GENERAL 5.05	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	NONPATIENT PHONES							5.01
5.02	DATA PROCESSING	12,139,250						5.02
5.03	PURCHASING RECEIVING & STORES	8,801	794,469	794,469				5.03
5.04	ADMITTING	245,404	22,152,544	16,083	22,168,627			5.04
5.05	ADMINISTRATIVE & GENERAL	2,426,865	219,096,962	158,537		219,255,499	219,255,499	5.05
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	789,865	71,300,951	51,764		71,352,715	17,847,241	7
8	LAUNDRY & LINEN SERVICE	34,105	3,078,632	2,235		3,080,867	770,608	8
9	HOUSEKEEPING	187,778	16,950,638	12,306		16,962,944	4,242,890	9
10	DIETARY	160,293	14,469,610	10,505		14,480,115	3,621,868	10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	211,102	19,056,140	13,835		19,069,975	4,769,916	13
14	CENTRAL SERVICES & SUPPLY	208,158	18,790,341	13,642		18,803,983	4,703,384	14
15	PHARMACY	195,322	17,631,712	12,801		17,644,513	4,413,369	15
16	MEDICAL RECORDS & LIBRARY	32,656	2,947,825	2,140		2,949,965	737,866	16
17	SOCIAL SERVICE	15,627	1,410,654	1,024		1,411,678	353,099	17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD	361,880	32,666,817	23,716		32,690,533	8,176,785	21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	130,644	11,793,177	8,562		11,801,739	2,951,934	22
23	PARAMED ED PRGM-(SPECIFY)	5,979	539,691	392		540,083	135,089	23
23.01	PARAMED ED PRGM-(CHAPLAINCY)	1,411	127,385	92		127,477	31,885	23.01
23.02	PARAMED ED PRGM-(NM SCHL)	1,721	155,387	113		155,500	38,895	23.02
23.03	PARAMED ED PRGM-(RAD THER)	1,335	120,520	87		120,607	30,167	23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)	1,284	115,934	84		116,018	29,019	23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)	1,244	112,304	82		112,386	28,111	23.05
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	1,199,918	108,316,300	78,638	1,962,571	110,357,509	27,603,495	30
31	INTENSIVE CARE UNIT	327,124	29,529,365	21,438	565,865	30,116,668	7,532,992	31
35	SPECIAL CARE NURSERY	177,784	16,048,512	11,651	389,386	16,449,549	4,114,476	35
40	SUBPROVIDER - IPF	51,987	4,692,821	3,407	83,974	4,780,202	1,195,658	40
43	NURSERY	42,158	3,805,613	2,763	114,605	3,922,981	981,243	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	408,799	36,902,232	26,791	3,294,956	40,223,979	10,061,103	50
51	RECOVERY ROOM	107,163	9,673,536	7,023	281,596	9,962,155	2,491,804	51
52	DELIVERY ROOM & LABOR ROOM	215,366	19,441,041	14,114	660,999	20,116,154	5,031,593	52
53	ANESTHESIOLOGY	46,199	4,170,341	3,028	253,320	4,426,689	1,107,234	53
54	RADIOLOGY-DIAGNOSTIC	345,072	31,149,551	22,615	1,359,122	32,531,288	8,136,953	54
55	RADIOLOGY-THERAPEUTIC	122,347	11,044,236	8,018	749,405	11,801,659	2,951,914	55
56	RADIOISOTOPE	60,413	5,453,444	3,959	284,592	5,741,995	1,436,228	56
57	CT SCAN	86,310	7,791,202	5,656	1,184,443	8,981,301	2,246,466	57
58	MRI	156,893	14,162,735	10,282	974,555	15,147,572	3,788,817	58
59	CARDIAC CATHETERIZATION	29,377	2,651,867	1,925	241,174	2,894,966	724,109	59
59.01	VASCULAR LAB	14,816	1,337,451	971	131,492	1,469,914	367,665	59.01
59.02	CARDIAC GRAPHICS	60,621	5,472,251	3,973	620,887	6,097,111	1,525,052	59.02
59.03	PULMONARY FUNCTION	8,289	748,213	543	49,783	798,539	199,736	59.03
59.04	EPS	47,021	4,244,569	3,082	137,914	4,385,565	1,096,948	59.04
59.05	GI	107,525	9,706,234	7,047	402,979	10,116,260	2,530,350	59.05
60	LABORATORY	518,691	46,822,102	33,993	3,093,893	49,949,988	12,493,841	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	136,481	12,320,102	8,944	303,390	12,632,436	3,159,713	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	62,528	5,644,404	4,098	168,768	5,817,270	1,455,056	63
63.01	CELL THERAPY LAB							63.01
65	RESPIRATORY THERAPY	120,091	10,840,591	7,870	602,225	11,450,686	2,864,126	65
66	PHYSICAL THERAPY	33,379	3,013,126	2,188	46,809	3,062,123	765,920	66
67	OCCUPATIONAL THERAPY	16,605	1,498,970	1,088	23,290	1,523,348	381,030	67
70	ELECTROENCEPHALOGRAPHY	35,683	3,221,132	2,339	173,905	3,397,376	849,775	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	470,198	42,444,653	30,815	719,520	43,194,988	10,804,233	71
72	IMPL. DEV. CHARGED TO PATIENTS	605,992	54,702,773	39,714	742,622	55,485,109	13,878,324	72
73	DRUGS CHARGED TO PATIENTS	593,942	53,615,001	38,924	1,243,008	54,896,933	13,731,205	73
76.97	CARDIAC REHABILITATION	3,647	329,173	239	12,608	342,020	85,548	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	DATA PROCESSING 5.02	SUBTOTAL (cols.0-4)	PURCH REC STORES 5.03	ADMITTING 5.04	SUBTOTAL (cols.0-4)	ADMIN + GENERAL 5.05	
90	CLINIC	30,368	2,741,329	1,990	23,015	2,766,334	691,935	90
90.01	PSYCH CLINIC	78,005	7,041,484	5,112	45,895	7,092,491	1,774,023	90.01
90.02	TRANSPLANT CLINIC	10,497	947,559	688	24,184	972,431	243,231	90.02
90.03	OB CLINIC	15,989	1,443,330	1,048	9,977	1,454,355	363,773	90.03
91	EMERGENCY	167,095	15,083,668	10,951	954,591	16,049,210	4,014,341	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT	26,865	2,425,137	1,761	55,326	2,482,224	620,871	92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R SERVICES-NOT APPRVD PRGM	6,115	551,958	401		552,359	138,160	100
	SPECIAL PURPOSE COST CENTERS							
105	KIDNEY ACQUISITION	106,339	9,599,241	6,969	92,310	9,698,520	2,425,862	105
106	HEART ACQUISITION	18,453	1,665,790	1,209	12,118	1,679,117	419,992	106
107	LIVER ACQUISITION	63,939	5,771,734	4,190	49,862	5,825,786	1,457,186	107
109	PANCREAS ACQUISITION	18,999	1,715,048	1,245	12,042	1,728,335	432,303	109
116	HOSPICE	21,228	1,916,289	1,391	15,651	1,933,331	483,578	116
118	SUBTOTALS (sum of lines 1-117)	11,797,785	1,065,007,801	772,091	22,168,627	1,064,985,423	211,539,988	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	412	37,235	27		37,262	9,320	190
191	RESEARCH	23,981	2,164,767	1,572		2,166,339	541,860	191
191.0	SPONSERED PROJECT	58,494	5,280,280	3,833		5,284,113	1,321,699	191.0
1								1
194	REAL ESTATE	178,535	16,116,296	11,700		16,127,996	4,034,047	194
194.0	MARKETING, OTHER NON-REIMB	79,481	7,174,701	5,209		7,179,910	1,795,889	194.0
1								1
194.0	OTHER COMPANY WIDE ACTIVITY	562	50,721	37		50,758	12,696	194.0
2								2
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	12,139,250	1,095,831,801	794,469	22,168,627	1,095,831,801	219,255,499	202



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	HOUSE-KEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		7	8	9	10	13	14	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	NONPATIENT PHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING RECEIVING & STORES							5.03
5.04	ADMITTING							5.04
5.05	ADMINISTRATIVE & GENERAL							5.05
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	89,199,956						7
8	LAUNDRY & LINEN SERVICE	31,695	3,883,170					8
9	HOUSEKEEPING	2,164,964	94,282	23,465,080				9
10	DIETARY	5,023,509	218,768	1,354,857	24,699,117			10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	3,024,944	131,733	815,837		27,812,405		13
14	CENTRAL SERVICES & SUPPLY	1,916,723	83,471	516,947			26,024,508	14
15	PHARMACY	856,821	37,314	231,087		14,344	111,636	15
16	MEDICAL RECORDS & LIBRARY	21,499	936	5,798			2,049	16
17	SOCIAL SERVICE						1,807	17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD					23,866	33,131	21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,423,568	105,543	653,644		3,737		22
23	PARAMED ED PRGM-(SPECIFY)	9,143	398	2,466				23
23.01	PARAMED ED PRGM-(CHAPLAINCY)	15,238	664	4,110				23.01
23.02	PARAMED ED PRGM-(NM SCHL)	15,626	680	4,214				23.02
23.03	PARAMED ED PRGM-(RAD THER)	12,080	526	3,258				23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)	11,581	504	3,123				23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)	11,138	485	3,004				23.05
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	27,462,647	1,195,966	7,406,772	20,477,396	12,058,511	1,194,137	30
31	INTENSIVE CARE UNIT	5,559,777	242,122	1,499,490	3,131,304	3,046,057	672,525	31
35	SPECIAL CARE NURSERY	2,235,336	97,346	602,878		1,652,665	176,884	35
40	SUBPROVIDER - IPF	1,753,593	76,367	472,950	1,090,417	171,402	5,975	40
43	NURSERY							43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	8,054,769	350,775	2,172,398		2,797,151	11,348,086	50
51	RECOVERY ROOM	947,806	41,276	255,626		925,955	51,391	51
52	DELIVERY ROOM & LABOR ROOM	2,926,478	127,445	789,281		1,934,839	490,164	52
53	ANESTHESIOLOGY	99,684	4,341	26,885			378,151	53
54	RADIOLOGY-DIAGNOSTIC	5,465,689	238,024	1,474,114		589,299	1,690,873	54
55	RADIOLOGY-THERAPEUTIC	1,893,062	82,441	510,565		97,513	53,318	55
56	RADIOISOTOPE	1,003,826	43,715	270,735		20,129	714,264	56
57	CT SCAN	1,229,017	53,522	331,470		204,429	208,234	57
58	MRI	1,035,854	45,110	279,373		293,022	186,239	58
59	CARDIAC CATHETERIZATION	310,025	13,501	83,615		157,179	793,817	59
59.01	VASCULAR LAB	202,527	8,820	54,622		25,554	2,143	59.01
59.02	CARDIAC GRAPHICS	667,370	29,063	179,992		149,826	41,091	59.02
59.03	PULMONARY FUNCTION	277,942	12,104	74,962		15,308	15,930	59.03
59.04	EPS	436,861	19,025	117,823		99,321	1,549,419	59.04
59.05	GI	907,079	39,502	244,642		485,156	462,074	59.05
60	LABORATORY	3,212,011	139,879	866,290		482	2,351,048	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS						2,189,574	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	954,566	41,570	257,450		144,522	696,028	63
63.01	CELL THERAPY LAB							63.01
65	RESPIRATORY THERAPY	251,566	10,955	67,848		12,054	75,677	65
66	PHYSICAL THERAPY	332,078	14,462	89,563		7,232	75,677	66
67	OCCUPATIONAL THERAPY	91,871	4,001	24,778		7,112	7,442	67
70	ELECTROENCEPHALOGRAPHY	1,050,538	45,750	283,334			31,811	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
76.97	CARDIAC REHABILITATION					7,714	1,292	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	HOUSE- KEEPING	DIETARY	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	
		7	8	9	10	13	14	
90	CLINIC	1,002,552	43,660	270,392		143,317	9,243	90
90.01	PSYCH CLINIC	34,521	1,503	9,310		162,362	7,285	90.01
90.02	TRANSPLANT CLINIC	860,145	37,458	231,984		41,826	18,888	90.02
90.03	OB CLINIC	214,884	9,358	57,955		153,804	8,364	90.03
91	EMERGENCY	2,264,538	98,618	610,753		1,675,326	325,841	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT					285,187	18,854	92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R SERVICES-NOT APPRVD PRGM							100
	SPECIAL PURPOSE COST CENTERS							
105	KIDNEY ACQUISITION	276,446	12,039	74,558		103,781	335	105
106	HEART ACQUISITION	24,713	1,076	6,665		1,567	98	106
107	LIVER ACQUISITION	129,440	5,637	34,910		70,754	314	107
109	PANCREAS ACQUISITION	34,909	1,520	9,415				109
116	HOSPICE	168,505	7,338	45,446		201,415	22,571	116
118	SUBTOTALS (sum of lines 1-117)	88,911,154	3,870,593	23,387,189	24,699,117	27,783,718	26,023,680	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	95,750	4,170	25,824				190
191	RESEARCH	193,052	8,407	52,067			828	191
191.0	SPONSERED PROJECT					28,687		191.0
1								1
194	REAL ESTATE							194
194.0	MARKETING, OTHER NON-REIMB							194.0
1								1
194.0	OTHER COMPANY WIDE ACTIVITY							194.0
2								2
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	89,199,956	3,883,170	23,465,080	24,699,117	27,812,405	26,024,508	202

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION PHARMACY	
		15	16	17	21	22	23	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	NONPATIENT PHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING RECEIVING & STORES							5.03
5.04	ADMITTING							5.04
5.05	ADMINISTRATIVE & GENERAL							5.05
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY							10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION							13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY	23,309,084						15
16	MEDICAL RECORDS & LIBRARY		3,718,113					16
17	SOCIAL SERVICE			1,766,584				17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD				40,924,315			21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD					17,940,165		22
23	PARAMED ED PRGM-(SPECIFY)						687,179	23
23.01	PARAMED ED PRGM-(CHAPLAINCY)							23.01
23.02	PARAMED ED PRGM-(NM SCHL)							23.02
23.03	PARAMED ED PRGM-(RAD THER)							23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)							23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)							23.05
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	3,606,393	328,994	1,041,401	10,628,258	4,659,155	523,499	30
31	INTENSIVE CARE UNIT	1,844,811	94,858	153,693	4,508,260	1,976,305	80,051	31
35	SPECIAL CARE NURSERY	11,960	65,274	141,503	248,668	109,010		35
40	SUBPROVIDER - IPF	636	14,077		1,247,945	547,067	83,629	40
43	NURSERY		19,212	177				43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	1,124,716	554,244		10,236,835	4,487,565		50
51	RECOVERY ROOM	1,076,778	47,205	883	474,311	207,926		51
52	DELIVERY ROOM & LABOR ROOM	1,054,543	110,806	17,313	1,690,022	740,862		52
53	ANESTHESIOLOGY	1,461,973	42,465		69,074	30,280		53
54	RADIOLOGY-DIAGNOSTIC	593,772	227,835		3,103,746	1,360,602		54
55	RADIOLOGY-THERAPEUTIC	35,550	125,626	70,663	990,067	434,020		55
56	RADIOISOTOPE	14,397	47,707		133,544	58,542		56
57	CT SCAN	3,495	198,553					57
58	MRI	3,563,987	163,368					58
59	CARDIAC CATHETERIZATION	5,874	40,429		267,088	117,084		59
59.01	VASCULAR LAB	36	22,042					59.01
59.02	CARDIAC GRAPHICS	3,861,757	104,082		409,842	179,664		59.02
59.03	PULMONARY FUNCTION	32,280	8,345		151,964	66,617		59.03
59.04	EPS	67,194	23,119					59.04
59.05	GI	124,899	67,553		257,878	113,047		59.05
60	LABORATORY	266,112	518,642		2,528,125	1,108,265		60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	381,461	50,859		193,408	84,785		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	609,760	28,291					63
63.01	CELL THERAPY LAB							63.01
65	RESPIRATORY THERAPY	210,118	100,953		133,544	58,542		65
66	PHYSICAL THERAPY	1,345	7,847		9,210	4,037		66
67	OCCUPATIONAL THERAPY		3,904		13,815	6,056		67
70	ELECTROENCEPHALOGRAPHY		29,152					70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		120,616		110,519	48,449		71
72	IMPL. DEV. CHARGED TO PATIENTS		124,489					72
73	DRUGS CHARGED TO PATIENTS		208,370					73
76.97	CARDIAC REHABILITATION		2,114		4,605	2,019		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION PHARMACY	
		15	16	17	21	22	23	
90	CLINIC	498,831	3,858		718,374	314,917		90
90.01	PSYCH CLINIC	725,769	7,694	167,825	230,248	100,935		90.01
90.02	TRANSPLANT CLINIC	105,083	4,054		230,248	100,935		90.02
90.03	OB CLINIC	13,313	1,673	17,666	792,054	347,216		90.03
91	EMERGENCY	1,215,882	160,022	141,327	1,409,119	617,721		91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT	99,521	9,274	4,593				92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R SERVICES-NOT APPRVD PRGM							100
	SPECIAL PURPOSE COST CENTERS							
105	KIDNEY ACQUISITION	15,331	15,474					105
106	HEART ACQUISITION		2,031					106
107	LIVER ACQUISITION	15,329	8,359					107
109	PANCREAS ACQUISITION		2,019					109
116	HOSPICE	660,641	2,624					116
118	SUBTOTALS (sum of lines 1-117)	23,303,547	3,718,113	1,757,044	40,790,771	17,881,623	687,179	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
191	RESEARCH	5,537		9,540	133,544	58,542		191
191.0	SPONSERED PROJECT							191.0
1								1
194	REAL ESTATE							194
194.0	MARKETING, OTHER NON-REIMB							194.0
1								1
194.0	OTHER COMPANY WIDE ACTIVITY							194.0
2								2
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	23,309,084	3,718,113	1,766,584	40,924,315	17,940,165	687,179	202



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	PARAMED EDUCATION CHAPLAINCY 23.01	PARAMED EDUCATION SCHOOLS 23.02	PARAMED EDUCATION SCHOOLS 23.03	PARAMED EDUCATION SCHOOLS 23.04	PARAMED EDUCATION SCHOOLS 23.05	SUBTOTAL 24	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	NONPATIENT PHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING RECEIVING & STORES							5.03
5.04	ADMITTING							5.04
5.05	ADMINISTRATIVE & GENERAL							5.05
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY							10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION							13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY							16
17	SOCIAL SERVICE							17
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	PARAMED ED PRGM-(CHAPLAINCY)	179,374						23.01
23.02	PARAMED ED PRGM-(NM SCHL)		214,915					23.02
23.03	PARAMED ED PRGM-(RAD THER)			166,638				23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)				160,245			23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)					155,124		23.05
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	136,648	163,724	126,946	122,076	118,175	229,211,702	30
31	INTENSIVE CARE UNIT	20,896	25,036	19,412	18,667	18,071	60,560,995	31
35	SPECIAL CARE NURSERY						25,905,549	35
40	SUBPROVIDER - IPF	21,830	26,155	20,280	19,502	18,878	11,546,563	40
43	NURSERY						4,923,613	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM						91,411,621	50
51	RECOVERY ROOM						16,483,116	51
52	DELIVERY ROOM & LABOR ROOM						35,029,500	52
53	ANESTHESIOLOGY						7,646,776	53
54	RADIOLOGY-DIAGNOSTIC						55,412,195	54
55	RADIOLOGY-THERAPEUTIC						19,046,398	55
56	RADIOISOTOPE						9,485,082	56
57	CT SCAN						13,456,487	57
58	MRI						24,503,342	58
59	CARDIAC CATHETERIZATION						5,407,687	59
59.01	VASCULAR LAB						2,153,323	59.01
59.02	CARDIAC GRAPHICS						13,244,850	59.02
59.03	PULMONARY FUNCTION						1,653,727	59.03
59.04	EPS						7,795,275	59.04
59.05	GI						15,348,440	59.05
60	LABORATORY						73,434,683	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS						18,692,236	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.						10,004,513	63
63.01	CELL THERAPY LAB							63.01
65	RESPIRATORY THERAPY						15,236,069	65
66	PHYSICAL THERAPY						4,369,494	66
67	OCCUPATIONAL THERAPY						2,063,357	67
70	ELECTROENCEPHALOGRAPHY						5,687,736	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						54,278,805	71
72	IMPL. DEV. CHARGED TO PATIENTS						69,487,922	72
73	DRUGS CHARGED TO PATIENTS						68,836,508	73
76.97	CARDIAC REHABILITATION						445,312	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	PARAMED EDUCATION CHAPLAINCY 23.01	PARAMED EDUCATION SCHOOLS 23.02	PARAMED EDUCATION SCHOOLS 23.03	PARAMED EDUCATION SCHOOLS 23.04	PARAMED EDUCATION SCHOOLS 23.05	SUBTOTAL	
90	CLINIC						24	
							6,463,413	90
90.01	PSYCH CLINIC						10,313,966	90.01
90.02	TRANSPLANT CLINIC						2,846,283	90.02
90.03	OB CLINIC						3,434,415	90.03
91	EMERGENCY						28,582,698	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT						3,520,524	92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R SERVICES-NOT APPRVD PRGM						690,519	100
	SPECIAL PURPOSE COST CENTERS							
105	KIDNEY ACQUISITION						12,622,346	105
106	HEART ACQUISITION						2,135,259	106
107	LIVER ACQUISITION						7,547,715	107
109	PANCREAS ACQUISITION						2,208,501	109
116	HOSPICE						3,525,449	116
118	SUBTOTALS (sum of lines 1-117)	179,374	214,915	166,638	160,245	155,124	1,056,653,964	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN						172,326	190
191	RESEARCH						3,169,716	191
191.0	SPONSERED PROJECT						6,634,499	191.0
1								1
194	REAL ESTATE						20,162,043	194
194.0	MARKETING, OTHER NON-REIMB						8,975,799	194.0
1								1
194.0	OTHER COMPANY WIDE ACTIVITY						63,454	194.0
2								2
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	179,374	214,915	166,638	160,245	155,124	1,095,831,801	202



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL			
		25	26			
	GENERAL SERVICE COST CENTERS					
1	CAP REL COSTS-BLDG & FIXT					1
2	CAP REL COSTS-MVBLE EQUIP					2
4	EMPLOYEE BENEFITS DEPARTMENT					4
5.01	NONPATIENT PHONES					5.01
5.02	DATA PROCESSING					5.02
5.03	PURCHASING RECEIVING & STORES					5.03
5.04	ADMITTING					5.04
5.05	ADMINISTRATIVE & GENERAL					5.05
6	MAINTENANCE & REPAIRS					6
7	OPERATION OF PLANT					7
8	LAUNDRY & LINEN SERVICE					8
9	HOUSEKEEPING					9
10	DIETARY					10
11	CAFETERIA					11
12	MAINTENANCE OF PERSONNEL					12
13	NURSING ADMINISTRATION					13
14	CENTRAL SERVICES & SUPPLY					14
15	PHARMACY					15
16	MEDICAL RECORDS & LIBRARY					16
17	SOCIAL SERVICE					17
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	PARAMED ED PRGM-(CHAPLAINCY)					23.01
23.02	PARAMED ED PRGM-(NM SCHL)					23.02
23.03	PARAMED ED PRGM-(RAD THER)					23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)					23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)					23.05
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS	-15,287,413	213,924,289			30
31	INTENSIVE CARE UNIT	-6,484,565	54,076,430			31
35	SPECIAL CARE NURSERY	-357,678	25,547,871			35
40	SUBPROVIDER - IPF	-1,795,012	9,751,551			40
43	NURSERY		4,923,613			43
	ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	-14,724,400	76,687,221			50
51	RECOVERY ROOM	-682,237	15,800,879			51
52	DELIVERY ROOM & LABOR ROOM	-2,430,884	32,598,616			52
53	ANESTHESIOLOGY	-99,354	7,547,422			53
54	RADIOLOGY-DIAGNOSTIC	-4,464,348	50,947,847			54
55	RADIOLOGY-THERAPEUTIC	-1,424,087	17,622,311			55
56	RADIOISOTOPE	-192,086	9,292,996			56
57	CT SCAN		13,456,487			57
58	MRI		24,503,342			58
59	CARDIAC CATHETERIZATION	-384,172	5,023,515			59
59.01	VASCULAR LAB		2,153,323			59.01
59.02	CARDIAC GRAPHICS	-589,506	12,655,344			59.02
59.03	PULMONARY FUNCTION	-218,581	1,435,146			59.03
59.04	EPS		7,795,275			59.04
59.05	GI	-370,925	14,977,515			59.05
60	LABORATORY	-3,636,390	69,798,293			60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	-278,193	18,414,043			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63	BLOOD STORING, PROCESSING & TRANS.		10,004,513			63
63.01	CELL THERAPY LAB					63.01
65	RESPIRATORY THERAPY	-192,086	15,043,983			65
66	PHYSICAL THERAPY	-13,247	4,356,247			66
67	OCCUPATIONAL THERAPY	-19,871	2,043,486			67
70	ELECTROENCEPHALOGRAPHY		5,687,736			70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	-158,968	54,119,837			71
72	IMPL. DEV. CHARGED TO PATIENTS		69,487,922			72
73	DRUGS CHARGED TO PATIENTS		68,836,508			73
76.97	CARDIAC REHABILITATION	-6,624	438,688			76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL				
		25	26				
90	CLINIC	-1,033,291	5,430,122				90
90.01	PSYCH CLINIC	-331,183	9,982,783				90.01
90.02	TRANSPLANT CLINIC	-331,183	2,515,100				90.02
90.03	OB CLINIC	-1,139,270	2,295,145				90.03
91	EMERGENCY	-2,026,840	26,555,858				91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01	OBSERVATION BEDS-DISTINCT		3,520,524				92.01
	OTHER REIMBURSABLE COST CENTERS						
100	I&R SERVICES-NOT APPRVD PRGM		690,519				100
	SPECIAL PURPOSE COST CENTERS						
105	KIDNEY ACQUISITION		12,622,346				105
106	HEART ACQUISITION		2,135,259				106
107	LIVER ACQUISITION		7,547,715				107
109	PANCREAS ACQUISITION		2,208,501				109
116	HOSPICE		3,525,449				116
118	SUBTOTALS (sum of lines 1-117)	-58,672,394	997,981,570				118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		172,326				190
191	RESEARCH	-192,086	2,977,630				191
191.0 1	SPONSERED PROJECT		6,634,499				191.0 1
194	REAL ESTATE		20,162,043				194
194.0 1	MARKETING, OTHER NON-REIMB		8,975,799				194.0 1
194.0 2	OTHER COMPANY WIDE ACTIVITY		63,454				194.0 2
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (sum of lines 118-201)	-58,864,480	1,036,967,321				202



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL CAPS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMEN T	NONPATIENT PHONES	
		0	1	2	2A	4	5.01	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT		1,055,775	3,858	1,059,633	1,059,633		4
5.01	NONPATIENT PHONES		831,699	41,613	873,312	1,691	875,003	5.01
5.02	DATA PROCESSING		164,733	1,070,000	1,234,733	1,765	125,580	5.02
5.03	PURCHASING RECEIVING & STORES		62,152	49,324	111,476	2,963		5.03
5.04	ADMITTING		77,280	190,246	267,526	43,730	11,945	5.04
5.05	ADMINISTRATIVE & GENERAL		3,467,312	1,289,269	4,756,581	86,249	123,901	5.05
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT		25,662,853	458,524	26,121,377	3,625	321,690	7
8	LAUNDRY & LINEN SERVICE		10,782		10,782			8
9	HOUSEKEEPING		962,611	1,268,182	2,230,793	28,996	1,288	9
10	DIETARY		2,057,195	830,909	2,888,104	24,759	1,638	10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION		1,315,375	262,031	1,577,406	39,021	11,681	13
14	CENTRAL SERVICES & SUPPLY		975,930	2,135,413	3,111,343	18,894	2,810	14
15	PHARMACY		331,517	573,063	904,580	37,945	14	15
16	MEDICAL RECORDS & LIBRARY		49,074	19,442	68,516	4,986		16
17	SOCIAL SERVICE			21,871	21,871	2,650	484	17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD		858,443	96,296	954,739	4,540		22
23	PARAMED ED PRGM-(SPECIFY)		3,109		3,109	1,326		23
23.01	PARAMED ED PRGM-(CHAPLAINCY)		5,181		5,181	285		23.01
23.02	PARAMED ED PRGM-(NM SCHL)		5,312		5,312	174		23.02
23.03	PARAMED ED PRGM-(RAD THER)		4,113		4,113	165		23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)		3,942		3,942	153		23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)		3,771		3,771	145		23.05
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS		11,193,420	1,619,075	12,812,495	222,663	16,013	30
31	INTENSIVE CARE UNIT		1,890,461	602,497	2,492,958	57,827	18,966	31
35	SPECIAL CARE NURSERY		1,156,857	905,024	2,061,881	33,300		35
40	SUBPROVIDER - IPF		596,266	3,441	599,707	9,864	283	40
43	NURSERY							43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM		2,980,457	4,499,805	7,480,262	60,477	1,613	50
51	RECOVERY ROOM		282,680	682,051	964,731	20,415		51
52	DELIVERY ROOM & LABOR ROOM		1,487,604	522,629	2,010,233	38,153	13,709	52
53	ANESTHESIOLOGY		42,803	662,141	704,944	2,779	784	53
54	RADIOLOGY-DIAGNOSTIC		2,182,399	3,120,290	5,302,689	50,309	1,629	54
55	RADIOLOGY-THERAPEUTIC		724,043	3,133,455	3,857,498	15,199	94	55
56	RADIOISOTOPE		341,328	592,302	933,630	5,333	300	56
57	CT SCAN		368,188	291,523	659,711	13,330	190	57
58	MRI		301,143	4,154,740	4,455,883	19,367	771	58
59	CARDIAC CATHETERIZATION		105,406	485,947	591,353	4,517	473	59
59.01	VASCULAR LAB		68,859	124,011	192,870	2,869		59.01
59.02	CARDIAC GRAPHICS		226,923	439,339	666,262	8,842		59.02
59.03	PULMONARY FUNCTION		94,501	73,639	168,140	1,035		59.03
59.04	EPS		148,536	2,375,879	2,524,415	2,999	4,054	59.04
59.05	GI		308,420	1,057,706	1,366,126	12,397		59.05
60	LABORATORY		958,588	1,628,978	2,587,566	43,718	47,750	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.		272,408	339,091	611,499	7,558	484	63
63.01	CELL THERAPY LAB							63.01
65	RESPIRATORY THERAPY		97,311	436,442	533,753	21,882	1,060	65
66	PHYSICAL THERAPY		116,960	24,489	141,449	5,289	94	66
67	OCCUPATIONAL THERAPY		31,245	209,106	240,351	3,134		67
70	ELECTROENCEPHALOGRAPHY		290,616	253,472	544,088	5,482	8,662	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
76.97	CARDIAC REHABILITATION					781	283	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMEN T	NONPATIENT PHONES	
		0	1	2	2A	4	5.01	
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC		249,216	233,953	483,169	5,350		90
90.01	PSYCH CLINIC		145,738	9,099	154,837	13,265	20,788	90.01
90.02	TRANSPLANT CLINIC		54,069	475	54,544	1,777	3,724	90.02
90.03	OB CLINIC		296,201	14,882	311,083	4,269	484	90.03
91	EMERGENCY		788,846	129,795	918,641	30,658	663	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT			167,701	167,701	5,444		92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R SERVICES-NOT APPRVD PRGM					1,423		100
	SPECIAL PURPOSE COST CENTERS							
105	KIDNEY ACQUISITION		32,960		32,960	4,375	8,144	105
106	HEART ACQUISITION		2,502		2,502	1,328		106
107	LIVER ACQUISITION		15,375	74	15,449	2,950	5,689	107
109	PANCREAS ACQUISITION		1,251		1,251	283		109
116	HOSPICE		59,254		59,254	3,143	75,334	116
118	SUBTOTALS (sum of lines 1-117)		65,820,993	37,103,092	102,924,085	1,047,846	833,069	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		28,172		28,172	21		190
191	RESEARCH		63,387	14,969	78,356	4,730		191
191.0 1	SPONSERED PROJECT			201,757	201,757	2,752	283	191.0 1
194	REAL ESTATE		15,780,428	130,997	15,911,425	69	12,914	194
194.0 1	MARKETING, OTHER NON-REIMB		19,429	1,031	20,460	4,215	253	194.0 1
194.0 2	OTHER COMPANY WIDE ACTIVITY						28,484	194.0 2
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)		81,712,409	37,451,846	119,164,255	1,059,633	875,003	202



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	DATA PROCESSING 5.02	PURCH REC STORES 5.03	ADMITTING 5.04	ADMIN + GENERAL 5.05	OPERATION OF PLANT 7	LAUNDRY + LINEN SERVICE 8	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	NONPATIENT PHONES							5.01
5.02	DATA PROCESSING	1,362,078						5.02
5.03	PURCHASING RECEIVING & STORES	988	115,427					5.03
5.04	ADMITTING	27,537	2,326	353,064				5.04
5.05	ADMINISTRATIVE & GENERAL	272,229	23,452		5,262,412			5.05
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	88,632	7,487		428,330	26,971,141		7
8	LAUNDRY & LINEN SERVICE	3,827	323		18,494	9,584	43,010	8
9	HOUSEKEEPING	21,071	1,780		101,829	654,614	1,044	9
10	DIETARY	17,987	1,519		86,924	1,518,944	2,423	10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	23,688	2,001		114,477	914,644	1,459	13
14	CENTRAL SERVICES & SUPPLY	23,358	1,973		112,880	579,554	925	14
15	PHARMACY	21,918	1,851		105,920	259,074	413	15
16	MEDICAL RECORDS & LIBRARY	3,664	310		17,709	6,501	10	16
17	SOCIAL SERVICE	1,754	148		8,474			17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD	40,607	3,430		196,241			21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	14,660	1,238		70,846	732,807	1,169	22
23	PARAMED ED PRGM-(SPECIFY)	671	57		3,242	2,764	4	23
23.01	PARAMED ED PRGM-(CHAPLAINCY)	158	13		765	4,607	7	23.01
23.02	PARAMED ED PRGM-(NM SCHL)	193	16		933	4,725	8	23.02
23.03	PARAMED ED PRGM-(RAD THER)	150	13		724	3,652	6	23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)	144	12		696	3,502	6	23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)	140	12		675	3,368	5	23.05
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	134,645	11,373	31,103	662,801	8,303,808	13,247	30
31	INTENSIVE CARE UNIT	36,707	3,101	8,968	180,790	1,681,094	2,682	31
35	SPECIAL CARE NURSERY	19,950	1,685	6,171	98,747	675,892	1,078	35
40	SUBPROVIDER - IPF	5,834	493	1,331	28,696	530,229	846	40
43	NURSERY	4,731	400	1,816	23,550			43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	45,872	3,875	53,950	241,465	2,435,498	3,885	50
51	RECOVERY ROOM	12,025	1,016	4,463	59,803	286,585	457	51
52	DELIVERY ROOM & LABOR ROOM	24,167	2,041	10,476	120,757	884,871	1,412	52
53	ANESTHESIOLOGY	5,184	438	4,015	26,573	30,141	48	53
54	RADIOLOGY-DIAGNOSTIC	38,721	3,271	21,540	195,285	1,652,645	2,636	54
55	RADIOLOGY-THERAPEUTIC	13,729	1,160	11,877	70,845	572,400	913	55
56	RADIOISOTOPE	6,779	573	4,510	34,469	303,524	484	56
57	CT SCAN	9,685	818	18,771	53,915	371,614	593	57
58	MRI	17,605	1,487	15,445	90,931	313,208	500	58
59	CARDIAC CATHETERIZATION	3,296	278	3,822	17,378	93,741	150	59
59.01	VASCULAR LAB	1,663	140	2,084	8,824	61,238	98	59.01
59.02	CARDIAC GRAPHICS	6,802	575	9,840	36,601	201,791	322	59.02
59.03	PULMONARY FUNCTION	930	79	789	4,794	84,040	134	59.03
59.04	EPS	5,276	446	2,186	26,327	132,092	211	59.04
59.05	GI	12,066	1,019	6,386	60,728	274,271	438	59.05
60	LABORATORY	58,203	4,916	49,033	299,850	971,207	1,549	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	15,315	1,294	4,808	75,833			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	7,016	593	2,675	34,921	288,629	460	63
63.01	CELL THERAPY LAB							63.01
65	RESPIRATORY THERAPY	13,476	1,138	9,544	68,738	76,065	121	65
66	PHYSICAL THERAPY	3,746	316	742	18,382	100,410	160	66
67	OCCUPATIONAL THERAPY	1,863	157	369	9,145	27,779	44	67
70	ELECTROENCEPHALOGRAPHY	4,004	338	2,756	20,394	317,648	507	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	52,762	4,457	11,403	259,300			71
72	IMPL. DEV. CHARGED TO PATIENTS	68,000	5,744	11,769	333,077			72
73	DRUGS CHARGED TO PATIENTS	66,647	5,630	19,699	329,546			73
76.97	CARDIAC REHABILITATION	409	35	200	2,053			76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	DATA PROCESSING	PURCH REC STORES	ADMITTING	ADMIN + GENERAL	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	
		5.02	5.03	5.04	5.05	7	8	
90	CLINIC	3,408	288	365	16,606	303,139	484	90
90.01	PSYCH CLINIC	8,753	739	727	42,576	10,438	17	90.01
90.02	TRANSPLANT CLINIC	1,178	99	383	5,838	260,080	415	90.02
90.03	OB CLINIC	1,794	152	158	8,730	64,974	104	90.03
91	EMERGENCY	18,750	1,584	15,129	96,343	684,722	1,092	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT	3,015	255	877	14,901			92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R SERVICES-NOT APPRVD PRGM	686	58		3,316			100
	SPECIAL PURPOSE COST CENTERS							
105	KIDNEY ACQUISITION	11,933	1,008	1,463	58,220	83,588	133	105
106	HEART ACQUISITION	2,071	175	192	10,080	7,472	12	106
107	LIVER ACQUISITION	7,175	606	790	34,972	39,138	62	107
109	PANCREAS ACQUISITION	2,132	180	191	10,375	10,555	17	109
116	HOSPICE	2,382	201	248	11,606	50,950	81	116
118	SUBTOTALS (sum of lines 1-117)	1,323,761	112,192	353,064	5,077,240	26,883,816	42,871	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	46	4		224	28,952	46	190
191	RESEARCH	2,691	227		13,005	58,373	93	191
191.0 1	SPONSERED PROJECT	6,564	554		31,721			191.0 1
194	REAL ESTATE	20,034	1,692		96,816			194
194.0 1	MARKETING, OTHER NON-REIMB	8,919	753		43,101			194.0 1
194.0 2	OTHER COMPANY WIDE ACTIVITY	63	5		305			194.0 2
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	1,362,078	115,427	353,064	5,262,412	26,971,141	43,010	202



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	HOUSE-KEEPING	DIETARY	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	
		9	10	13	14	15	16	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	NONPATIENT PHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING RECEIVING & STORES							5.03
5.04	ADMITTING							5.04
5.05	ADMINISTRATIVE & GENERAL							5.05
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING	3,041,415						9
10	DIETARY	175,609	4,717,907					10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	105,744		2,790,121				13
14	CENTRAL SERVICES & SUPPLY	67,004			3,918,741			14
15	PHARMACY	29,952		1,439	16,777	1,379,883		15
16	MEDICAL RECORDS & LIBRARY	752			308		102,756	16
17	SOCIAL SERVICE				272			17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD			2,394	4,979			21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	84,722		375				22
23	PARAMED ED PRGM-(SPECIFY)	320						23
23.01	PARAMED ED PRGM-(CHAPLAINCY)	533						23.01
23.02	PARAMED ED PRGM-(NM SCHL)	546						23.02
23.03	PARAMED ED PRGM-(RAD THER)	422						23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)	405						23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)	389						23.05
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	960,020	3,911,494	1,209,704	179,453	213,475	9,200	30
31	INTENSIVE CARE UNIT	194,356	598,127	305,578	101,066	109,201	2,652	31
35	SPECIAL CARE NURSERY	78,142		165,794	26,582	708	1,825	35
40	SUBPROVIDER - IPF	61,301	208,286	17,195	898	38	394	40
43	NURSERY						537	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	281,574		280,608	1,713,191	66,576	14,288	50
51	RECOVERY ROOM	33,133		92,891	7,723	63,738	1,320	51
52	DELIVERY ROOM & LABOR ROOM	102,302		194,102	73,661	62,422	3,098	52
53	ANESTHESIOLOGY	3,485			56,828	86,539	1,187	53
54	RADIOLOGY-DIAGNOSTIC	191,067		59,118	254,102	35,147	6,371	54
55	RADIOLOGY-THERAPEUTIC	66,177		9,782	8,013	2,104	3,513	55
56	RADIOISOTOPE	35,091		2,019	107,338	852	1,334	56
57	CT SCAN	42,963		20,508	31,293	207	5,552	57
58	MRI	36,211		29,396	27,988	210,965	4,568	58
59	CARDIAC CATHETERIZATION	10,838		15,768	119,294	348	1,131	59
59.01	VASCULAR LAB	7,080		2,564	322	2	616	59.01
59.02	CARDIAC GRAPHICS	23,330		15,030	6,175	228,727	2,910	59.02
59.03	PULMONARY FUNCTION	9,716		1,536	2,394	1,911	233	59.03
59.04	EPS	15,272		9,964	232,844	3,977	646	59.04
59.05	GI	31,709		48,671	69,440	7,393	1,889	59.05
60	LABORATORY	112,284		48	353,312	15,752	14,503	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS				329,045	22,580	1,422	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	33,369		14,498	104,598	36,094	791	63
63.01	CELL THERAPY LAB							63.01
65	RESPIRATORY THERAPY	8,794		1,209	11,373	12,438	2,823	65
66	PHYSICAL THERAPY	11,609		726	11,373	80	219	66
67	OCCUPATIONAL THERAPY	3,212		713	1,118		109	67
70	ELECTROENCEPHALOGRAPHY	36,724			4,780		815	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						3,373	71
72	IMPL. DEV. CHARGED TO PATIENTS						3,481	72
73	DRUGS CHARGED TO PATIENTS						5,827	73
76.97	CARDIAC REHABILITATION			774	194		59	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	HOUSE-KEEPING	DIETARY	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	
		9	10	13	14	15	16	
90	CLINIC	35,047		14,377	1,389	29,528	108	90
90.01	PSYCH CLINIC	1,207		16,288	1,095	42,961	215	90.01
90.02	TRANSPLANT CLINIC	30,069		4,196	2,838	6,220	113	90.02
90.03	OB CLINIC	7,512		15,429	1,257	788	47	90.03
91	EMERGENCY	79,163		168,067	48,967	71,972	4,475	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT			28,610	2,833	5,891	259	92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R SERVICES-NOT APPRVD PRGM							100
	SPECIAL PURPOSE COST CENTERS							
105	KIDNEY ACQUISITION	9,664		10,411	50	908	433	105
106	HEART ACQUISITION	864		157	15		57	106
107	LIVER ACQUISITION	4,525		7,098	47	907	234	107
109	PANCREAS ACQUISITION	1,220					56	109
116	HOSPICE	5,891		20,206	3,392	39,106	73	116
118	SUBTOTALS (sum of lines 1-117)	3,031,319	4,717,907	2,787,243	3,918,617	1,379,555	102,756	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,347						190
191	RESEARCH	6,749			124	328		191
191.0	SPONSERED PROJECT			2,878				191.0
1								1
194	REAL ESTATE							194
194.0	MARKETING, OTHER NON-REIMB							194.0
1								1
194.0	OTHER COMPANY WIDE ACTIVITY							194.0
2								2
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	3,041,415	4,717,907	2,790,121	3,918,741	1,379,883	102,756	202



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION PHARMACY	PARAMED EDUCATION CHAPLAINCY	PARAMED EDUCATION SCHOOLS	
		17	21	22	23	23.01	23.02	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	NONPATIENT PHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING RECEIVING & STORES							5.03
5.04	ADMITTING							5.04
5.05	ADMINISTRATIVE & GENERAL							5.05
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY							10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION							13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY							16
17	SOCIAL SERVICE	35,653						17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD		247,651					21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD			1,865,096				22
23	PARAMED ED PRGM-(SPECIFY)				11,493			23
23.01	PARAMED ED PRGM-(CHAPLAINCY)					11,549		23.01
23.02	PARAMED ED PRGM-(NM SCHL)						11,907	23.02
23.03	PARAMED ED PRGM-(RAD THER)							23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)							23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)							23.05
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	21,016						30
31	INTENSIVE CARE UNIT	3,102						31
35	SPECIAL CARE NURSERY	2,856						35
40	SUBPROVIDER - IPF							40
43	NURSERY	4						43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM							50
51	RECOVERY ROOM	18						51
52	DELIVERY ROOM & LABOR ROOM	349						52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
55	RADIOLOGY-THERAPEUTIC	1,426						55
56	RADIOISOTOPE							56
57	CT SCAN							57
58	MRI							58
59	CARDIAC CATHETERIZATION							59
59.01	VASCULAR LAB							59.01
59.02	CARDIAC GRAPHICS							59.02
59.03	PULMONARY FUNCTION							59.03
59.04	EPS							59.04
59.05	GI							59.05
60	LABORATORY							60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.							63
63.01	CELL THERAPY LAB							63.01
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
67	OCCUPATIONAL THERAPY							67
70	ELECTROENCEPHALOGRAPHY							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION PHARMACY	PARAMED EDUCATION CHAPLAINCY	PARAMED EDUCATION SCHOOLS	
		17	21	22	23	23.01	23.02	
90	CLINIC							90
90.01	PSYCH CLINIC	3,387						90.01
90.02	TRANSPLANT CLINIC							90.02
90.03	OB CLINIC	357						90.03
91	EMERGENCY	2,852						91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT	93						92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R SERVICES-NOT APPRVD PRGM							100
	SPECIAL PURPOSE COST CENTERS							
105	KIDNEY ACQUISITION							105
106	HEART ACQUISITION							106
107	LIVER ACQUISITION							107
109	PANCREAS ACQUISITION							109
116	HOSPICE							116
118	SUBTOTALS (sum of lines 1-117)	35,460						118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
191	RESEARCH	193						191
191.0	SPONSERED PROJECT							191.0
1								1
194	REAL ESTATE							194
194.0	MARKETING, OTHER NON-REIMB							194.0
1								1
194.0	OTHER COMPANY WIDE ACTIVITY							194.0
2								2
200	CROSS FOOT ADJUSTMENTS		247,651	1,865,096	11,493	11,549	11,907	200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	35,653	247,651	1,865,096	11,493	11,549	11,907	202



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	PARAMED EDUCATION SCHOOLS	PARAMED EDUCATION SCHOOLS	PARAMED EDUCATION SCHOOLS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
		23.03	23.04	23.05	24	25	26	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	NONPATIENT PHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING RECEIVING & STORES							5.03
5.04	ADMITTING							5.04
5.05	ADMINISTRATIVE & GENERAL							5.05
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY							10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION							13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY							16
17	SOCIAL SERVICE							17
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	PARAMED ED PRGM-(CHAPLAINCY)							23.01
23.02	PARAMED ED PRGM-(NM SCHL)							23.02
23.03	PARAMED ED PRGM-(RAD THER)	9,245						23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)		8,860					23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)			8,505				23.05
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS				28,712,510		28,712,510	30
31	INTENSIVE CARE UNIT				5,797,175		5,797,175	31
35	SPECIAL CARE NURSERY				3,174,611		3,174,611	35
40	SUBPROVIDER - IPF				1,465,395		1,465,395	40
43	NURSERY				31,038		31,038	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM				12,683,134		12,683,134	50
51	RECOVERY ROOM				1,548,318		1,548,318	51
52	DELIVERY ROOM & LABOR ROOM				3,541,753		3,541,753	52
53	ANESTHESIOLOGY				922,945		922,945	53
54	RADIOLOGY-DIAGNOSTIC				7,814,530		7,814,530	54
55	RADIOLOGY-THERAPEUTIC				4,634,730		4,634,730	55
56	RADIOISOTOPE				1,436,236		1,436,236	56
57	CT SCAN				1,229,150		1,229,150	57
58	MRI				5,224,325		5,224,325	58
59	CARDIAC CATHETERIZATION				862,387		862,387	59
59.01	VASCULAR LAB				280,370		280,370	59.01
59.02	CARDIAC GRAPHICS				1,207,207		1,207,207	59.02
59.03	PULMONARY FUNCTION				275,731		275,731	59.03
59.04	EPS				2,960,709		2,960,709	59.04
59.05	GI				1,892,533		1,892,533	59.05
60	LABORATORY				4,559,691		4,559,691	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS				450,297		450,297	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.				1,143,185		1,143,185	63
63.01	CELL THERAPY LAB							63.01
65	RESPIRATORY THERAPY				762,414		762,414	65
66	PHYSICAL THERAPY				294,595		294,595	66
67	OCCUPATIONAL THERAPY				287,994		287,994	67
70	ELECTROENCEPHALOGRAPHY				946,198		946,198	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS				331,295		331,295	71
72	IMPL. DEV. CHARGED TO PATIENTS				422,071		422,071	72
73	DRUGS CHARGED TO PATIENTS				427,349		427,349	73
76.97	CARDIAC REHABILITATION				4,788		4,788	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	PARAMED EDUCATION SCHOOLS 23.03	PARAMED EDUCATION SCHOOLS 23.04	PARAMED EDUCATION SCHOOLS 23.05	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
90	CLINIC				893,258		893,258	90
90.01	PSYCH CLINIC				317,293		317,293	90.01
90.02	TRANSPLANT CLINIC				371,474		371,474	90.02
90.03	OB CLINIC				417,138		417,138	90.03
91	EMERGENCY				2,143,078		2,143,078	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT				229,879		229,879	92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R SERVICES-NOT APPRVD PRGM				5,483		5,483	100
	SPECIAL PURPOSE COST CENTERS							
105	KIDNEY ACQUISITION				223,290		223,290	105
106	HEART ACQUISITION				24,925		24,925	106
107	LIVER ACQUISITION				119,642		119,642	107
109	PANCREAS ACQUISITION				26,260		26,260	109
116	HOSPICE				271,867		271,867	116
118	SUBTOTALS (sum of lines 1-117)				100,368,251		100,368,251	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN				60,812		60,812	190
191	RESEARCH				164,869		164,869	191
191.0	SPONSERED PROJECT				246,509		246,509	191.0
1								1
194	REAL ESTATE				16,042,950		16,042,950	194
194.0	MARKETING, OTHER NON-REIMB				77,701		77,701	194.0
1								1
194.0	OTHER COMPANY WIDE ACTIVITY				28,857		28,857	194.0
2								2
200	CROSS FOOT ADJUSTMENTS	9,245	8,860	8,505	2,174,306		2,174,306	200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	9,245	8,860	8,505	119,164,255		119,164,255	202

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMEN T GROSS SALARIES	NONPATIENT PHONES PHONE CHARGES	RECON- CILIATION	DATA PROCESSING ACCUM COST	
		1	2	4	5.01	5A.02	5.02	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	81,712,112						1
2	CAP REL COSTS-MVBLE EQUIP		28,404,002					2
4	EMPLOYEE BENEFITS DEPARTMENT	1,055,771	2,926	350,967,351				4
5.01	NONPATIENT PHONES	831,696	31,560	559,976	317,915			5.01
5.02	DATA PROCESSING	164,732	811,503	584,786	45,627	-12,139,250	1,083,692,551	5.02
5.03	PURCHASING RECEIVING & STORES	62,152	37,408	981,474			785,668	5.03
5.04	ADMITTING	77,280	144,285	14,484,899	4,340		21,907,140	5.04
5.05	ADMINISTRATIVE & GENERAL	3,467,298	977,800	28,568,653	45,017		216,670,097	5.05
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	25,662,775	347,751	1,200,842	116,879		70,511,086	7
8	LAUNDRY & LINEN SERVICE	10,782					3,044,527	8
9	HOUSEKEEPING	962,607	961,807	9,604,540	468		16,762,860	9
10	DIETARY	2,057,187	630,173	8,201,215	595		14,309,317	10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	1,315,370	198,728	12,925,002	4,244		18,845,038	13
14	CENTRAL SERVICES & SUPPLY	975,926	1,619,527	6,258,426	1,021		18,582,183	14
15	PHARMACY	331,516	434,619	12,568,859	5		17,436,390	15
16	MEDICAL RECORDS & LIBRARY	49,074	14,745	1,651,667			2,915,169	16
17	SOCIAL SERVICE		16,587	877,840	176		1,395,027	17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD						32,304,937	21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	858,440	73,032	1,503,841			11,662,533	22
23	PARAMED ED PRGM-(SPECIFY)	3,109		439,343			533,712	23
23.01	PARAMED ED PRGM-(CHAPLAINCY)	5,181		94,472			125,974	23.01
23.02	PARAMED ED PRGM-(NM SCHL)	5,312		57,538			153,666	23.02
23.03	PARAMED ED PRGM-(RAD THER)	4,113		54,547			119,185	23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)	3,942		50,703			114,650	23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)	3,771		47,952			111,060	23.05
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	11,193,375	1,227,929	73,733,173	5,818		107,116,382	30
31	INTENSIVE CARE UNIT	1,890,453	456,942	19,154,209	6,891		29,202,241	31
35	SPECIAL CARE NURSERY	1,156,852	686,383	11,029,980			15,870,728	35
40	SUBPROVIDER - IPF	596,264	2,610	3,267,263	103		4,640,834	40
43	NURSERY						3,763,455	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	2,980,445	3,412,712	20,032,009	586		36,493,433	50
51	RECOVERY ROOM	282,679	517,277	6,762,197			9,566,373	51
52	DELIVERY ROOM & LABOR ROOM	1,487,598	396,369	12,637,779	4,981		19,225,675	52
53	ANESTHESIOLOGY	42,803	502,177	920,462	285		4,124,142	53
54	RADIOLOGY-DIAGNOSTIC	2,182,390	2,366,472	16,664,144	592		30,804,479	54
55	RADIOLOGY-THERAPEUTIC	724,040	2,376,456	5,034,293	34		10,921,889	55
56	RADIOISOTOPE	341,327	449,210	1,766,582	109		5,393,031	56
57	CT SCAN	368,187	221,095	4,415,404	69		7,704,892	57
58	MRI	301,142	3,151,013	6,415,015	280		14,005,842	58
59	CARDIAC CATHETERIZATION	105,406	368,549	1,496,327	172		2,622,490	59
59.01	VASCULAR LAB	68,859	94,052	950,266			1,322,635	59.01
59.02	CARDIAC GRAPHICS	226,922	333,201	2,928,857			5,411,630	59.02
59.03	PULMONARY FUNCTION	94,501	55,849	342,947			739,924	59.03
59.04	EPS	148,535	1,801,900	993,291	1,473		4,197,548	59.04
59.05	GI	308,419	802,179	4,106,173			9,598,709	59.05
60	LABORATORY	958,584	1,235,440	14,481,027	17,349		46,303,411	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS						12,183,621	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	272,407	257,171	2,503,459	176		5,581,876	63
63.01	CELL THERAPY LAB							63.01
65	RESPIRATORY THERAPY	97,311	331,004	7,248,120	385		10,720,500	65
66	PHYSICAL THERAPY	116,960	18,573	1,752,015	34		2,979,747	66
67	OCCUPATIONAL THERAPY	31,245	158,589	1,037,979			1,482,365	67
70	ELECTROENCEPHALOGRAPHY	290,615	192,237	1,815,962	3,147		3,185,449	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						41,974,455	71
72	IMPL. DEV. CHARGED TO PATIENTS						54,096,781	72
73	DRUGS CHARGED TO PATIENTS						53,021,059	73
76.97	CARDIAC REHABILITATION			258,711	103		325,526	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	NONPATIENT PHONES PHONE CHARGES	RECONCILIATION	DATA PROCESSING ACCUM COST	
		1	2	4	5.01	5A.02	5.02	
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	249,215	177,433	1,772,064			2,710,961	90
90.01	PSYCH CLINIC	145,737	6,901	4,393,873	7,553		6,963,479	90.01
90.02	TRANSPLANT CLINIC	54,069	360	588,626	1,353		937,062	90.02
90.03	OB CLINIC	296,200	11,287	1,414,119	176		1,427,341	90.03
91	EMERGENCY	788,843	98,438	10,154,921	241		14,916,573	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT		127,187	1,803,214			2,398,272	92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R SERVICES-NOT APPRVD PRGM			471,280			545,843	100
	SPECIAL PURPOSE COST CENTERS							
105	KIDNEY ACQUISITION	32,960		1,449,234	2,959		9,492,902	105
106	HEART ACQUISITION	2,502		439,993			1,647,337	106
107	LIVER ACQUISITION	15,375	56	977,084	2,067		5,707,795	107
109	PANCREAS ACQUISITION	1,251		93,697			1,696,049	109
116	HOSPICE	59,254		1,041,004	27,371		1,895,061	116
118	SUBTOTALS (sum of lines 1-117)	65,820,759	28,139,502	347,063,328	302,679	-12,139,250	1,053,210,016	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	28,172		6,913			36,823	190
191	RESEARCH	63,387	11,353	1,566,894			2,140,786	191
191.01	SPONSERED PROJECT		153,015	911,487	103		5,221,786	191.01
194	REAL ESTATE	15,780,365	99,350	22,725	4,692		15,937,761	194
194.01	MARKETING, OTHER NON-REIMB	19,429	782	1,396,004	92		7,095,220	194.01
194.02	OTHER COMPANY WIDE ACTIVITY				10,349		50,159	194.02
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	81,712,409	37,451,846	55,527,592	1,540,867		12,139,250	202
203	UNIT COST MULT-WS B PT I	1.000004	1.318541	0.158213	4.846789		0.011202	203
204	COST TO BE ALLOC PER B PT II			1,059,633	875.003		1,362,078	204
205	UNIT COST MULT-WS B PT II			0.003019	2.752317		0.001257	205



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	RECON- CILIATION	PURCH REC STORES ACCUM COST	ADMITTING GROSS CHARGES	RECON- CILIATION	ADMIN + GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	
			5.03	5.04		5.05	7	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	NONPATIENT PHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING RECEIVING & STORES	-794,469	1,095,037,332					5.03
5.04	ADMITTING		22,152,544	4,947,979,297				5.04
5.05	ADMINISTRATIVE & GENERAL		219,096,962		-219,255,499	876,576,302		5.05
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT		71,300,951			71,352,715	1,609,787	7
8	LAUNDRY & LINEN SERVICE		3,078,632			3,080,867	572	8
9	HOUSEKEEPING		16,950,638			16,962,944	39,071	9
10	DIETARY		14,469,610			14,480,115	90,659	10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION		19,056,140			19,069,975	54,591	13
14	CENTRAL SERVICES & SUPPLY		18,790,341			18,803,983	34,591	14
15	PHARMACY		17,631,712			17,644,513	15,463	15
16	MEDICAL RECORDS & LIBRARY		2,947,825			2,949,965	388	16
17	SOCIAL SERVICE		1,410,654			1,411,678		17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD		32,666,817			32,690,533		21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD		11,793,177			11,801,739	43,738	22
23	PARAMED ED PRGM-(SPECIFY)		539,691			540,083	165	23
23.01	PARAMED ED PRGM-(CHAPLAINCY)		127,385			127,477	275	23.01
23.02	PARAMED ED PRGM-(NM SCHL)		155,387			155,500	282	23.02
23.03	PARAMED ED PRGM-(RAD THER)		120,520			120,607	218	23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)		115,934			116,018	209	23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)		112,304			112,386	201	23.05
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS		108,316,300	438,073,950		110,357,509	495,617	30
31	INTENSIVE CARE UNIT		29,529,365	126,309,231		30,116,668	100,337	31
35	SPECIAL CARE NURSERY		16,048,512	86,916,561		16,449,549	40,341	35
40	SUBPROVIDER - IPF		4,692,821	18,744,117		4,780,202	31,647	40
43	NURSERY		3,805,613	25,581,497		3,922,981		43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM		36,902,232	735,106,112		40,223,979	145,364	50
51	RECOVERY ROOM		9,673,536	62,856,224		9,962,155	17,105	51
52	DELIVERY ROOM & LABOR ROOM		19,441,041	147,544,345		20,116,154	52,814	52
53	ANESTHESIOLOGY		4,170,341	56,544,668		4,426,689	1,799	53
54	RADIOLOGY-DIAGNOSTIC		31,149,551	303,375,428		32,531,288	98,639	54
55	RADIOLOGY-THERAPEUTIC		11,044,236	167,277,848		11,801,659	34,164	55
56	RADIOISOTOPE		5,453,444	63,525,089		5,741,995	18,116	56
57	CT SCAN		7,791,202	264,384,580		8,981,301	22,180	57
58	MRI		14,162,735	217,534,546		15,147,572	18,694	58
59	CARDIAC CATHETERIZATION		2,651,867	53,833,427		2,894,966	5,595	59
59.01	VASCULAR LAB		1,337,451	29,350,854		1,469,914	3,655	59.01
59.02	CARDIAC GRAPHICS		5,472,251	138,590,794		6,097,111	12,044	59.02
59.03	PULMONARY FUNCTION		748,213	11,112,361		798,539	5,016	59.03
59.04	EPS		4,244,569	30,784,406		4,385,565	7,884	59.04
59.05	GI		9,706,234	89,950,666		10,116,260	16,370	59.05
60	LABORATORY		46,822,102	690,601,217		49,949,988	57,967	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS		12,320,102	67,721,078		12,632,436		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.		5,644,404	37,671,482		5,817,270	17,227	63
63.01	CELL THERAPY LAB							63.01
65	RESPIRATORY THERAPY		10,840,591	134,425,215		11,450,686	4,540	65
66	PHYSICAL THERAPY		3,013,126	10,448,351		3,062,123	5,993	66
67	OCCUPATIONAL THERAPY		1,498,970	5,198,746		1,523,348	1,658	67
70	ELECTROENCEPHALOGRAPHY		3,221,132	38,818,109		3,397,376	18,959	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		42,444,653	160,607,068		43,194,988		71
72	IMPL. DEV. CHARGED TO PATIENTS		54,702,773	165,763,947		55,485,109		72
73	DRUGS CHARGED TO PATIENTS		53,615,001	277,457,220		54,896,933		73
76.97	CARDIAC REHABILITATION		329,173	2,814,374		342,020		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	RECON- CILIATION	PURCH REC STORES ACCUM COST	ADMITTING GROSS CHARGES	RECON- CILIATION	ADMIN + GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	
			5.03	5.04		5.05	7	
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC		2,741,329	5,137,175		2,766,334	18,093	90
90.01	PSYCH CLINIC		7,041,484	10,244,417		7,092,491	623	90.01
90.02	TRANSPLANT CLINIC		947,559	5,398,140		972,431	15,523	90.02
90.03	OB CLINIC		1,443,330	2,227,064		1,454,355	3,878	90.03
91	EMERGENCY		15,083,668	213,078,274		16,049,210	40,868	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT		2,425,137	12,349,493		2,482,224		92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R SERVICES-NOT APPRVD PRGM		551,958			552,359		100
	SPECIAL PURPOSE COST CENTERS							
105	KIDNEY ACQUISITION		9,599,241	20,605,000		9,698,520	4,989	105
106	HEART ACQUISITION		1,665,790	2,704,800		1,679,117	446	106
107	LIVER ACQUISITION		5,771,734	11,130,000		5,825,786	2,336	107
109	PANCREAS ACQUISITION		1,715,048	2,688,000		1,728,335	630	109
116	HOSPICE		1,916,289	3,493,423		1,933,331	3,041	116
118	SUBTOTALS (sum of lines 1-117)	-794,469	1,064,213,332	4,947,979,297	-219,255,499	845,729,924	1,604,575	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		37,235			37,262	1,728	190
191	RESEARCH		2,164,767			2,166,339	3,484	191
191.0 1	SPONSERED PROJECT		5,280,280			5,284,113		191.0 1
194	REAL ESTATE		16,116,296			16,127,996		194
194.0 1	MARKETING, OTHER NON-REIMB		7,174,701			7,179,910		194.0 1
194.0 2	OTHER COMPANY WIDE ACTIVITY		50,721			50,758		194.0 2
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I		794,469	22,168,627		219,255,499	89,199,956	202
203	UNIT COST MULT-WS B PT I		0.000726	0.004480		0.250127	55.411030	203
204	COST TO BE ALLOC PER B PT II		115,427	353,064		5,262,412	26,971,141	204
205	UNIT COST MULT-WS B PT II		0.000105	0.000071		0.006003	16.754478	205



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	LAUNDRY + LINEN SERVICE SQUARE FEET	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA FTES	NURSING ADMINISTRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
		8	9	10	11	13	14	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	NONPATIENT PHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING RECEIVING & STORES							5.03
5.04	ADMITTING							5.04
5.05	ADMINISTRATIVE & GENERAL							5.05
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE	1,609,215						8
9	HOUSEKEEPING	39,071	1,570,144					9
10	DIETARY	90,659	90,659	638,013				10
11	CAFETERIA				403,262			11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	54,591	54,591		25,384	230,740		13
14	CENTRAL SERVICES & SUPPLY	34,591	34,591		12,886		16,098,017,497	14
15	PHARMACY	15,463	15,463		15,342	119	69,039,238	15
16	MEDICAL RECORDS & LIBRARY	388	388		2,705		1,267,189	16
17	SOCIAL SERVICE				1,576		1,117,527	17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD				1,924	198	20,489,484	21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	43,738	43,738			31		22
23	PARAMED ED PRGM-(SPECIFY)	165	165		856			23
23.01	PARAMED ED PRGM-(CHAPLAINCY)	275	275		100			23.01
23.02	PARAMED ED PRGM-(NM SCHL)	282	282		137			23.02
23.03	PARAMED ED PRGM-(RAD THER)	218	218		89			23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)	209	209		92			23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)	201	201		83			23.05
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	495,617	495,617	528,960	117,436	100,041	738,489,096	30
31	INTENSIVE CARE UNIT	100,337	100,337	80,886	26,157	25,271	415,908,825	31
35	SPECIAL CARE NURSERY	40,341	40,341		14,138	13,711	109,390,009	35
40	SUBPROVIDER - IPF	31,647	31,647	28,167	4,528	1,422	3,695,027	40
43	NURSERY							43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	145,364	145,364		25,271	23,206	7,021,688,914	50
51	RECOVERY ROOM	17,105	17,105		7,899	7,682	31,781,674	51
52	DELIVERY ROOM & LABOR ROOM	52,814	52,814		17,734	16,052	303,131,778	52
53	ANESTHESIOLOGY	1,799	1,799		1,940		233,859,780	53
54	RADIOLOGY-DIAGNOSTIC	98,639	98,639		22,399	4,889	1,045,685,317	54
55	RADIOLOGY-THERAPEUTIC	34,164	34,164		5,651	809	32,973,309	55
56	RADIOISOTOPE	18,116	18,116		2,019	167	441,721,697	56
57	CT SCAN	22,180	22,180		5,819	1,696	128,777,830	57
58	MRI	18,694	18,694		7,539	2,431	115,175,365	58
59	CARDIAC CATHETERIZATION	5,595	5,595		1,745	1,304	490,919,832	59
59.01	VASCULAR LAB	3,655	3,655		1,075	212	1,325,500	59.01
59.02	CARDIAC GRAPHICS	12,044	12,044		4,370	1,243	25,412,081	59.02
59.03	PULMONARY FUNCTION	5,016	5,016		495	127	9,851,737	59.03
59.04	EPS	7,884	7,884		1,258	824	958,205,703	59.04
59.05	GI	16,370	16,370		5,901	4,025	285,759,786	59.05
60	LABORATORY	57,967	57,967		24,863	4	1,453,956,945	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS						1,354,096,500	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	17,227	17,227		3,552	1,199	430,444,010	63
63.01	CELL THERAPY LAB							63.01
65	RESPIRATORY THERAPY	4,540	4,540		3,789	100	46,800,941	65
66	PHYSICAL THERAPY	5,993	5,993		626	60	46,800,941	66
67	OCCUPATIONAL THERAPY	1,658	1,658		439	59	4,602,589	67
70	ELECTROENCEPHALOGRAPHY	18,959	18,959		2,800		19,672,755	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
76.97	CARDIAC REHABILITATION				329	64	798,817	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	LAUNDRY + LINEN SERVICE SQUARE FEET	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA FTES	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
		8	9	10	11	13	14	
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	18,093	18,093		2,586	1,189	5,716,224	90
90.01	PSYCH CLINIC	623	623		6,661	1,347	4,505,316	90.01
90.02	TRANSPLANT CLINIC	15,523	15,523		811	347	11,680,775	90.02
90.03	OB CLINIC	3,878	3,878		1,342	1,276	5,172,798	90.03
91	EMERGENCY	40,868	40,868		14,836	13,899	201,509,820	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT				2,624	2,366	11,660,134	92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R SERVICES-NOT APPRVD PRGM							100
	SPECIAL PURPOSE COST CENTERS							
105	KIDNEY ACQUISITION	4,989	4,989		936	861	207,385	105
106	HEART ACQUISITION	446	446		310	13	60,752	106
107	LIVER ACQUISITION	2,336	2,336		694	587	193,974	107
109	PANCREAS ACQUISITION	630	630					109
116	HOSPICE	3,041	3,041		1,145	1,671	13,958,364	116
118	SUBTOTALS (sum of lines 1-117)	1,604,003	1,564,932	638,013	402,891	230,502	16,097,505,738	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,728	1,728					190
191	RESEARCH	3,484	3,484				511,759	191
191.0 1	SPONSERED PROJECT				371	238		191.0 1
194	REAL ESTATE							194
194.0 1	MARKETING, OTHER NON-REIMB							194.0 1
194.0 2	OTHER COMPANY WIDE ACTIVITY							194.0 2
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	3,883,170	23,465,080	24,699,117		27,812,405	26,024,508	202
203	UNIT COST MULT-WS B PT I	2.413083	14.944540	38.712561		120.535690	0.001617	203
204	COST TO BE ALLOC PER B PT II	43.010	3,041,415	4,717,907		2,790,121	3,918,741	204
205	UNIT COST MULT-WS B PT II	0.026727	1.937029	7.394688		12.092056	0.000243	205



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PHARMACY COSTED REQUIS.	MEDICAL RECORDS + LIBRARY GROSS CHARGES	SOCIAL SERVICE TIME SPENT	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED EDUCATION PHARMACY PATIENT DAYS	
		15	16	17	21	22	23	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	NONPATIENT PHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING RECEIVING & STORES							5.03
5.04	ADMITTING							5.04
5.05	ADMINISTRATIVE & GENERAL							5.05
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY							10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION							13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY	500,269,132						15
16	MEDICAL RECORDS & LIBRARY		4,947,979,297					16
17	SOCIAL SERVICE			10,000				17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD				8,887			21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD					8,887		22
23	PARAMED ED PRGM-(SPECIFY)						231,449	23
23.01	PARAMED ED PRGM-(CHAPLAINCY)							23.01
23.02	PARAMED ED PRGM-(NM SCHL)							23.02
23.03	PARAMED ED PRGM-(RAD THER)							23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)							23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)							23.05
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	77,402,032	438,073,950	5,895	2,308	2,308	176,320	30
31	INTENSIVE CARE UNIT	39,594,158	126,309,231	870	979	979	26,962	31
35	SPECIAL CARE NURSERY	256,681	86,916,561	801	54	54		35
40	SUBPROVIDER - IPF	13,640	18,744,117		271	271	28,167	40
43	NURSERY		25,581,497	1				43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	24,139,158	735,106,112		2,223	2,223		50
51	RECOVERY ROOM	23,110,296	62,856,224	5	103	103		51
52	DELIVERY ROOM & LABOR ROOM	22,633,077	147,544,345	98	367	367		52
53	ANESTHESIOLOGY	31,377,531	56,544,668		15	15		53
54	RADIOLOGY-DIAGNOSTIC	12,743,799	303,375,428		674	674		54
55	RADIOLOGY-THERAPEUTIC	762,991	167,277,848	400	215	215		55
56	RADIOISOTOPE	308,993	63,525,089		29	29		56
57	CT SCAN	75,020	264,384,580					57
58	MRI	76,491,907	217,534,546					58
59	CARDIAC CATHETERIZATION	126,080	53,833,427		58	58		59
59.01	VASCULAR LAB	771	29,350,854					59.01
59.02	CARDIAC GRAPHICS	82,881,815	138,590,794		89	89		59.02
59.03	PULMONARY FUNCTION	692,814	11,112,361		33	33		59.03
59.04	EPS	1,442,147	30,784,406					59.04
59.05	GI	2,680,628	89,950,666		56	56		59.05
60	LABORATORY	5,711,416	690,601,217		549	549		60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	8,187,084	67,721,078		42	42		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	13,086,953	37,671,482					63
63.01	CELL THERAPY LAB							63.01
65	RESPIRATORY THERAPY	4,509,649	134,425,215		29	29		65
66	PHYSICAL THERAPY	28,858	10,448,351		2	2		66
67	OCCUPATIONAL THERAPY		5,198,746		3	3		67
70	ELECTROENCEPHALOGRAPHY		38,818,109					70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		160,607,068		24	24		71
72	IMPL. DEV. CHARGED TO PATIENTS		165,763,947					72
73	DRUGS CHARGED TO PATIENTS		277,457,220					73
76.97	CARDIAC REHABILITATION		2,814,374		1	1		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99



COMPU-MAX

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PHARMACY COSTED REQUIS.	MEDICAL RECORDS + LIBRARY GROSS CHARGES	SOCIAL SERVICE TIME SPENT	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED EDUCATION PHARMACY PATIENT DAYS	
		15	16	17	21	22	23	
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	10,706,130	5,137,175		156	156		90
90.01	PSYCH CLINIC	15,576,787	10,244,417	950	50	50		90.01
90.02	TRANSPLANT CLINIC	2,255,329	5,398,140		50	50		90.02
90.03	OB CLINIC	285,733	2,227,064	100	172	172		90.03
91	EMERGENCY	26,095,806	213,078,274	800	306	306		91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT	2,135,975	12,349,493	26				92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R SERVICES-NOT APPRVD PRGM							100
	SPECIAL PURPOSE COST CENTERS							
105	KIDNEY ACQUISITION	329,046	20,605,000					105
106	HEART ACQUISITION		2,704,800					106
107	LIVER ACQUISITION	329,001	11,130,000					107
109	PANCREAS ACQUISITION		2,688,000					109
116	HOSPICE	14,178,979	3,493,423					116
118	SUBTOTALS (sum of lines 1-117)	500,150,284	4,947,979,297	9,946	8,858	8,858	231,449	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
191	RESEARCH	118,848		54	29	29		191
191.0	SPONSERED PROJECT							191.0
1								1
194	REAL ESTATE							194
194.0	MARKETING, OTHER NON-REIMB							194.0
1								1
194.0	OTHER COMPANY WIDE ACTIVITY							194.0
2								2
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	23,309,084	3,718,113	1,766,584	40,924,315	17,940,165	687,179	202
203	UNIT COST MULT-WS B PT I	0.046593	0.000751	176.658400	4,604.963992	2,018.697536	2.969030	203
204	COST TO BE ALLOC PER B PT II	1,379,883	102,756	35.653	247.651	1,865.096	11,493	204
205	UNIT COST MULT-WS B PT II	0.002758	0.000021	3.565300	27.866659	209.867897	0.049657	205



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTIONS	PARAMED EDUCATION CHAPLAINCY PATIENT DAYS	PARAMED EDUCATION SCHOOLS PATIENT DAYS					
	23.01	23.02	23.03	23.04	23.05		

GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
5.01	NONPATIENT PHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING & STORES						5.03
5.04	ADMITTING						5.04
5.05	ADMINISTRATIVE & GENERAL						5.05
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY						10
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION						13
14	CENTRAL SERVICES & SUPPLY						14
15	PHARMACY						15
16	MEDICAL RECORDS & LIBRARY						16
17	SOCIAL SERVICE						17
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	PARAMED ED PRGM-(CHAPLAINCY)	231,449					23.01
23.02	PARAMED ED PRGM-(NM SCHL)		231,449				23.02
23.03	PARAMED ED PRGM-(RAD THER)			231,449			23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)				231,449		23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)					231,449	23.05
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	176,320	176,320	176,320	176,320	176,320	30
31	INTENSIVE CARE UNIT	26,962	26,962	26,962	26,962	26,962	31
35	SPECIAL CARE NURSERY						35
40	SUBPROVIDER - IPF	28,167	28,167	28,167	28,167	28,167	40
43	NURSERY						43
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM						50
51	RECOVERY ROOM						51
52	DELIVERY ROOM & LABOR ROOM						52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC						54
55	RADIOLOGY-THERAPEUTIC						55
56	RADIOISOTOPE						56
57	CT SCAN						57
58	MRI						58
59	CARDIAC CATHETERIZATION						59
59.01	VASCULAR LAB						59.01
59.02	CARDIAC GRAPHICS						59.02
59.03	PULMONARY FUNCTION						59.03
59.04	EPS						59.04
59.05	GI						59.05
60	LABORATORY						60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.						63
63.01	CELL THERAPY LAB						63.01
65	RESPIRATORY THERAPY						65
66	PHYSICAL THERAPY						66
67	OCCUPATIONAL THERAPY						67
70	ELECTROENCEPHALOGRAPHY						70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72	IMPL. DEV. CHARGED TO PATIENTS						72
73	DRUGS CHARGED TO PATIENTS						73
76.97	CARDIAC REHABILITATION						76.97



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PARAMED EDUCATION CHAPLAINCY PATIENT DAYS	PARAMED EDUCATION SCHOOLS PATIENT DAYS	PARAMED EDUCATION SCHOOLS PATIENT DAYS	PARAMED EDUCATION SCHOOLS PATIENT DAYS	PARAMED EDUCATION SCHOOLS PATIENT DAYS		
		23.01	23.02	23.03	23.04	23.05		
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC							90
90.01	PSYCH CLINIC							90.01
90.02	TRANSPLANT CLINIC							90.02
90.03	OB CLINIC							90.03
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R SERVICES-NOT APPRVD PRGM							100
	SPECIAL PURPOSE COST CENTERS							
105	KIDNEY ACQUISITION							105
106	HEART ACQUISITION							106
107	LIVER ACQUISITION							107
109	PANCREAS ACQUISITION							109
116	HOSPICE							116
118	SUBTOTALS (sum of lines 1-117)	231,449	231,449	231,449	231,449	231,449		118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
191	RESEARCH							191
191.0	SPONSERED PROJECT							191.0
1								1
194	REAL ESTATE							194
194.0	MARKETING, OTHER NON-REIMB							194.0
1								1
194.0	OTHER COMPANY WIDE ACTIVITY							194.0
2								2
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	179,374	214,915	166,638	160,245	155,124		202
203	UNIT COST MULT-WS B PT I	0.775004	0.928563	0.719977	0.692356	0.670230		203
204	COST TO BE ALLOC PER B PT II	11,549	11,907	9,245	8,860	8,505		204
205	UNIT COST MULT-WS B PT II	0.049899	0.051445	0.039944	0.038281	0.036747		205



COMPU-MAX

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	DESCRIPTION	WORKSHEET		
		PART	LINE NO.	AMOUNT
	1	2	3	4



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	COSTS					
		TOTAL COST (from Wkst. B, Part I, col. 26)	THERAPY LIMIT ADJ.	TOTAL COSTS	RCE DISALLOW- ANCE	TOTAL COSTS	
		1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	213,924,289		213,924,289	375,991	214,300,280	30
31	INTENSIVE CARE UNIT	54,076,430		54,076,430	218,857	54,295,287	31
35	SPECIAL CARE NURSERY	25,547,871		25,547,871	49,197	25,597,068	35
40	SUBPROVIDER - IPF	9,751,551		9,751,551	146,367	9,897,918	40
43	NURSERY	4,923,613		4,923,613		4,923,613	43
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	76,687,221		76,687,221	72,275	76,759,496	50
51	RECOVERY ROOM	15,800,879		15,800,879	34,284	15,835,163	51
52	DELIVERY ROOM & LABOR ROOM	32,598,616		32,598,616	120,902	32,719,518	52
53	ANESTHESIOLOGY	7,547,422		7,547,422	77,758	7,625,180	53
54	RADIOLOGY-DIAGNOSTIC	50,947,847		50,947,847	311,167	51,259,014	54
55	RADIOLOGY-THERAPEUTIC	17,622,311		17,622,311	81,475	17,703,786	55
56	RADIOISOTOPE	9,292,996		9,292,996		9,292,996	56
57	CT SCAN	13,456,487		13,456,487		13,456,487	57
58	MRI	24,503,342		24,503,342		24,503,342	58
59	CARDIAC CATHETERIZATION	5,023,515		5,023,515	115,032	5,138,547	59
59.01	VASCULAR LAB	2,153,323		2,153,323	28,404	2,181,727	59.01
59.02	CARDIAC GRAPHICS	12,655,344		12,655,344	191,035	12,846,379	59.02
59.03	PULMONARY FUNCTION	1,435,146		1,435,146	4,089	1,439,235	59.03
59.04	EPS	7,795,275		7,795,275	93,138	7,888,413	59.04
59.05	GI	14,977,515		14,977,515	102,167	15,079,682	59.05
60	LABORATORY	69,798,293		69,798,293		69,798,293	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	18,414,043		18,414,043		18,414,043	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.	10,004,513		10,004,513	26,876	10,031,389	63
63.01	CELL THERAPY LAB						63.01
65	RESPIRATORY THERAPY	15,043,983		15,043,983		15,043,983	65
66	PHYSICAL THERAPY	4,356,247		4,356,247	46,669	4,402,916	66
67	OCCUPATIONAL THERAPY	2,043,486		2,043,486		2,043,486	67
70	ELECTROENCEPHALOGRAPHY	5,687,736		5,687,736	51,836	5,739,572	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	54,119,837		54,119,837		54,119,837	71
72	IMPL. DEV. CHARGED TO PATIENTS	69,487,922		69,487,922		69,487,922	72
73	DRUGS CHARGED TO PATIENTS	68,836,508		68,836,508		68,836,508	73
76.97	CARDIAC REHABILITATION	438,688		438,688		438,688	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	5,430,122		5,430,122	3,281	5,433,403	90
90.01	PSYCH CLINIC	9,982,783		9,982,783	500,962	10,483,745	90.01
90.02	TRANSPLANT CLINIC	2,515,100		2,515,100		2,515,100	90.02
90.03	OB CLINIC	2,295,145		2,295,145	24,962	2,320,107	90.03
91	EMERGENCY	26,555,858		26,555,858	114,040	26,669,898	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	14,772,727		14,772,727		14,772,727	92
92.01	OBSERVATION BEDS-DISTINCT	3,520,524		3,520,524		3,520,524	92.01
OTHER REIMBURSABLE COST CENTERS							
100	I&R SERVICES-NOT APPRVD PRGM	690,519		690,519		690,519	100
105	KIDNEY ACQUISITION	12,622,346		12,622,346		12,622,346	105
106	HEART ACQUISITION	2,135,259		2,135,259		2,135,259	106
107	LIVER ACQUISITION	7,547,715		7,547,715		7,547,715	107
109	PANCREAS ACQUISITION	2,208,501		2,208,501		2,208,501	109
116	HOSPICE	3,525,449		3,525,449		3,525,449	116
200	SUBTOTAL (SEE INSTRUCTIONS)	1,012,754,297		1,012,754,297	2,790,764	1,015,545,061	200
201	LESS OBSERVATION BEDS	14,772,727		14,772,727		14,772,727	201
202	TOTAL (SEE INSTRUCTIONS)	997,981,570		997,981,570		1,000,772,334	202



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	CHARGES			COST OR OTHER RATIO	TEFRA INPATIENT RATIO	PPS INPATIENT RATIO	
		INPATIENT	OUTPATIENT	TOTAL (column 6 + column 7)				
		6	7	8	9	10	11	
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	435,433,176		435,433,176				30
31	INTENSIVE CARE UNIT	126,309,231		126,309,231				31
35	SPECIAL CARE NURSERY	86,916,561		86,916,561				35
40	SUBPROVIDER - IPF	18,744,117		18,744,117				40
43	NURSERY	25,581,497		25,581,497				43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	427,297,181	307,808,931	735,106,112	0.104321	0.104321	0.104420	50
51	RECOVERY ROOM	25,308,671	37,547,553	62,856,224	0.251381	0.251381	0.251927	51
52	DELIVERY ROOM & LABOR ROOM	139,337,240	8,207,105	147,544,345	0.220941	0.220941	0.221761	52
53	ANESTHESIOLOGY	32,013,705	24,530,963	56,544,668	0.133477	0.133477	0.134852	53
54	RADIOLOGY-DIAGNOSTIC	103,140,935	200,234,493	303,375,428	0.167937	0.167937	0.168962	54
55	RADIOLOGY-THERAPEUTIC	8,007,485	159,270,363	167,277,848	0.105348	0.105348	0.105835	55
56	RADIOISOTOPE	7,891,263	55,633,826	63,525,089	0.146289	0.146289	0.146289	56
57	CT SCAN	77,345,856	187,038,724	264,384,580	0.050897	0.050897	0.050897	57
58	MRI	43,090,147	174,444,399	217,534,546	0.112641	0.112641	0.112641	58
59	CARDIAC CATHETERIZATION	25,816,189	28,017,238	53,833,427	0.093316	0.093316	0.095453	59
59.01	VASCULAR LAB	13,371,890	15,978,964	29,350,854	0.073365	0.073365	0.074333	59.01
59.02	CARDIAC GRAPHICS	52,415,081	86,175,713	138,590,794	0.091314	0.091314	0.092693	59.02
59.03	PULMONARY FUNCTION	2,310,436	8,801,925	11,112,361	0.129149	0.129149	0.129517	59.03
59.04	EPS	7,705,802	23,078,604	30,784,406	0.253222	0.253222	0.256247	59.04
59.05	GI	10,476,883	79,473,783	89,950,666	0.166508	0.166508	0.167644	59.05
60	LABORATORY	270,783,950	419,817,267	690,601,217	0.101069	0.101069	0.101069	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	60,644,734	7,076,344	67,721,078	0.271910	0.271910	0.271910	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	23,132,233	14,539,249	37,671,482	0.265573	0.265573	0.266286	63
63.01	CELL THERAPY LAB							63.01
65	RESPIRATORY THERAPY	131,532,792	2,892,423	134,425,215	0.111913	0.111913	0.111913	65
66	PHYSICAL THERAPY	9,692,348	756,003	10,448,351	0.416932	0.416932	0.421398	66
67	OCCUPATIONAL THERAPY	4,980,449	218,297	5,198,746	0.393073	0.393073	0.393073	67
70	ELECTROENCEPHALOGRAPHY	18,532,140	20,285,969	38,818,109	0.146523	0.146523	0.147858	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	97,344,132	63,262,936	160,607,068	0.336970	0.336970	0.336970	71
72	IMPL. DEV. CHARGED TO PATIENTS	106,153,697	59,610,250	165,763,947	0.419198	0.419198	0.419198	72
73	DRUGS CHARGED TO PATIENTS	206,311,443	71,145,777	277,457,220	0.248098	0.248098	0.248098	73
76.97	CARDIAC REHABILITATION	2,640	2,811,734	2,814,374	0.155874	0.155874	0.155874	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	147,129	4,990,046	5,137,175	1.057025	1.057025	1.057664	90
90.01	PSYCH CLINIC	342,959	9,901,458	10,244,417	0.974461	0.974461	1.023362	90.01
90.02	TRANSPLANT CLINIC	219,171	5,178,969	5,398,140	0.465920	0.465920	0.465920	90.02
90.03	OB CLINIC	22,818	2,204,246	2,227,064	1.030570	1.030570	1.041778	90.03
91	EMERGENCY	64,328,391	148,749,883	213,078,274	0.124630	0.124630	0.125165	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	68,673	32,059,527	32,128,200	0.459806	0.459806	0.459806	92
92.01	OBSERVATION BEDS-DISTINCT	2,074,480	10,275,013	12,349,493	0.285074	0.285074	0.285074	92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R SERVICES-NOT APPRVD PRGM							100
105	KIDNEY ACQUISITION	20,605,000		20,605,000				105
106	HEART ACQUISITION	2,704,800		2,704,800				106
107	LIVER ACQUISITION	11,130,000		11,130,000				107
109	PANCREAS ACQUISITION	2,688,000		2,688,000				109
116	HOSPICE		3,493,423	3,493,423				116
200	SUBTOTAL (SEE INSTRUCTIONS)	2,701,955,325	2,275,511,398	4,977,466,723				200
201	LESS OBSERVATION BEDS							201
202	TOTAL (SEE INSTRUCTIONS)	2,701,955,325	2,275,511,398	4,977,466,723				202



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

CHECK TITLE V PPS
 APPLICABLE TITLE XVIII, PART A TEFRA
 BOXES: TITLE XIX

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II, (col. 26))	SWING BED ADJUSTMENT	REDUCED CAPITAL RELATED COST (col. 1 minus col. 2)	TOTAL PATIENT DAYS	PER DIEM (col. 3 ÷ col. 4)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM CAPITAL COST (col. 5 x col. 6)	
1	2	3	4	5	6	7	8	9	
	INPATIENT ROUTINE SERV COST CENTERS								
30	ADULTS & PEDIATRICS (General Routine Care)	28,712,510		28,712,510	186,974	153.56	57,033	8,757,987	30
31	INTENSIVE CARE UNIT	5,797,175		5,797,175	26,962	215.01	12,820	2,756,428	31
32	CORONARY CARE UNIT								32
33	BURN INTENSIVE CARE UNIT								33
34	SURGICAL INTENSIVE CARE UNIT								34
35	SPECIAL CARE NURSERY	3,174,611		3,174,611	20,738	153.08			35
40	SUBPROVIDER - IPF	1,465,395		1,465,395	9,396	155.96	2,624	409,239	40
41	SUBPROVIDER - IRF								41
42	SUBPROVIDER I								42
43	NURSERY	31,038		31,038	26,499	1.17			43
44	SKILLED NURSING FACILITY								44
45	NURSING FACILITY								45
200	TOTAL (lines 30-199)	39,180,729		39,180,729	270,569		72,477	11,923,654	200

(A) Worksheet A line numbers



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0281

WORKSHEET D
PART II

CHECK [] TITLE V [XX] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] TEFRA
 BOXES: [] TITLE XIX [] IRF

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II (col. 26))	TOTAL CHARGES (from Wkst. C, Part I, (col. 8))	RATIO OF COST TO CHARGES (col. 1 ÷ col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	12,683,134	735,106,112	0.017253	146,075,827	2,520,246	50
51	RECOVERY ROOM	1,548,318	62,856,224	0.024633	8,272,184	203,769	51
52	DELIVERY ROOM & LABOR ROOM	3,541,753	147,544,345	0.024005	209,855	5,038	52
53	ANESTHESIOLOGY	922,945	56,544,668	0.016322	10,819,678	176,599	53
54	RADIOLOGY-DIAGNOSTIC	7,814,530	303,375,428	0.025759	39,219,465	1,010,254	54
55	RADIOLOGY-THERAPEUTIC	4,634,730	167,277,848	0.027707	2,203,577	61,055	55
56	RADIOISOTOPE	1,436,236	63,525,089	0.022609	3,115,759	70,444	56
57	CT SCAN	1,229,150	264,384,580	0.004649	29,678,476	137,975	57
58	MRI	5,224,325	217,534,546	0.024016	15,602,056	374,699	58
59	CARDIAC CATHETERIZATION	862,387	53,833,427	0.016020	11,974,981	191,839	59
59.01	VASCULAR LAB	280,370	29,350,854	0.009552	5,846,574	55,846	59.01
59.02	CARDIAC GRAPHICS	1,207,207	138,590,794	0.008711	23,054,829	200,831	59.02
59.03	PULMONARY FUNCTION	275,731	11,112,361	0.024813	1,089,332	27,030	59.03
59.04	EPS	2,960,709	30,784,406	0.096176	3,705,902	356,419	59.04
59.05	GI	1,892,533	89,950,666	0.021040	4,401,587	92,609	59.05
60	LABORATORY	4,559,691	690,601,217	0.006602	101,335,213	669,015	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	450,297	67,721,078	0.006649	22,135,029	147,176	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.	1,143,185	37,671,482	0.030346	7,423,801	225,283	63
63.01	CELL THERAPY LAB						63.01
65	RESPIRATORY THERAPY	762,414	134,425,215	0.005672	46,017,363	261,010	65
66	PHYSICAL THERAPY	294,595	10,448,351	0.028195	3,941,516	111,131	66
67	OCCUPATIONAL THERAPY	287,994	5,198,746	0.055397	2,094,644	116,037	67
70	ELECTROENCEPHALOGRAPHY	946,198	38,818,109	0.024375	6,108,050	148,884	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	331,295	160,607,068	0.002063	30,389,995	62,695	71
72	IMPL. DEV. CHARGED TO PATIENTS	422,071	165,763,947	0.002546	45,475,592	115,781	72
73	DRUGS CHARGED TO PATIENTS	427,349	277,457,220	0.001540	68,863,700	106,050	73
76.97	CARDIAC REHABILITATION	4,788	2,814,374	0.001701	1,584	3	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	893,258	5,137,175	0.173881	44,893	7,806	90
90.01	PSYCH CLINIC	317,293	10,244,417	0.030972	10,133	314	90.01
90.02	TRANSPLANT CLINIC	371,474	5,398,140	0.068815	136,536	9,396	90.02
90.03	OB CLINIC	417,138	2,227,064	0.187304	1,648	309	90.03
91	EMERGENCY	2,143,078	213,078,274	0.010058	24,973,120	251,180	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	1,979,294	32,128,200	0.061606	68,673	4,231	92
92.01	OBSERVATION BEDS-DISTINCT	229,879	12,349,493	0.018614	366,296	6,818	92.01
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (sum of lines 50-199)	62,495,349	4,243,860,918		664,657,868	7,727,772	200

(A) Worksheet A line numbers



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK TITLE V PPS
 APPLICABLE TITLE XVIII, PART A TEFRA
 BOXES: TITLE XIX

(A)	COST CENTER DESCRIPTION	1 NURSING SCHOOL	2 ALLIED HEALTH COST	3 ALL OTHER MEDICAL EDUCATION COST	4 SWING-BED ADJUSTMENT AMOUNT (see instructions)	5 TOTAL COSTS (sum of cols. 1 through 3 minus col 4.)	
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS (General Routine Care)		1,191,068			1,191,068	30
31	INTENSIVE CARE UNIT		182,133			182,133	31
32	CORONARY CARE UNIT						32
33	BURN INTENSIVE CARE UNIT						33
34	SURGICAL INTENSIVE CARE UNIT						34
35	SPECIAL CARE NURSERY						35
40	SUBPROVIDER - IPF		190,274			190,274	40
41	SUBPROVIDER - IRF						41
42	SUBPROVIDER I						42
43	NURSERY						43
44	SKILLED NURSING FACILITY						44
45	NURSING FACILITY						45
200	TOTAL (lines 30-199)		1,563,475			1,563,475	200

(A) Worksheet A line numbers



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK TITLE V PPS
 APPLICABLE TITLE XVIII, PART A TEFRA
 BOXES: TITLE XIX

		TOTAL PATIENT DAYS	PER DIEM (col. 5 ÷ col. 6)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM PASS THRU COST (col. 7 x col. 8)	
(A)	COST CENTER DESCRIPTION	6	7	8	9	
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS (General Routine Care)	186,974	6.37	57,033	363,300	30
31	INTENSIVE CARE UNIT	26,962	6.76	12,820	86,663	31
32	CORONARY CARE UNIT					32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	SPECIAL CARE NURSERY	20,738				35
40	SUBPROVIDER - IPF	9,396	20.25	2,624	53,136	40
41	SUBPROVIDER - IRF					41
42	SUBPROVIDER I					42
43	NURSERY	26,499				43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)	270,569		72,477	503,099	200

(A) Worksheet A line numbers



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0281

WORKSHEET D
PART IV

CHECK [] TITLE V [XX] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] SNF [] TEFRA
 BOXES: [] TITLE XIX [] IRF [] NF

(A)	COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST	NURSING SCHOOL	ALLIED HEALTH	ALL OTHER MEDICAL EDUCATION COST	TOTAL COST (sum of col. 1 through col. 4)	TOTAL OUTPATIENT COST (sum of col. 2, 3, and 4)	
		1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM							50
51	RECOVERY ROOM							51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE							56
57	CT SCAN							57
58	MRI							58
59	CARDIAC CATHETERIZATION							59
59.01	VASCULAR LAB							59.01
59.02	CARDIAC GRAPHICS							59.02
59.03	PULMONARY FUNCTION							59.03
59.04	EPS							59.04
59.05	GI							59.05
60	LABORATORY							60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.							63
63.01	CELL THERAPY LAB							63.01
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
67	OCCUPATIONAL THERAPY							67
70	ELECTROENCEPHALOGRAPHY							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
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	PSYCH CLINIC							90.01
90.02	TRANSPLANT CLINIC							90.02
90.03	OB CLINIC							90.03
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)			82,107		82,107	82,107	92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)			82,107		82,107	82,107	200

(A) Worksheet A line numbers



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0281

WORKSHEET D
PART IV

CHECK [] TITLE V [XX] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] SNF [] TEFRA
 BOXES: [] TITLE XIX [] IRF [] NF

(A)	COST CENTER DESCRIPTION	TOTAL CHARGES (from Wkst. C, Part I, col. 8)	RATIO OF COST TO CHARGES (col. 5÷ col. 7)	OUTPAT-IENT RATIO OF COST TO CHARGES (col. 6÷ col. 7)	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM PASS-THROUGH COSTS (col. 8 x col. 10)	OUTPAT-IENT PROGRAM CHARGES	OUTPAT-IENT PROGRAM PASS-THROUGH COSTS (col. 9 x col. 12)	
7	8	9	10	11	12	13			
ANCILLARY SERVICE COST CENTERS									
50	OPERATING ROOM	735,106,112			146,075,827		63,197,996		50
51	RECOVERY ROOM	62,856,224			8,272,184		7,114,956		51
52	DELIVERY ROOM & LABOR ROOM	147,544,345			209,855		21,927		52
53	ANESTHESIOLOGY	56,544,668			10,819,678		5,442,581		53
54	RADIOLOGY-DIAGNOSTIC	303,375,428			39,219,465		45,774,610		54
55	RADIOLOGY-THERAPEUTIC	167,277,848			2,203,577		48,434,727		55
56	RADIOISOTOPE	63,525,089			3,115,759		20,406,755		56
57	CT SCAN	264,384,580			29,678,476		56,995,523		57
58	MRI	217,534,546			15,602,056		45,350,537		58
59	CARDIAC CATHETERIZATION	53,833,427			11,974,981		11,492,564		59
59.01	VASCULAR LAB	29,350,854			5,846,574		5,853,316		59.01
59.02	CARDIAC GRAPHICS	138,590,794			23,054,829		25,548,564		59.02
59.03	PULMONARY FUNCTION	11,112,361			1,089,332		3,010,881		59.03
59.04	EPS	30,784,406			3,705,902		8,066,995		59.04
59.05	GI	89,950,666			4,401,587		19,229,038		59.05
60	LABORATORY	690,601,217			101,335,213		21,065,767		60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	67,721,078			22,135,029		2,859,880		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	BLOOD STORING, PROCESSING & TRANS.	37,671,482			7,423,801		4,067,652		63
63.01	CELL THERAPY LAB								63.01
65	RESPIRATORY THERAPY	134,425,215			46,017,363		670,649		65
66	PHYSICAL THERAPY	10,448,351			3,941,516		3,617		66
67	OCCUPATIONAL THERAPY	5,198,746			2,094,644				67
70	ELECTROENCEPHALOGRAPHY	38,818,109			6,108,050		4,833,200		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	160,607,068			30,389,995		15,608,749		71
72	IMPL. DEV. CHARGED TO PATIENTS	165,763,947			45,475,592		23,555,466		72
73	DRUGS CHARGED TO PATIENTS	277,457,220			68,863,700		22,491,386		73
76.97	CARDIAC REHABILITATION	2,814,374			1,584		1,180,513		76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90	CLINIC	5,137,175			44,893		1,260,957		90
90.01	PSYCH CLINIC	10,244,417			10,133		2,299,923		90.01
90.02	TRANSPLANT CLINIC	5,398,140			136,536		2,131,851		90.02
90.03	OB CLINIC	2,227,064			1,648		48,574		90.03
91	EMERGENCY	213,078,274			24,973,120		25,076,702		91
92	OBSERVATION BEDS (NON-DISTINCT PART)	32,128,200	0.002556	0.002556	68,673	176	12,175,648	31,121	92
92.01	OBSERVATION BEDS-DISTINCT	12,349,493			366,296		2,598,516		92.01
OTHER REIMBURSABLE COST CENTERS									
200	TOTAL (sum of lines 50-199)	4,243,860,918			664,657,868	176	507,870,020	31,121	200

(A) Worksheet A line numbers



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0281

WORKSHEET D
PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL [] SUB (OTHER) [] SWING BED SNF
 APPLICABLE [XX] TITLE XVIII, PART B [] IPF [] SNF [] SWING BED NF
 BOXES: [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

(A)	COST CENTER DESCRIPTION	COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PROGRAM CHARGES			PROGRAM COST		
			PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	0.104321	63,197,996	40,486		6,592,878	4,224	50
51	RECOVERY ROOM	0.251381	7,114,956			1,788,565		51
52	DELIVERY ROOM & LABOR ROOM	0.220941	21,927			4,845		52
53	ANESTHESIOLOGY	0.133477	5,442,581	12		726,459	2	53
54	RADIOLOGY-DIAGNOSTIC	0.167937	45,774,610	1,000		7,687,251	168	54
55	RADIOLOGY-THERAPEUTIC	0.105348	48,434,727			5,102,502		55
56	RADIOISOTOPE	0.146289	20,406,755	5		2,985,284	1	56
57	CT SCAN	0.050897	56,995,523			2,900,901		57
58	MRI	0.112641	45,350,537			5,108,330		58
59	CARDIAC CATHETERIZATION	0.093316	11,492,564	8		1,072,440	1	59
59.01	VASCULAR LAB	0.073365	5,853,316			429,429		59.01
59.02	CARDIAC GRAPHICS	0.091314	25,548,564	18		2,332,942	2	59.02
59.03	PULMONARY FUNCTION	0.129149	3,010,881	379		388,852	49	59.03
59.04	EPS	0.253222	8,066,995	1,964		2,042,741	497	59.04
59.05	GI	0.166508	19,229,038	14		3,201,789	2	59.05
60	LABORATORY	0.101069	21,065,767	37,738		2,129,096	3,814	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.271910	2,859,880			777,630		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.265573	4,067,652	27		1,080,259	7	63
63.01	CELL THERAPY LAB							63.01
65	RESPIRATORY THERAPY	0.111913	670,649	521		75,054	58	65
66	PHYSICAL THERAPY	0.416932	3,617			1,508		66
67	OCCUPATIONAL THERAPY	0.393073						67
70	ELECTROENCEPHALOGRAPHY	0.146523	4,833,200			708,175		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.336970	15,608,749	14,111		5,259,680	4,755	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.419198	23,555,466			9,874,404		72
73	DRUGS CHARGED TO PATIENTS	0.248098	22,491,386	34,867		5,580,068	8,650	73
76.97	CARDIAC REHABILITATION	0.155874	1,180,513			184,011		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	1.057025	1,260,957	113		1,332,863	119	90
90.01	PSYCH CLINIC	0.974461	2,299,923			2,241,185		90.01
90.02	TRANSPLANT CLINIC	0.465920	2,131,851	518		993,272	241	90.02
90.03	OB CLINIC	1.030570	48,574	3		50,059	3	90.03
91	EMERGENCY	0.124630	25,076,702	128		3,125,309	16	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.459806	12,175,648			5,598,436		92
92.01	OBSERVATION BEDS-DISTINCT	0.285074	2,598,516			740,769		92.01
	OTHER REIMBURSABLE COST CENTERS							
200	SUBTOTAL (see instructions)		507,870,020	131,912		82,116,986	22,609	200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES							201
202	NET CHARGES (line 200 - line 201)		507,870,020	131,912		82,116,986	22,609	202

(A) Worksheet A line numbers



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-S281

WORKSHEET D
PART II

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [XX] IPF [] TEFRA
 BOXES: [] TITLE XIX [] IRF

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II (col. 26))	TOTAL CHARGES (from Wkst. C, Part I, (col. 8))	RATIO OF COST TO CHARGES (col. 1 ÷ col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	12,683,134	735,106,112	0.017253	976	17	50
51	RECOVERY ROOM	1,548,318	62,856,224	0.024633	400,195	9,858	51
52	DELIVERY ROOM & LABOR ROOM	3,541,753	147,544,345	0.024005			52
53	ANESTHESIOLOGY	922,945	56,544,668	0.016322	33,400	545	53
54	RADIOLOGY-DIAGNOSTIC	7,814,530	303,375,428	0.025759	23,721	611	54
55	RADIOLOGY-THERAPEUTIC	4,634,730	167,277,848	0.027707			55
56	RADIOISOTOPE	1,436,236	63,525,089	0.022609	12,700	287	56
57	CT SCAN	1,229,150	264,384,580	0.004649	70,546	328	57
58	MRI	5,224,325	217,534,546	0.024016	71,150	1,709	58
59	CARDIAC CATHETERIZATION	862,387	53,833,427	0.016020			59
59.01	VASCULAR LAB	280,370	29,350,854	0.009552	1,321	13	59.01
59.02	CARDIAC GRAPHICS	1,207,207	138,590,794	0.008711	72,288	630	59.02
59.03	PULMONARY FUNCTION	275,731	11,112,361	0.024813	250	6	59.03
59.04	EPS	2,960,709	30,784,406	0.096176	3,582	345	59.04
59.05	GI	1,892,533	89,950,666	0.021040	2,049	43	59.05
60	LABORATORY	4,559,691	690,601,217	0.006602	449,557	2,968	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	450,297	67,721,078	0.006649			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.	1,143,185	37,671,482	0.030346			63
63.01	CELL THERAPY LAB						63.01
65	RESPIRATORY THERAPY	762,414	134,425,215	0.005672	20,931	119	65
66	PHYSICAL THERAPY	294,595	10,448,351	0.028195	5,984	169	66
67	OCCUPATIONAL THERAPY	287,994	5,198,746	0.055397			67
70	ELECTROENCEPHALOGRAPHY	946,198	38,818,109	0.024375	14,650	357	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	331,295	160,607,068	0.002063	61,034	126	71
72	IMPL. DEV. CHARGED TO PATIENTS	422,071	165,763,947	0.002546			72
73	DRUGS CHARGED TO PATIENTS	427,349	277,457,220	0.001540	262,272	404	73
76.97	CARDIAC REHABILITATION	4,788	2,814,374	0.001701			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	893,258	5,137,175	0.173881			90
90.01	PSYCH CLINIC	317,293	10,244,417	0.030972	35,393	1,096	90.01
90.02	TRANSPLANT CLINIC	371,474	5,398,140	0.068815			90.02
90.03	OB CLINIC	417,138	2,227,064	0.187304			90.03
91	EMERGENCY	2,143,078	213,078,274	0.010058	488,024	4,909	91
92	OBSERVATION BEDS (NON-DISTINCT PART)		32,128,200				92
92.01	OBSERVATION BEDS-DISTINCT	229,879	12,349,493	0.018614	1,085	20	92.01
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (sum of lines 50-199)	60,516,055	4,243,860,918		2,031,108	24,560	200

(A) Worksheet A line numbers



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-S281

WORKSHEET D
PART IV

CHECK TITLE V HOSPITAL SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF TEFRA
 BOXES: TITLE XIX IRF NF

(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	
		NON PHYSICIAN ANESTHETIST COST	NURSING SCHOOL	ALLIED HEALTH	ALL OTHER MEDICAL EDUCATION COST	TOTAL COST (sum of col. 1 through col. 4)	TOTAL OUTPATIENT COST (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM							50
51	RECOVERY ROOM							51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE							56
57	CT SCAN							57
58	MRI							58
59	CARDIAC CATHETERIZATION							59
59.01	VASCULAR LAB							59.01
59.02	CARDIAC GRAPHICS							59.02
59.03	PULMONARY FUNCTION							59.03
59.04	EPS							59.04
59.05	GI							59.05
60	LABORATORY							60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.							63
63.01	CELL THERAPY LAB							63.01
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
67	OCCUPATIONAL THERAPY							67
70	ELECTROENCEPHALOGRAPHY							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
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	PSYCH CLINIC							90.01
90.02	TRANSPLANT CLINIC							90.02
90.03	OB CLINIC							90.03
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)							200

(A) Worksheet A line numbers



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-S281

WORKSHEET D
PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [XX] IPF [] SNF [] TEFRA
 BOXES: [] TITLE XIX [] IRF [] NF

(A)	COST CENTER DESCRIPTION	TOTAL CHARGES (from Wkst. C, Part I, col. 8)	RATIO OF COST TO CHARGES (col. 5 ÷ col. 7)	OUTPAT-IENT RATIO OF COST TO CHARGES (col. 6 ÷ col. 7)	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM PASS-THROUGH COSTS (col. 8 x col. 10)	OUTPAT-IENT PROGRAM CHARGES	OUTPAT-IENT PROGRAM PASS-THROUGH COSTS (col. 9 x col. 12)
7	8	9	10	11	12	13		
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	735,106,112			976			50
51	RECOVERY ROOM	62,856,224			400,195			51
52	DELIVERY ROOM & LABOR ROOM	147,544,345						52
53	ANESTHESIOLOGY	56,544,668			33,400			53
54	RADIOLOGY-DIAGNOSTIC	303,375,428			23,721			54
55	RADIOLOGY-THERAPEUTIC	167,277,848					38	55
56	RADIOISOTOPE	63,525,089			12,700			56
57	CT SCAN	264,384,580			70,546			57
58	MRI	217,534,546			71,150			58
59	CARDIAC CATHETERIZATION	53,833,427						59
59.01	VASCULAR LAB	29,350,854			1,321			59.01
59.02	CARDIAC GRAPHICS	138,590,794			72,288		590	59.02
59.03	PULMONARY FUNCTION	11,112,361			250			59.03
59.04	EPS	30,784,406			3,582			59.04
59.05	GI	89,950,666			2,049			59.05
60	LABORATORY	690,601,217			449,557			60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	67,721,078						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	37,671,482					6	63
63.01	CELL THERAPY LAB							63.01
65	RESPIRATORY THERAPY	134,425,215			20,931			65
66	PHYSICAL THERAPY	10,448,351			5,984			66
67	OCCUPATIONAL THERAPY	5,198,746						67
70	ELECTROENCEPHALOGRAPHY	38,818,109			14,650			70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	160,607,068			61,034			71
72	IMPL. DEV. CHARGED TO PATIENTS	165,763,947						72
73	DRUGS CHARGED TO PATIENTS	277,457,220			262,272			73
76.97	CARDIAC REHABILITATION	2,814,374						76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	5,137,175					76	90
90.01	PSYCH CLINIC	10,244,417			35,393		382	90.01
90.02	TRANSPLANT CLINIC	5,398,140					52	90.02
90.03	OB CLINIC	2,227,064						90.03
91	EMERGENCY	213,078,274			488,024			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	32,128,200						92
92.01	OBSERVATION BEDS-DISTINCT	12,349,493			1,085			92.01
OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (sum of lines 50-199)	4,243,860,918			2,031,108		1,144	200

(A) Worksheet A line numbers



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S281

WORKSHEET D
PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] SWING BED SNF
 APPLICABLE [XX] TITLE XVIII, PART B [XX] IPF [] SNF [] SWING BED NF
 BOXES: [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

(A)	COST CENTER DESCRIPTION	COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PROGRAM CHARGES			PROGRAM COST		
			PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	0.104321						50
51	RECOVERY ROOM	0.251381						51
52	DELIVERY ROOM & LABOR ROOM	0.220941						52
53	ANESTHESIOLOGY	0.133477						53
54	RADIOLOGY-DIAGNOSTIC	0.167937						54
55	RADIOLOGY-THERAPEUTIC	0.105348	38			4		55
56	RADIOISOTOPE	0.146289						56
57	CT SCAN	0.050897						57
58	MRI	0.112641						58
59	CARDIAC CATHETERIZATION	0.093316						59
59.01	VASCULAR LAB	0.073365						59.01
59.02	CARDIAC GRAPHICS	0.091314	590			54		59.02
59.03	PULMONARY FUNCTION	0.129149						59.03
59.04	EPS	0.253222						59.04
59.05	GI	0.166508						59.05
60	LABORATORY	0.101069						60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.271910						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.265573	6			2		63
63.01	CELL THERAPY LAB							63.01
65	RESPIRATORY THERAPY	0.111913						65
66	PHYSICAL THERAPY	0.416932						66
67	OCCUPATIONAL THERAPY	0.393073						67
70	ELECTROENCEPHALOGRAPHY	0.146523						70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.336970						71
72	IMPL. DEV. CHARGED TO PATIENTS	0.419198						72
73	DRUGS CHARGED TO PATIENTS	0.248098						73
76.97	CARDIAC REHABILITATION	0.155874						76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	1.057025	76			80		90
90.01	PSYCH CLINIC	0.974461	382			372		90.01
90.02	TRANSPLANT CLINIC	0.465920	52			24		90.02
90.03	OB CLINIC	1.030570						90.03
91	EMERGENCY	0.124630						91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.459806						92
92.01	OBSERVATION BEDS-DISTINCT	0.285074						92.01
	OTHER REIMBURSABLE COST CENTERS							
200	SUBTOTAL (see instructions)		1,144			536		200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES							201
202	NET CHARGES (line 200 - line 201)		1,144			536		202

(A) Worksheet A line numbers



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

CHECK [] TITLE V
 APPLICABLE [] TITLE XVIII, PART A
 BOXES: [XX] TITLE XIX

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II, (col. 26))	SWING BED ADJUSTMENT	REDUCED CAPITAL RELATED COST (col. 1 minus col. 2)	TOTAL PATIENT DAYS	PER DIEM (col. 3 ÷ col. 4)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM CAPITAL COST (col. 5 x col. 6)	
	INPATIENT ROUTINE SERV COST CENTERS								
30	ADULTS & PEDIATRICS (General Routine Care)	28,712,510		28,712,510	186,974	153.56	24,639	3,783,565	30
31	INTENSIVE CARE UNIT	5,797,175		5,797,175	26,962	215.01	2,674	574,937	31
32	CORONARY CARE UNIT								32
33	BURN INTENSIVE CARE UNIT								33
34	SURGICAL INTENSIVE CARE UNIT								34
35	SPECIAL CARE NURSERY	3,174,611		3,174,611	20,738	153.08	5,781	884,955	35
40	SUBPROVIDER - IPF	1,465,395		1,465,395	9,396	155.96	968	150,969	40
41	SUBPROVIDER - IRF								41
42	SUBPROVIDER I								42
43	NURSERY	31,038		31,038	26,499	1.17	4,921	5,758	43
44	SKILLED NURSING FACILITY								44
45	NURSING FACILITY								45
200	TOTAL (lines 30-199)	39,180,729		39,180,729	270,569		38,983	5,400,184	200

(A) Worksheet A line numbers



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0281

WORKSHEET D
PART II

CHECK [] TITLE V [XX] HOSPITAL [] SUB (OTHER)
 APPLICABLE [] TITLE XVIII, PART A [] IPF
 BOXES: [XX] TITLE XIX [] IRF

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II (col. 26))	TOTAL CHARGES (from Wkst. C, Part I, (col. 8))	RATIO OF COST TO CHARGES (col. 1 ÷ col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)
		1	2	3	4	5
	ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	12,683,134	735,106,112	0.017253		50
51	RECOVERY ROOM	1,548,318	62,856,224	0.024633		51
52	DELIVERY ROOM & LABOR ROOM	3,541,753	147,544,345	0.024005		52
53	ANESTHESIOLOGY	922,945	56,544,668	0.016322		53
54	RADIOLOGY-DIAGNOSTIC	7,814,530	303,375,428	0.025759		54
55	RADIOLOGY-THERAPEUTIC	4,634,730	167,277,848	0.027707		55
56	RADIOISOTOPE	1,436,236	63,525,089	0.022609		56
57	CT SCAN	1,229,150	264,384,580	0.004649		57
58	MRI	5,224,325	217,534,546	0.024016		58
59	CARDIAC CATHETERIZATION	862,387	53,833,427	0.016020		59
59.01	VASCULAR LAB	280,370	29,350,854	0.009552		59.01
59.02	CARDIAC GRAPHICS	1,207,207	138,590,794	0.008711		59.02
59.03	PULMONARY FUNCTION	275,731	11,112,361	0.024813		59.03
59.04	EPS	2,960,709	30,784,406	0.096176		59.04
59.05	GI	1,892,533	89,950,666	0.021040		59.05
60	LABORATORY	4,559,691	690,601,217	0.006602		60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	450,297	67,721,078	0.006649		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63	BLOOD STORING, PROCESSING & TRANS.	1,143,185	37,671,482	0.030346		63
63.01	CELL THERAPY LAB					63.01
65	RESPIRATORY THERAPY	762,414	134,425,215	0.005672		65
66	PHYSICAL THERAPY	294,595	10,448,351	0.028195		66
67	OCCUPATIONAL THERAPY	287,994	5,198,746	0.055397		67
70	ELECTROENCEPHALOGRAPHY	946,198	38,818,109	0.024375		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	331,295	160,607,068	0.002063		71
72	IMPL. DEV. CHARGED TO PATIENTS	422,071	165,763,947	0.002546		72
73	DRUGS CHARGED TO PATIENTS	427,349	277,457,220	0.001540		73
76.97	CARDIAC REHABILITATION	4,788	2,814,374	0.001701		76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	893,258	5,137,175	0.173881		90
90.01	PSYCH CLINIC	317,293	10,244,417	0.030972		90.01
90.02	TRANSPLANT CLINIC	371,474	5,398,140	0.068815		90.02
90.03	OB CLINIC	417,138	2,227,064	0.187304		90.03
91	EMERGENCY	2,143,078	213,078,274	0.010058		91
92	OBSERVATION BEDS (NON-DISTINCT PART)	1,979,294	32,128,200	0.061606		92
92.01	OBSERVATION BEDS-DISTINCT	229,879	12,349,493	0.018614		92.01
	OTHER REIMBURSABLE COST CENTERS					
200	TOTAL (sum of lines 50-199)	62,495,349	4,243,860,918			200

(A) Worksheet A line numbers



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK TITLE V
 APPLICABLE TITLE XVIII, PART A
 BOXES: TITLE XIX

(A)	COST CENTER DESCRIPTION	1 NURSING SCHOOL	2 ALLIED HEALTH COST	3 ALL OTHER MEDICAL EDUCATION COST	4 SWING-BED ADJUSTMENT AMOUNT (see instructions)	5 TOTAL COSTS (sum of cols. 1 through 3 minus col 4.)	
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS (General Routine Care)		1,191,068			1,191,068	30
31	INTENSIVE CARE UNIT		182,133			182,133	31
32	CORONARY CARE UNIT						32
33	BURN INTENSIVE CARE UNIT						33
34	SURGICAL INTENSIVE CARE UNIT						34
35	SPECIAL CARE NURSERY						35
40	SUBPROVIDER - IPF		190,274			190,274	40
41	SUBPROVIDER - IRF						41
42	SUBPROVIDER I						42
43	NURSERY						43
44	SKILLED NURSING FACILITY						44
45	NURSING FACILITY						45
200	TOTAL (lines 30-199)		1,563,475			1,563,475	200

(A) Worksheet A line numbers



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK TITLE V
 APPLICABLE TITLE XVIII, PART A
 BOXES: TITLE XIX

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM (col. 5 ÷ col. 6)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM PASS THRU COST (col. 7 x col. 8)	
(A)		6	7	8	9	
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS (General Routine Care)	186,974	6.37	24,639	156,950	30
31	INTENSIVE CARE UNIT	26,962	6.76	2,674	18,076	31
32	CORONARY CARE UNIT					32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	SPECIAL CARE NURSERY	20,738		5,781		35
40	SUBPROVIDER - IPF	9,396	20.25	968	19,602	40
41	SUBPROVIDER - IRF					41
42	SUBPROVIDER I					42
43	NURSERY	26,499		4,921		43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)	270,569		38,983	194,628	200

(A) Worksheet A line numbers



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0281

WORKSHEET D
PART IV

CHECK TITLE V HOSPITAL SUB (OTHER) ICF/MR
 APPLICABLE TITLE XVIII, PART A IPF SNF
 BOXES: TITLE XIX IRF NF

(A)	COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST	NURSING SCHOOL	ALLIED HEALTH	ALL OTHER MEDICAL EDUCATION COST	TOTAL COST (sum of col. 1 through col. 4)	TOTAL OUTPATIENT COST (sum of col. 2, 3, and 4)	
		1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM							50
51	RECOVERY ROOM							51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE							56
57	CT SCAN							57
58	MRI							58
59	CARDIAC CATHETERIZATION							59
59.01	VASCULAR LAB							59.01
59.02	CARDIAC GRAPHICS							59.02
59.03	PULMONARY FUNCTION							59.03
59.04	EPS							59.04
59.05	GI							59.05
60	LABORATORY							60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS							62
62.30	BLOOD CLOTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.							63
63.01	CELL THERAPY LAB							63.01
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
67	OCCUPATIONAL THERAPY							67
70	ELECTROENCEPHALOGRAPHY							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
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	PSYCH CLINIC							90.01
90.02	TRANSPLANT CLINIC							90.02
90.03	OB CLINIC							90.03
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)							200

(A) Worksheet A line numbers



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0281

**WORKSHEET D
PART IV**

CHECK TITLE V HOSPITAL SUB (OTHER) ICF/MR
 APPLICABLE TITLE XVIII, PART A IPF SNF
 BOXES: TITLE XIX IRF NF

(A)	COST CENTER DESCRIPTION	7	8	9	10	11	12	13	
TOTAL CHARGES (from Wkst. C, Part I, col. 8)		RATIO OF COST TO CHARGES (col. 5 ÷ col. 7)		OUTPATIENT RATIO OF COST TO CHARGES (col. 6 ÷ col. 7)		INPATIENT PROGRAM PASS-THROUGH COSTS (col. 8 x col. 10)		OUTPATIENT PROGRAM PASS-THROUGH COSTS (col. 9 x col. 12)	
ANCILLARY SERVICE COST CENTERS									
50	OPERATING ROOM	735,106,112							50
51	RECOVERY ROOM	62,856,224							51
52	DELIVERY ROOM & LABOR ROOM	147,544,345							52
53	ANESTHESIOLOGY	56,544,668							53
54	RADIOLOGY-DIAGNOSTIC	303,375,428							54
55	RADIOLOGY-THERAPEUTIC	167,277,848							55
56	RADIOISOTOPE	63,525,089							56
57	CT SCAN	264,384,580							57
58	MRI	217,534,546							58
59	CARDIAC CATHETERIZATION	53,833,427							59
59.01	VASCULAR LAB	29,350,854							59.01
59.02	CARDIAC GRAPHICS	138,590,794							59.02
59.03	PULMONARY FUNCTION	11,112,361							59.03
59.04	EPS	30,784,406							59.04
59.05	GI	89,950,666							59.05
60	LABORATORY	690,601,217							60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	67,721,078							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	BLOOD STORING, PROCESSING & TRANS.	37,671,482							63
63.01	CELL THERAPY LAB								63.01
65	RESPIRATORY THERAPY	134,425,215							65
66	PHYSICAL THERAPY	10,448,351							66
67	OCCUPATIONAL THERAPY	5,198,746							67
70	ELECTROENCEPHALOGRAPHY	38,818,109							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	160,607,068							71
72	IMPL. DEV. CHARGED TO PATIENTS	165,763,947							72
73	DRUGS CHARGED TO PATIENTS	277,457,220							73
76.97	CARDIAC REHABILITATION	2,814,374							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90	CLINIC	5,137,175							90
90.01	PSYCH CLINIC	10,244,417							90.01
90.02	TRANSPLANT CLINIC	5,398,140							90.02
90.03	OB CLINIC	2,227,064							90.03
91	EMERGENCY	213,078,274							91
92	OBSERVATION BEDS (NON-DISTINCT PART)	32,128,200							92
92.01	OBSERVATION BEDS-DISTINCT	12,349,493							92.01
OTHER REIMBURSABLE COST CENTERS									
200	TOTAL (sum of lines 50-199)	4,243,860,918							200

(A) Worksheet A line numbers



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0281

WORKSHEET D
PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL [] SUB (OTHER) [] SWING BED SNF
 APPLICABLE [] TITLE XVIII, PART B [] IPF [] SNF [] SWING BED NF
 BOXES: [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

(A)	COST CENTER DESCRIPTION	COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PROGRAM CHARGES			PROGRAM COST		
			PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	0.104321						50
51	RECOVERY ROOM	0.251381						51
52	DELIVERY ROOM & LABOR ROOM	0.220941						52
53	ANESTHESIOLOGY	0.133477						53
54	RADIOLOGY-DIAGNOSTIC	0.167937						54
55	RADIOLOGY-THERAPEUTIC	0.105348						55
56	RADIOISOTOPE	0.146289						56
57	CT SCAN	0.050897						57
58	MRI	0.112641						58
59	CARDIAC CATHETERIZATION	0.093316						59
59.01	VASCULAR LAB	0.073365						59.01
59.02	CARDIAC GRAPHICS	0.091314						59.02
59.03	PULMONARY FUNCTION	0.129149						59.03
59.04	EPS	0.253222						59.04
59.05	GI	0.166508						59.05
60	LABORATORY	0.101069						60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.271910						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.265573						63
63.01	CELL THERAPY LAB							63.01
65	RESPIRATORY THERAPY	0.111913						65
66	PHYSICAL THERAPY	0.416932						66
67	OCCUPATIONAL THERAPY	0.393073						67
70	ELECTROENCEPHALOGRAPHY	0.146523						70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.336970						71
72	IMPL. DEV. CHARGED TO PATIENTS	0.419198						72
73	DRUGS CHARGED TO PATIENTS	0.248098						73
76.97	CARDIAC REHABILITATION	0.155874						76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	1.057025						90
90.01	PSYCH CLINIC	0.974461						90.01
90.02	TRANSPLANT CLINIC	0.465920						90.02
90.03	OB CLINIC	1.030570						90.03
91	EMERGENCY	0.124630						91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.459806						92
92.01	OBSERVATION BEDS-DISTINCT	0.285074						92.01
	OTHER REIMBURSABLE COST CENTERS							
200	SUBTOTAL (see instructions)							200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES							201
202	NET CHARGES (line 200 - line 201)							202

(A) Worksheet A line numbers



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-S281

WORKSHEET D
PART II

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [] TITLE XVIII, PART A [XX] IPF
 BOXES: [XX] TITLE XIX [] IRF

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II (col. 26))	TOTAL CHARGES (from Wkst. C, Part I, (col. 8))	RATIO OF COST TO CHARGES (col. 1 ÷ col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)
		1	2	3	4	5
	ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	12,683,134	735,106,112	0.017253		50
51	RECOVERY ROOM	1,548,318	62,856,224	0.024633		51
52	DELIVERY ROOM & LABOR ROOM	3,541,753	147,544,345	0.024005		52
53	ANESTHESIOLOGY	922,945	56,544,668	0.016322		53
54	RADIOLOGY-DIAGNOSTIC	7,814,530	303,375,428	0.025759		54
55	RADIOLOGY-THERAPEUTIC	4,634,730	167,277,848	0.027707		55
56	RADIOISOTOPE	1,436,236	63,525,089	0.022609		56
57	CT SCAN	1,229,150	264,384,580	0.004649		57
58	MRI	5,224,325	217,534,546	0.024016		58
59	CARDIAC CATHETERIZATION	862,387	53,833,427	0.016020		59
59.01	VASCULAR LAB	280,370	29,350,854	0.009552		59.01
59.02	CARDIAC GRAPHICS	1,207,207	138,590,794	0.008711		59.02
59.03	PULMONARY FUNCTION	275,731	11,112,361	0.024813		59.03
59.04	EPS	2,960,709	30,784,406	0.096176		59.04
59.05	GI	1,892,533	89,950,666	0.021040		59.05
60	LABORATORY	4,559,691	690,601,217	0.006602		60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	450,297	67,721,078	0.006649		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63	BLOOD STORING, PROCESSING & TRANS.	1,143,185	37,671,482	0.030346		63
63.01	CELL THERAPY LAB					63.01
65	RESPIRATORY THERAPY	762,414	134,425,215	0.005672		65
66	PHYSICAL THERAPY	294,595	10,448,351	0.028195		66
67	OCCUPATIONAL THERAPY	287,994	5,198,746	0.055397		67
70	ELECTROENCEPHALOGRAPHY	946,198	38,818,109	0.024375		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	331,295	160,607,068	0.002063		71
72	IMPL. DEV. CHARGED TO PATIENTS	422,071	165,763,947	0.002546		72
73	DRUGS CHARGED TO PATIENTS	427,349	277,457,220	0.001540		73
76.97	CARDIAC REHABILITATION	4,788	2,814,374	0.001701		76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	893,258	5,137,175	0.173881		90
90.01	PSYCH CLINIC	317,293	10,244,417	0.030972		90.01
90.02	TRANSPLANT CLINIC	371,474	5,398,140	0.068815		90.02
90.03	OB CLINIC	417,138	2,227,064	0.187304		90.03
91	EMERGENCY	2,143,078	213,078,274	0.010058		91
92	OBSERVATION BEDS (NON-DISTINCT PART)		32,128,200			92
92.01	OBSERVATION BEDS-DISTINCT	229,879	12,349,493	0.018614		92.01
	OTHER REIMBURSABLE COST CENTERS					
200	TOTAL (sum of lines 50-199)	60,516,055	4,243,860,918			200

(A) Worksheet A line numbers



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-S281

WORKSHEET D
PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR
 APPLICABLE [] TITLE XVIII, PART A [XX] IPF [] SNF
 BOXES: [XX] TITLE XIX [] IRF [] NF

(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM							50
51	RECOVERY ROOM							51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE							56
57	CT SCAN							57
58	MRI							58
59	CARDIAC CATHETERIZATION							59
59.01	VASCULAR LAB							59.01
59.02	CARDIAC GRAPHICS							59.02
59.03	PULMONARY FUNCTION							59.03
59.04	EPS							59.04
59.05	GI							59.05
60	LABORATORY							60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.							63
63.01	CELL THERAPY LAB							63.01
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
67	OCCUPATIONAL THERAPY							67
70	ELECTROENCEPHALOGRAPHY							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
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	PSYCH CLINIC							90.01
90.02	TRANSPLANT CLINIC							90.02
90.03	OB CLINIC							90.03
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)							200

(A) Worksheet A line numbers



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S281

**WORKSHEET D
PART IV**

CHECK TITLE V HOSPITAL SUB (OTHER) ICF/MR
 APPLICABLE TITLE XVIII, PART A IPF SNF
 BOXES: TITLE XIX IRF NF

(A)	COST CENTER DESCRIPTION	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	735,106,112							50
51	RECOVERY ROOM	62,856,224							51
52	DELIVERY ROOM & LABOR ROOM	147,544,345							52
53	ANESTHESIOLOGY	56,544,668							53
54	RADIOLOGY-DIAGNOSTIC	303,375,428							54
55	RADIOLOGY-THERAPEUTIC	167,277,848							55
56	RADIOISOTOPE	63,525,089							56
57	CT SCAN	264,384,580							57
58	MRI	217,534,546							58
59	CARDIAC CATHETERIZATION	53,833,427							59
59.01	VASCULAR LAB	29,350,854							59.01
59.02	CARDIAC GRAPHICS	138,590,794							59.02
59.03	PULMONARY FUNCTION	11,112,361							59.03
59.04	EPS	30,784,406							59.04
59.05	GI	89,950,666							59.05
60	LABORATORY	690,601,217							60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	67,721,078							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	BLOOD STORING, PROCESSING & TRANS.	37,671,482							63
63.01	CELL THERAPY LAB								63.01
65	RESPIRATORY THERAPY	134,425,215							65
66	PHYSICAL THERAPY	10,448,351							66
67	OCCUPATIONAL THERAPY	5,198,746							67
70	ELECTROENCEPHALOGRAPHY	38,818,109							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	160,607,068							71
72	IMPL. DEV. CHARGED TO PATIENTS	165,763,947							72
73	DRUGS CHARGED TO PATIENTS	277,457,220							73
76.97	CARDIAC REHABILITATION	2,814,374							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	5,137,175							90
90.01	PSYCH CLINIC	10,244,417							90.01
90.02	TRANSPLANT CLINIC	5,398,140							90.02
90.03	OB CLINIC	2,227,064							90.03
91	EMERGENCY	213,078,274							91
92	OBSERVATION BEDS (NON-DISTINCT PART)	32,128,200							92
92.01	OBSERVATION BEDS-DISTINCT	12,349,493							92.01
	OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (sum of lines 50-199)	4,243,860,918							200

(A) Worksheet A line numbers



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S281

WORKSHEET D
PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] SWING BED SNF
 APPLICABLE [] TITLE XVIII, PART B [XX] IPF [] SNF [] SWING BED NF
 BOXES: [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

(A)	COST CENTER DESCRIPTION	COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PROGRAM CHARGES			PROGRAM COST		
			PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	0.104321						50
51	RECOVERY ROOM	0.251381						51
52	DELIVERY ROOM & LABOR ROOM	0.220941						52
53	ANESTHESIOLOGY	0.133477						53
54	RADIOLOGY-DIAGNOSTIC	0.167937						54
55	RADIOLOGY-THERAPEUTIC	0.105348						55
56	RADIOISOTOPE	0.146289						56
57	CT SCAN	0.050897						57
58	MRI	0.112641						58
59	CARDIAC CATHETERIZATION	0.093316						59
59.01	VASCULAR LAB	0.073365						59.01
59.02	CARDIAC GRAPHICS	0.091314						59.02
59.03	PULMONARY FUNCTION	0.129149						59.03
59.04	EPS	0.253222						59.04
59.05	GI	0.166508						59.05
60	LABORATORY	0.101069						60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.271910						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.265573						63
63.01	CELL THERAPY LAB							63.01
65	RESPIRATORY THERAPY	0.111913						65
66	PHYSICAL THERAPY	0.416932						66
67	OCCUPATIONAL THERAPY	0.393073						67
70	ELECTROENCEPHALOGRAPHY	0.146523						70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.336970						71
72	IMPL. DEV. CHARGED TO PATIENTS	0.419198						72
73	DRUGS CHARGED TO PATIENTS	0.248098						73
76.97	CARDIAC REHABILITATION	0.155874						76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	1.057025						90
90.01	PSYCH CLINIC	0.974461						90.01
90.02	TRANSPLANT CLINIC	0.465920						90.02
90.03	OB CLINIC	1.030570						90.03
91	EMERGENCY	0.124630						91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.459806						92
92.01	OBSERVATION BEDS-DISTINCT	0.285074						92.01
	OTHER REIMBURSABLE COST CENTERS							
200	SUBTOTAL (see instructions)							200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES							201
202	NET CHARGES (line 200 - line 201)							202

(A) Worksheet A line numbers



COMPU-MAX

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0281

WORKSHEET D-1
PART I

CHECK [] TITLE V - I/P [XX] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] SNF [] TEFRA
 BOXES: [] TITLE XIX - I/P [] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	186,974	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	186,974	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.		3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	174,085	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 (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed and newborn days)	57,033	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)	214,300,280	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	214,300,280	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation 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)	214,300,280	37



COMPU-MAX

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0281

WORKSHEET D-1
PART II

CHECK [] TITLE V - I/P [XX] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] TEFRA
 BOXES: [] TITLE XIX - I/P [] IRF [] OTHER

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)					1,146.15	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)					65,368,373	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)					65,368,373	41
		TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (col. 1 ÷ col. 2)	PROGRAM DAYS	PROGRAM COST (col. 3 x col. 4)	
		1	2	3	4	5	
42	NURSERY (Titles V and XIX only)						42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT	54,295,287	26,962	2,013.77	12,820	25,816,531	43
44	CORONARY CARE UNIT						44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	SPECIAL CARE NURSERY	25,597,068	20,738	1,234.31			47

48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)					111,518,412	48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)					202,703,316	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)					11,964,378	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)					7,727,948	51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)					19,692,326	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)					183,010,990	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 (line 56 minus line 53)						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 (line 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



COMPU-MAX

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0281

WORKSHEET D-1
PARTS III & IV

CHECK TITLE V - I/P HOSPITAL SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF TEFRA
 BOXES: TITLE XIX - I/P IRF NF OTHER

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	TOTAL OBSERVATION BED DAYS (see instructions)					12,889	87
88	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (line 27 ÷ line 2)					1,146.15	88
89	OBSERVATION BED COST (line 87 x line 88) (see instructions)					14,772,727	89
		COST	ROUTINE COST (from line 27)	column 1 ÷ column 2	TOTAL OBSERVATION BED COST (from line 89)	OBSERVATION BED PASS-THROUGH COST col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	CAPITAL-RELATED COST	28,712,510	214,300,280	0.133983	14,772,727	1,979,294	90
91	NURSING SCHOOL COST						91
92	ALLIED HEALTH COST	1,191,068	214,300,280	0.005558	14,772,727	82,107	92
93	ALL OTHER MEDICAL EDUCATION						93



COMPU-MAX

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S281

WORKSHEET D-1
PART I

CHECK TITLE V - I/P HOSPITAL SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF TEFRA
 BOXES: TITLE XIX - I/P IRF NF OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	9,396	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	9,396	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.		3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	9,396	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 (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed and newborn days)	2,624	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)	9,897,918	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	9,897,918	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation 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)	9,897,918	37



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NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S281

WORKSHEET D-1
PART II

CHECK [] TITLE V - I/P [] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [XX] IPF [] TEFRA
 BOXES: [] TITLE XIX - I/P [] IRF [] OTHER

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)	1,053.42	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)	2,764,174	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)	2,764,174	41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)	366,705	48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)	3,130,879	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)	462,375	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)	24,560	51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)	486,935	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)	2,643,944	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 (line 56 minus line 53)		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 (line 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



COMPU-MAX

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0281

WORKSHEET D-1
PART I

CHECK TITLE V - I/P HOSPITAL SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF TEFRA
 BOXES: TITLE XIX - I/P IRF NF OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	186,974	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	186,974	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.		3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	174,085	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 (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed and newborn days)	24,639	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)	26,499	15
16	TITLE V OR XIX NURSERY DAYS (Title V or Title XIX only)	4,921	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)	213,924,289	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	213,924,289	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation 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)	213,924,289	37



COMPU-MAX

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0281

WORKSHEET D-1
PART II

CHECK TITLE V - I/P HOSPITAL SUB (OTHER) PPS
 APPLICABLE TITLE XVIII, PART A IPF TEFRA
 BOXES: TITLE XIX - I/P IRF OTHER

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)					1,144.14	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)					28,190,465	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)					28,190,465	41
		TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (col. 1 ÷ col. 2)	PROGRAM DAYS	PROGRAM COST (col. 3 x col. 4)	
		1	2	3	4	5	
42	NURSERY (Titles V and XIX only)	4,923,613	26,499	185.80	4,921	914,322	42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT	54,076,430	26,962	2,005.65	2,674	5,363,108	43
44	CORONARY CARE UNIT						44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	SPECIAL CARE NURSERY	25,547,871	20,738	1,231.94	5,781	7,121,845	47

48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)						48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)					41,589,740	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)					5,424,241	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)						51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)					5,424,241	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 (line 56 minus line 53)						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 (line 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



COMPU-MAX

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0281

WORKSHEET D-1
PARTS III & IV

CHECK TITLE V - I/P HOSPITAL SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF TEFRA
 BOXES: TITLE XIX - I/P IRF NF OTHER

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	TOTAL OBSERVATION BED DAYS (see instructions)					12,889	87
88	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (line 27 ÷ line 2)						88
89	OBSERVATION BED COST (line 87 x line 88) (see instructions)						89
		COST	ROUTINE COST (from line 27)	column 1 ÷ column 2	TOTAL OBSERVATION BED COST (from line 89)	OBSERVATION BED PASS-THROUGH COST col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	CAPITAL-RELATED COST						90
91	NURSING SCHOOL COST						91
92	ALLIED HEALTH COST						92
93	ALL OTHER MEDICAL EDUCATION						93



COMPU-MAX

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S281

WORKSHEET D-1
PART I

CHECK TITLE V - I/P HOSPITAL SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF TEFRA
 BOXES: TITLE XIX - I/P IRF NF OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	9,396	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	9,396	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.		3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	9,396	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 (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed and newborn days)	968	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)	9,751,551	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	9,751,551	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation 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)	9,751,551	37



COMPU-MAX

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S281

WORKSHEET D-1
PART II

CHECK TITLE V - I/P HOSPITAL SUB (OTHER) PPS
 APPLICABLE TITLE XVIII, PART A IPF TEFRA
 BOXES: TITLE XIX - I/P IRF OTHER

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)	1,037.84	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)	1,004,629	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)	1,004,629	41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)		48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)	1,004,629	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)	170,571	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)		51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)	170,571	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 (line 56 minus line 53)		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 (line 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



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

WORKSHEET D-2
PARTS I-III

PART I - NOT IN APPROVED TEACHING PROGRAM

	COST CENTERS	PERCENT OF ASSIGNED TIME	EXPENSE ALLOCATION	TOTAL INPATIENT DAYS ALL PATIENTS	
		1	2	3	
1	TOTAL COST OF SERVICES RENDERED	100.00	690,519		1
	HOSPITAL INPATIENT ROUTINE SERVICES:				
2	ADULTS & PEDIATRICS (general routine care)	95.01	656,062	186,974	2
3	INTENSIVE CARE UNIT			26,962	3
4	CORONARY CARE UNIT				4
5	BURN INTENSIVE CARE UNIT				5
6	SURGICAL INTENSIVE CARE UNIT				6
7	SPECIAL CARE NURSERY			20,738	7
8	NURSERY			26,499	8
9	SUBTOTAL (sum of lines 2-8)	95.01	656,062		9
10	IPF - INPATIENT ROUTINE SERVICE			9,396	10
11	IRF - INPATIENT ROUTINE SERVICE				11
12	SUB (OTHER) - INPATIENT ROUTINE SERVICE				12
13	SKILLED NURSING FACILITY				13
14	NURSING FACILITY				14
15	OTHER LONG TERM CARE				15
16	HOME HEALTH AGENCY				16
17	CMHC				17
17.10	CORF				17.10
18	AMBULATORY SURGICAL CENTER				18
19	HOSPICE				19
20	SUBTOTAL (sum of lines 9-19)	95.01	656,062		20
	HOSPITAL OUTPATIENT SERVICES:			TOTAL CHARGES (from Worksheet C, Part I, column 8, lines 88 through 93)	
21	RURAL HEALTH CLINIC (RHC)				21
22	FEDERALLY QUALIFIED HEALTH CLINIC (FQHC)				22
23	CLINIC	4.99	34,457	5,137,175	23
23.01	PSYCH CLINIC			10,244,417	23.01
23.02	TRANSPLANT CLINIC			5,398,140	23.02
23.03	OB CLINIC			2,227,064	23.03
24	EMERGENCY			213,078,274	24
25	OBSERVATION BEDS (NON-DISTINCT PART)			32,128,200	25
25.01	OBSERVATION BEDS-DISTINCT			12,349,493	25.01
26	OTHER OUTPATIENT SERVICE (SPECIFY)				26
27	SUBTOTAL (sum of lines 21-26)	4.99	34,457		27
28	TOTAL (sum of lines 20 & 27)	100.00	690,519		28

PART III - SUMMARY FOR TITLE XVIII (TO BE COMPLETED ONLY IF BOTH PARTS I AND II ARE USED)

		NOT IN APPROVED TEACHING PROGRAM		
		(from Part I)	AMOUNT	
		1	2	
43	HOSPITAL INPATIENT	column 9, line 9		43
44	OUTPATIENT	column 9, line 27		44
45	TOTAL HOSPITAL (sum of lines 43 and 44)			45
46	IPF - INPATIENT ROUTINE SERVICE	column 9, line 10		46
47	IRF - INPATIENT ROUTINE SERVICE	column 9, line 11		47
48	SUB (OTHER) - INPATIENT ROUTINE SERVICE	column 9, line 12		48
49	SKILLED NURSING FACILITY	column 9, line 13		49



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

WORKSHEET D-2
PARTS I-III

PART I - NOT IN APPROVED TEACHING PROGRAM

	COST CENTERS	AVERAGE COST PER DAY	HEALTH CARE PROGRAM INPATIENT DAYS			TITLE V (col. 4 x col. 5)	TITLE XVIII (col. 4 x col. 6)	TITLE XIX (col. 4 x col. 7)	
			TITLE V	TITLE XVIII, PART B	TITLE XIX				
		4	5	6	7	8	9	10	
1	TOTAL COST OF SERVICES RENDERED								1
	HOSPITAL INPATIENT ROUTINE SERVICES:								1
2	ADULTS & PEDIATRICS (general routine care)	4		57,033	24,639		200,186	86,483	2
3	INTENSIVE CARE UNIT			12,820	2,674				3
4	CORONARY CARE UNIT								4
5	BURN INTENSIVE CARE UNIT								5
6	SURGICAL INTENSIVE CARE UNIT								6
7	SPECIAL CARE NURSERY				5,781				7
8	NURSERY				4,921				8
9	SUBTOTAL (sum of lines 2-8)						200,186	86,483	9
10	IPF - INPATIENT ROUTINE SERVICE			2,624	968				10
11	IRF - INPATIENT ROUTINE SERVICE								11
12	SUB (OTHER) - INPATIENT ROUTINE SERVICE								12
13	SKILLED NURSING FACILITY								13
14	NURSING FACILITY								14
15	OTHER LONG TERM CARE								15
16	HOME HEALTH AGENCY								16
17	CMHC								17
17.10	CORF								17.10
18	AMBULATORY SURGICAL CENTER								18
19	HOSPICE								19
20	SUBTOTAL (sum of lines 9-19)								20
			TITLES V AND XIX OUTPATIENT AND TITLE XVIII PART B CHARGES			TITLES V AND XIX OUTPATIENT AND TITLE XVIII PART B COST			
		RATIO OF COST TO CHARGES (col. 2 ÷ col. 3)	TITLE V	TITLE XVIII PART B	TITLE XIX	TITLE V	TITLE XVIII PART B	TITLE XIX	
	HOSPITAL OUTPATIENT SERVICES:								
21	RURAL HEALTH CLINIC								21
22	FEDERALLY QUALIFIED HEALTH CENTER								22
23	CLINIC			1,306,039			8,760		23
23.01	PSYCH CLINIC			2,345,831					23.01
23.02	TRANSPLANT CLINIC			2,268,957					23.02
23.03	OB CLINIC			50,225					23.03
24	EMERGENCY			50,537,974					24
25	OBSERVATION BEDS (NON-DISTINCT PART)			12,244,321					25
25.01	OBSERVATION BEDS-DISTINCT			2,965,897					25.01
26	OTHER OUTPATIENT SERVICE (SPECIFY)								26
27	SUBTOTAL (sum of lines 21-26)						8,760		27
28	TOTAL (sum of lines 20 & 27)								28

PART III - SUMMARY FOR TITLE XVIII (TO BE COMPLETED ONLY IF BOTH PARTS I AND II ARE USED)

		IN APPROVED TEACHING PROGRAM		TOTAL TITLE XVIII COSTS					
		(from Part II, col. 7)	AMOUNT	(to Wkst. E, Part B)	(col. 2 + col. 4)				
	HOSPITAL	3	4	5	6				
43	INPATIENT	line 37							43
44	OUTPATIENT								44
45	TOTAL HOSPITAL (sum of lines 43 and 44)			line 2					45
46	IPF - INPATIENT ROUTINE SERVICE	line 38		line 2					46
47	IRF - INPATIENT ROUTINE SERVICE	line 39		line 2					47
48	SUB (OTHER) - INPATIENT ROUTINE SERVICE	line 40		line 2					48
49	SKILLED NURSING FACILITY	line 41		line 2					49



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0281

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL [] SUB (OTHER) [] SWING BED SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] SNF [] SWING BED NF [] TEFRA
 BOXES: [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS		146,878,190		30
31	INTENSIVE CARE UNIT		52,151,494		31
35	SPECIAL CARE NURSERY				35
40	SUBPROVIDER - IPF				40
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.104420	146,075,827	15,253,238	50
51	RECOVERY ROOM	0.251927	8,272,184	2,083,986	51
52	DELIVERY ROOM & LABOR ROOM	0.221761	209,855	46,538	52
53	ANESTHESIOLOGY	0.134852	10,819,678	1,459,055	53
54	RADIOLOGY-DIAGNOSTIC	0.168962	39,219,465	6,626,599	54
55	RADIOLOGY-THERAPEUTIC	0.105835	2,203,577	233,216	55
56	RADIOISOTOPE	0.146289	3,115,759	455,801	56
57	CT SCAN	0.050897	29,678,476	1,510,545	57
58	MRI	0.112641	15,602,056	1,757,431	58
59	CARDIAC CATHETERIZATION	0.095453	11,974,981	1,143,048	59
59.01	VASCULAR LAB	0.074333	5,846,574	434,593	59.01
59.02	CARDIAC GRAPHICS	0.092693	23,054,829	2,137,021	59.02
59.03	PULMONARY FUNCTION	0.129517	1,089,332	141,087	59.03
59.04	EPS	0.256247	3,705,902	949,626	59.04
59.05	GI	0.167644	4,401,587	737,900	59.05
60	LABORATORY	0.101069	101,335,213	10,241,849	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.271910	22,135,029	6,018,736	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.266286	7,423,801	1,976,854	63
63.01	CELL THERAPY LAB				63.01
65	RESPIRATORY THERAPY	0.111913	46,017,363	5,149,941	65
66	PHYSICAL THERAPY	0.421398	3,941,516	1,660,947	66
67	OCCUPATIONAL THERAPY	0.393073	2,094,644	823,348	67
70	ELECTROENCEPHALOGRAPHY	0.147858	6,108,050	903,124	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.336970	30,389,995	10,240,517	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.419198	45,475,592	19,063,277	72
73	DRUGS CHARGED TO PATIENTS	0.248098	68,863,700	17,084,946	73
76.97	CARDIAC REHABILITATION	0.155874	1,584	247	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	1.057664	44,893	47,482	90
90.01	PSYCH CLINIC	1.023362	10,133	10,370	90.01
90.02	TRANSPLANT CLINIC	0.465920	136,536	63,615	90.02
90.03	OB CLINIC	1.041778	1,648	1,717	90.03
91	EMERGENCY	0.125165	24,973,120	3,125,761	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.459806	68,673	31,576	92
92.01	OBSERVATION BEDS-DISTINCT	0.285074	366,296	104,421	92.01
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (sum of lines 50-94, and 96-98)		664,657,868	111,518,412	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		664,657,868		202

(A) Worksheet A line numbers



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S281

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] SWING BED SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [XX] IPF [] SNF [] SWING BED NF [] TEFRA
 BOXES: [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS				30
31	INTENSIVE CARE UNIT				31
35	SPECIAL CARE NURSERY				35
40	SUBPROVIDER - IPF		5,232,078		40
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.104420	976	102	50
51	RECOVERY ROOM	0.251927	400,195	100,820	51
52	DELIVERY ROOM & LABOR ROOM	0.221761			52
53	ANESTHESIOLOGY	0.134852	33,400	4,504	53
54	RADIOLOGY-DIAGNOSTIC	0.168962	23,721	4,008	54
55	RADIOLOGY-THERAPEUTIC	0.105835			55
56	RADIOISOTOPE	0.146289	12,700	1,858	56
57	CT SCAN	0.050897	70,546	3,591	57
58	MRI	0.112641	71,150	8,014	58
59	CARDIAC CATHETERIZATION	0.095453			59
59.01	VASCULAR LAB	0.074333	1,321	98	59.01
59.02	CARDIAC GRAPHICS	0.092693	72,288	6,701	59.02
59.03	PULMONARY FUNCTION	0.129517	250	32	59.03
59.04	EPS	0.256247	3,582	918	59.04
59.05	GI	0.167644	2,049	344	59.05
60	LABORATORY	0.101069	449,557	45,436	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.271910			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.266286			63
63.01	CELL THERAPY LAB				63.01
65	RESPIRATORY THERAPY	0.111913	20,931	2,342	65
66	PHYSICAL THERAPY	0.421398	5,984	2,522	66
67	OCCUPATIONAL THERAPY	0.393073			67
70	ELECTROENCEPHALOGRAPHY	0.147858	14,650	2,166	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.336970	61,034	20,567	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.419198			72
73	DRUGS CHARGED TO PATIENTS	0.248098	262,272	65,069	73
76.97	CARDIAC REHABILITATION	0.155874			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	1.057664			90
90.01	PSYCH CLINIC	1.023362	35,393	36,220	90.01
90.02	TRANSPLANT CLINIC	0.465920			90.02
90.03	OB CLINIC	1.041778			90.03
91	EMERGENCY	0.125165	488,024	61,084	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.459806			92
92.01	OBSERVATION BEDS-DISTINCT	0.285074	1,085	309	92.01
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (sum of lines 50-94, and 96-98)		2,031,108	366,705	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		2,031,108		202

(A) Worksheet A line numbers



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0281

WORKSHEET D-3

CHECK TITLE V HOSPITAL SUB (OTHER) SWING BED SNF PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF SWING BED NF TEFRA
 BOXES: TITLE XIX IRF NF ICF/MR OTHER

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS				30
31	INTENSIVE CARE UNIT				31
35	SPECIAL CARE NURSERY				35
40	SUBPROVIDER - IPF				40
43	NURSERY				43
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.104321			50
51	RECOVERY ROOM	0.251381			51
52	DELIVERY ROOM & LABOR ROOM	0.220941			52
53	ANESTHESIOLOGY	0.133477			53
54	RADIOLOGY-DIAGNOSTIC	0.167937			54
55	RADIOLOGY-THERAPEUTIC	0.105348			55
56	RADIOISOTOPE	0.146289			56
57	CT SCAN	0.050897			57
58	MRI	0.112641			58
59	CARDIAC CATHETERIZATION	0.093316			59
59.01	VASCULAR LAB	0.073365			59.01
59.02	CARDIAC GRAPHICS	0.091314			59.02
59.03	PULMONARY FUNCTION	0.129149			59.03
59.04	EPS	0.253222			59.04
59.05	GI	0.166508			59.05
60	LABORATORY	0.101069			60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.271910			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.265573			63
63.01	CELL THERAPY LAB				63.01
65	RESPIRATORY THERAPY	0.111913			65
66	PHYSICAL THERAPY	0.416932			66
67	OCCUPATIONAL THERAPY	0.393073			67
70	ELECTROENCEPHALOGRAPHY	0.146523			70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.336970			71
72	IMPL. DEV. CHARGED TO PATIENTS	0.419198			72
73	DRUGS CHARGED TO PATIENTS	0.248098			73
76.97	CARDIAC REHABILITATION	0.155874			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	1.057025			90
90.01	PSYCH CLINIC	0.974461			90.01
90.02	TRANSPLANT CLINIC	0.465920			90.02
90.03	OB CLINIC	1.030570			90.03
91	EMERGENCY	0.124630			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.459806			92
92.01	OBSERVATION BEDS-DISTINCT	0.285074			92.01
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (sum of lines 50-94, and 96-98)				200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)				202

(A) Worksheet A line numbers



COMPU-MAX

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S281

WORKSHEET D-3

CHECK TITLE V HOSPITAL SUB (OTHER) SWING BED SNF PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF SWING BED NF TEFRA
 BOXES: TITLE XIX IRF NF ICF/MR OTHER

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS				30
31	INTENSIVE CARE UNIT				31
35	SPECIAL CARE NURSERY				35
40	SUBPROVIDER - IPF				40
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.104321			50
51	RECOVERY ROOM	0.251381			51
52	DELIVERY ROOM & LABOR ROOM	0.220941			52
53	ANESTHESIOLOGY	0.133477			53
54	RADIOLOGY-DIAGNOSTIC	0.167937			54
55	RADIOLOGY-THERAPEUTIC	0.105348			55
56	RADIOISOTOPE	0.146289			56
57	CT SCAN	0.050897			57
58	MRI	0.112641			58
59	CARDIAC CATHETERIZATION	0.093316			59
59.01	VASCULAR LAB	0.073365			59.01
59.02	CARDIAC GRAPHICS	0.091314			59.02
59.03	PULMONARY FUNCTION	0.129149			59.03
59.04	EPS	0.253222			59.04
59.05	GI	0.166508			59.05
60	LABORATORY	0.101069			60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.271910			62
62.30	BLOOD CLOTING FOR HEMOPHILIACS				62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.265573			63
63.01	CELL THERAPY LAB				63.01
65	RESPIRATORY THERAPY	0.111913			65
66	PHYSICAL THERAPY	0.416932			66
67	OCCUPATIONAL THERAPY	0.393073			67
70	ELECTROENCEPHALOGRAPHY	0.146523			70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.336970			71
72	IMPL. DEV. CHARGED TO PATIENTS	0.419198			72
73	DRUGS CHARGED TO PATIENTS	0.248098			73
76.97	CARDIAC REHABILITATION	0.155874			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	1.057025			90
90.01	PSYCH CLINIC	0.974461			90.01
90.02	TRANSPLANT CLINIC	0.465920			90.02
90.03	OB CLINIC	1.030570			90.03
91	EMERGENCY	0.124630			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.459806			92
92.01	OBSERVATION BEDS-DISTINCT	0.285074			92.01
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (sum of lines 50-94, and 96-98)				200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)				202

(A) Worksheet A line numbers



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART I

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

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

	COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	INPATIENT ROUTINE ORGAN CHARGES		PER DIEM COSTS (from Wkst D-1, Part II)	ORGAN ACQUISITION DAYS	COST (col. 2 x col. 3)	
		1	D				
1	ADULTS & PEDIATRICS	256,253	38	1,146.15	136	155,876	1
2	INTENSIVE CARE UNIT		43	2,013.77			2
3	CORONARY CARE UNIT		44				3
4	BURN INTENSIVE CARE UNIT		45				4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	SPECIAL CARE NURSERY		47	1,234.31			6
7	TOTAL (sum of lines 1-6)	256,253			136	155,876	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			
8	OPERATING ROOM	50	0.104321	3,353,963	349,889	8
9	RECOVERY ROOM	51	0.251381	345,508	86,854	9
10	DELIVERY ROOM & LABOR ROOM	52	0.220941			10
11	ANESTHESIOLOGY	53	0.133477	259,776	34,674	11
12	RADIOLOGY-DIAGNOSTIC	54	0.167937	178,310	29,945	12
13	RADIOLOGY-THERAPEUTIC	55	0.105348			13
14	RADIOISOTOPE	56	0.146289	144,124	21,084	14
15	CT SCAN	57	0.050897	1,032,719	52,562	15
16	MRI	58	0.112641	38,421	4,328	16
17	CARDIAC CATHETERIZATION	59	0.093316	17,820	1,663	17
17.01	VASCULAR LAB	59.0 1	0.073365	1,872	137	17.01
17.02	CARDIAC GRAPHICS	59.0 2	0.091314	45,950	4,196	17.02
17.03	PULMONARY FUNCTION	59.0 3	0.129149			17.03
17.04	EPS	59.0 4	0.253222			17.04
17.05	GI	59.0 5	0.166508	3,163	527	17.05
18	LABORATORY	60	0.101069	1,756,984	177,577	18
19	PBP CLINICAL LAB SERVICES-PRGM ONLY	61				19
20	WHOLE BLOOD & PACKED RED BLOOD CELLS	62	0.271910	3,458	940	20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.3 0				20.30
21	BLOOD STORING, PROCESSING & TRANS.	63	0.265573	154,654	41,072	21
21.01	CELL THERAPY LAB	63.0 1				21.01
22	INTRAVENOUS THERAPY	64				22
23	RESPIRATORY THERAPY	65	0.111913	15,127	1,693	23
24	PHYSICAL THERAPY	66	0.416932			24
25	OCCUPATIONAL THERAPY	67	0.393073			25
26	SPEECH PATHOLOGY	68				26
27	ELECTROCARDIOLOGY	69		88,058		27
28	ELECTROENCEPHALOGRAPHY	70	0.146523			28
29	MEDICAL SUPPLIES CHARGED TO PATIENTS	71	0.336970	973,382	328,001	29
30	IMPL. DEV. CHARGED TO PATIENTS	72	0.419198			30
31	DRUGS CHARGED TO PATIENTS	73	0.248098	90,776	22,521	31
32	RENAL DIALYSIS	74				32
33	ASC (NON-DISTINCT PART)	75				33
34	OTHER ANCILLARY (SPECIFY)	76				34
34.97	CARDIAC REHABILITATION	76.9 7	0.155874			34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.9 8				34.98
34.99	LITHOTRIPSY	76.9 9				34.99



COMPU-MAX

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4
PART I

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

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

	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			
35	RURAL HEALTH CLINIC	88				35
36	FEDERALLY QUALIFIED HEALTH CENTER	89				36
37	CLINIC	90	1.057025	3,291	3,479	37
37.01	PSYCH CLINIC	90.0 1	0.974461			37.01
37.02	TRANSPLANT CLINIC	90.0 2	0.465920	268,837	125,257	37.02
37.03	OB CLINIC	90.0 3	1.030570			37.03
38	EMERGENCY	91	0.124630	1,548	193	38
39	OBSERVATION BEDS (NON-DISTINCT PART)	92	0.459806			39
39.01	OBSERVATION BEDS-DISTINCT	92.0 1	0.285074			39.01
40	OTHER OUTPATIENT SERVICE (SPECIFY)	93				40
41	TOTAL (sum of lines 8-40)			8,777,741	1,286,592	41

(C) Worksheet C line numbers (D) Worksheet D-1 line numbers



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART II

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

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	I			
				2	3	
42	ADULTS & PEDIATRICS	2	3.51	136	477	42
43	INTENSIVE CARE UNIT	3				43
44	CORONARY CARE UNIT	4				44
45	BURN INTENSIVE CARE UNIT	5				45
46	SURGICAL INTENSIVE CARE UNIT	6				46
47	SPECIAL CARE NURSERY	7				47
48	TOTAL (sum of lines 42-47)			136	477	48

	COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	ORGAN CHARGES (see instructions)		RATIO OF COST TO CHARGES (from Wkst. D-2, Part I, col. 4)	ORGAN ACQUISITION COSTS (col. 1 x col. 2)	
		1	D			
				2	3	
49	RURAL HEALTH CLINIC		21			49
50	FEDERALLY QUALIFIED HEALTH CENTER		22			50
51	CLINIC	3,291	23	0.006707	22	51
51.0 1	PSYCH CLINIC		23.0 1			51.0 1
51.0 2	TRANSPLANT CLINIC	268,837	23.0 2			51.0 2
51.0 3	OB CLINIC		23.0 3			51.0 3
52	EMERGENCY	1,548	24			52
53	OBSERVATION BEDS (NON-DISTINCT PART)		25			53
53.0 1	OBSERVATION BEDS-DISTINCT		25.0 1			53.0 1
54	OTHER OUTPATIENT SERVICE (SPECIFY)		26			54
55	TOTAL (sum of lines 49-54)	273,676			22	55

(D) Worksheet D-2, Part I line numbers



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PARTS III & IV

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

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	1,442,468		9,033,994		56
57	INTERNS & RESIDENTS (inpatient)	477				57
58	INTERNS & RESIDENTS (outpatient)	22				58
59	DIRECT ORGAN ACQUISITION (see instructions)	12,622,346		12,622,346		59
60	COST OF SERVICES OF TEACHING PHYSICIANS (Wkst. D-5, Part II)					60
61	TOTAL (sum of lines 56 thru 60)	14,065,313		21,656,340		61
62	TOTAL USABLE ORGANS (see instructions)		269			62
63	MEDICARE USABLE ORGANS (see instructions)		149			63
64	RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (line 63 ÷ line 62)		0.553903			64
65	MEDICARE COST/CHARGES (see instructions)	7,790,819		11,995,512		65
66	REVENUE FOR ORGANS SOLD	669,799				66
67	SUBTOTAL (line 65 minus line 66)	7,121,020		11,995,512		67
68	ORGANS FURNISHED PART B					68
69	NET ORGAN ACQUISITION COST AND CHARGES (see instructions)	7,121,020		11,995,512		69

PART IV - STATISTICS

		LIVING RELATED	CADAVERIC	REVENUE	
		1	2	3	
70	ORGANS EXCISED IN PROVIDER (1)	134	9		70
71	ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS (2)				71
72	ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73	ORGANS PURCHASED FROM OPOs		126		73
74	TOTAL (sum of lines 70 thru 73)	134	135		74
75	ORGANS TRANSPLANTED	123	126		75
76	ORGANS SOLD TO OTHER HOSPITALS		11		76
77	ORGANS SOLD TO OPOs		9		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 received)				81
82	ORGANS USED FOR RESEARCH				82
83	UNUSABLE/DISCARDED ORGANS				83
84	TOTAL (sum of lines 75 through 83 should equal line 74)	123	146		84

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



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART I

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

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

	COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	INPATIENT ROUTINE ORGAN CHARGES		PER DIEM COSTS (from Wkst D-1, Part II)	ORGAN ACQUISITION DAYS	COST (col. 2 x col. 3)	
		1	D				
1	ADULTS & PEDIATRICS		38	1,146.15			1
2	INTENSIVE CARE UNIT		43	2,013.77			2
3	CORONARY CARE UNIT		44				3
4	BURN INTENSIVE CARE UNIT		45				4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	SPECIAL CARE NURSERY		47	1,234.31			6
7	TOTAL (sum of lines 1-6)						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			
8	OPERATING ROOM	50	0.104321	12,919	1,348	8
9	RECOVERY ROOM	51	0.251381			9
10	DELIVERY ROOM & LABOR ROOM	52	0.220941			10
11	ANESTHESIOLOGY	53	0.133477	1,043	139	11
12	RADIOLOGY-DIAGNOSTIC	54	0.167937	481	81	12
13	RADIOLOGY-THERAPEUTIC	55	0.105348			13
14	RADIOISOTOPE	56	0.146289			14
15	CT SCAN	57	0.050897			15
16	MRI	58	0.112641	402	45	16
17	CARDIAC CATHETERIZATION	59	0.093316	1,980	185	17
17.01	VASCULAR LAB	59.0 1	0.073365			17.01
17.02	CARDIAC GRAPHICS	59.0 2	0.091314	812	74	17.02
17.03	PULMONARY FUNCTION	59.0 3	0.129149			17.03
17.04	EPS	59.0 4	0.253222			17.04
17.05	GI	59.0 5	0.166508			17.05
18	LABORATORY	60	0.101069	2,360	239	18
19	PBP CLINICAL LAB SERVICES-PRGM ONLY	61				19
20	WHOLE BLOOD & PACKED RED BLOOD CELLS	62	0.271910	119	32	20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.3 0				20.30
21	BLOOD STORING, PROCESSING & TRANS.	63	0.265573			21
21.01	CELL THERAPY LAB	63.0 1				21.01
22	INTRAVENOUS THERAPY	64				22
23	RESPIRATORY THERAPY	65	0.111913	932	104	23
24	PHYSICAL THERAPY	66	0.416932			24
25	OCCUPATIONAL THERAPY	67	0.393073			25
26	SPEECH PATHOLOGY	68				26
27	ELECTROCARDIOLOGY	69		16		27
28	ELECTROENCEPHALOGRAPHY	70	0.146523			28
29	MEDICAL SUPPLIES CHARGED TO PATIENTS	71	0.336970			29
30	IMPL. DEV. CHARGED TO PATIENTS	72	0.419198			30
31	DRUGS CHARGED TO PATIENTS	73	0.248098	204	51	31
32	RENAL DIALYSIS	74				32
33	ASC (NON-DISTINCT PART)	75				33
34	OTHER ANCILLARY (SPECIFY)	76				34
34.97	CARDIAC REHABILITATION	76.9 7	0.155874			34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.9 8				34.98
34.99	LITHOTRIPSY	76.9 9				34.99



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART I

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

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

	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			
35	RURAL HEALTH CLINIC	88				35
36	FEDERALLY QUALIFIED HEALTH CENTER	89				36
37	CLINIC	90	1.057025			37
37.01	PSYCH CLINIC	90.0 1	0.974461			37.01
37.02	TRANSPLANT CLINIC	90.0 2	0.465920			37.02
37.03	OB CLINIC	90.0 3	1.030570			37.03
38	EMERGENCY	91	0.124630			38
39	OBSERVATION BEDS (NON-DISTINCT PART)	92	0.459806			39
39.01	OBSERVATION BEDS-DISTINCT	92.0 1	0.285074			39.01
40	OTHER OUTPATIENT SERVICE (SPECIFY)	93				40
41	TOTAL (sum of lines 8-40)			21,268	2,298	41

(C) Worksheet C line numbers (D) Worksheet D-1 line numbers



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART II

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

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	I			
				2	3	
42	ADULTS & PEDIATRICS	2	3.51			42
43	INTENSIVE CARE UNIT	3				43
44	CORONARY CARE UNIT	4				44
45	BURN INTENSIVE CARE UNIT	5				45
46	SURGICAL INTENSIVE CARE UNIT	6				46
47	SPECIAL CARE NURSERY	7				47
48	TOTAL (sum of lines 42-47)					48

	COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	ORGAN CHARGES (see instructions)		RATIO OF COST TO CHARGES (from Wkst. D-2, Part I, col. 4)	ORGAN ACQUISITION COSTS (col. 1 x col. 2)	
		1	D			
				2	3	
49	RURAL HEALTH CLINIC		21			49
50	FEDERALLY QUALIFIED HEALTH CENTER		22			50
51	CLINIC		23	0.006707		51
51.0 1	PSYCH CLINIC		23.0 1			51.0 1
51.0 2	TRANSPLANT CLINIC		23.0 2			51.0 2
51.0 3	OB CLINIC		23.0 3			51.0 3
52	EMERGENCY		24			52
53	OBSERVATION BEDS (NON-DISTINCT PART)		25			53
53.0 1	OBSERVATION BEDS-DISTINCT		25.0 1			53.0 1
54	OTHER OUTPATIENT SERVICE (SPECIFY)		26			54
55	TOTAL (sum of lines 49-54)					55

(D) Worksheet D-2, Part I line numbers



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PARTS III & IV

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

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	2,298		21,268		56
57	INTERNS & RESIDENTS (inpatient)					57
58	INTERNS & RESIDENTS (outpatient)					58
59	DIRECT ORGAN ACQUISITION (see instructions)	2,135,259		2,135,259		59
60	COST OF SERVICES OF TEACHING PHYSICIANS (Wkst. D-5, Part II)					60
61	TOTAL (sum of lines 56 thru 60)	2,137,557		2,156,527		61
62	TOTAL USABLE ORGANS (see instructions)		24			62
63	MEDICARE USABLE ORGANS (see instructions)		8			63
64	RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (line 63 ÷ line 62)		0.333333			64
65	MEDICARE COST/CHARGES (see instructions)	712,518		718,842		65
66	REVENUE FOR ORGANS SOLD	4,233				66
67	SUBTOTAL (line 65 minus line 66)	708,285		718,842		67
68	ORGANS FURNISHED PART B					68
69	NET ORGAN ACQUISITION COST AND CHARGES (see instructions)	708,285		718,842		69

PART IV - STATISTICS

		LIVING RELATED	CADAVERIC	REVENUE	
		1	2	3	
70	ORGANS EXCISED IN PROVIDER (1)		1		70
71	ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS (2)				71
72	ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73	ORGANS PURCHASED FROM OPOs		23		73
74	TOTAL (sum of lines 70 thru 73)		24		74
75	ORGANS TRANSPLANTED		23		75
76	ORGANS SOLD TO OTHER HOSPITALS				76
77	ORGANS SOLD TO OPOs		1		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 received)				81
82	ORGANS USED FOR RESEARCH				82
83	UNUSABLE/DISCARDED ORGANS				83
84	TOTAL (sum of lines 75 through 83 should equal line 74)		24		84

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



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART I

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

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

	COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	INPATIENT ROUTINE ORGAN CHARGES		PER DIEM COSTS (from Wkst D-1, Part II)	ORGAN ACQUISITION DAYS	COST (col. 2 x col. 3)	
		1	D	2	3	4	
1	ADULTS & PEDIATRICS	31,280	38	1,146.15	17	19,485	1
2	INTENSIVE CARE UNIT	47,057	43	2,013.77	20	40,275	2
3	CORONARY CARE UNIT		44				3
4	BURN INTENSIVE CARE UNIT		45				4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	SPECIAL CARE NURSERY		47	1,234.31			6
7	TOTAL (sum of lines 1-6)	78,337			37	59,760	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	0.104321	637,649	66,520	8
9	RECOVERY ROOM	51	0.251381	13,346	3,355	9
10	DELIVERY ROOM & LABOR ROOM	52	0.220941			10
11	ANESTHESIOLOGY	53	0.133477	48,291	6,446	11
12	RADIOLOGY-DIAGNOSTIC	54	0.167937	66,901	11,235	12
13	RADIOLOGY-THERAPEUTIC	55	0.105348			13
14	RADIOISOTOPE	56	0.146289			14
15	CT SCAN	57	0.050897	16,506	840	15
16	MRI	58	0.112641	492,233	55,446	16
17	CARDIAC CATHETERIZATION	59	0.093316	7,920	739	17
17.01	VASCULAR LAB	59.0 1	0.073365			17.01
17.02	CARDIAC GRAPHICS	59.0 2	0.091314	5,017	458	17.02
17.03	PULMONARY FUNCTION	59.0 3	0.129149			17.03
17.04	EPS	59.0 4	0.253222			17.04
17.05	GI	59.0 5	0.166508			17.05
18	LABORATORY	60	0.101069	558,286	56,425	18
19	PBP CLINICAL LAB SERVICES-PRGM ONLY	61				19
20	WHOLE BLOOD & PACKED RED BLOOD CELLS	62	0.271910	477	130	20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.3 0				20.30
21	BLOOD STORING, PROCESSING & TRANS.	63	0.265573	18,805	4,994	21
21.01	CELL THERAPY LAB	63.0 1				21.01
22	INTRAVENOUS THERAPY	64				22
23	RESPIRATORY THERAPY	65	0.111913	30,128	3,372	23
24	PHYSICAL THERAPY	66	0.416932			24
25	OCCUPATIONAL THERAPY	67	0.393073			25
26	SPEECH PATHOLOGY	68				26
27	ELECTROCARDIOLOGY	69		3,016		27
28	ELECTROENCEPHALOGRAPHY	70	0.146523			28
29	MEDICAL SUPPLIES CHARGED TO PATIENTS	71	0.336970	119,789	40,365	29
30	IMPL. DEV. CHARGED TO PATIENTS	72	0.419198			30
31	DRUGS CHARGED TO PATIENTS	73	0.248098	69,396	17,217	31
32	RENAL DIALYSIS	74				32
33	ASC (NON-DISTINCT PART)	75				33
34	OTHER ANCILLARY (SPECIFY)	76				34
34.97	CARDIAC REHABILITATION	76.9 7	0.155874			34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.9 8				34.98
34.99	LITHOTRIPSY	76.9 9				34.99



COMPU-MAX

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4
PART I

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

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

	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			
35	RURAL HEALTH CLINIC	88				35
36	FEDERALLY QUALIFIED HEALTH CENTER	89				36
37	CLINIC	90	1.057025	198	209	37
37.01	PSYCH CLINIC	90.0 1	0.974461			37.01
37.02	TRANSPLANT CLINIC	90.0 2	0.465920	30,428	14,177	37.02
37.03	OB CLINIC	90.0 3	1.030570			37.03
38	EMERGENCY	91	0.124630			38
39	OBSERVATION BEDS (NON-DISTINCT PART)	92	0.459806			39
39.01	OBSERVATION BEDS-DISTINCT	92.0 1	0.285074			39.01
40	OTHER OUTPATIENT SERVICE (SPECIFY)	93				40
41	TOTAL (sum of lines 8-40)			2,118,386	281,928	41

(C) Worksheet C line numbers (D) Worksheet D-1 line numbers



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART II

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

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	I			
				2	3	
42	ADULTS & PEDIATRICS	2	3.51	17	60	42
43	INTENSIVE CARE UNIT	3		20		43
44	CORONARY CARE UNIT	4				44
45	BURN INTENSIVE CARE UNIT	5				45
46	SURGICAL INTENSIVE CARE UNIT	6				46
47	SPECIAL CARE NURSERY	7				47
48	TOTAL (sum of lines 42-47)			37	60	48

	COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	ORGAN CHARGES (see instructions)		RATIO OF COST TO CHARGES (from Wkst. D-2, Part I, col. 4)	ORGAN ACQUISITION COSTS (col. 1 x col. 2)	
		I	D			
				2	3	
49	RURAL HEALTH CLINIC		21			49
50	FEDERALLY QUALIFIED HEALTH CENTER		22			50
51	CLINIC	198	23	0.006707	1	51
51.0 1	PSYCH CLINIC		23.0 1			51.0 1
51.0 2	TRANSPLANT CLINIC	30,428	23.0 2			51.0 2
51.0 3	OB CLINIC		23.0 3			51.0 3
52	EMERGENCY		24			52
53	OBSERVATION BEDS (NON-DISTINCT PART)		25			53
53.0 1	OBSERVATION BEDS-DISTINCT		25.0 1			53.0 1
54	OTHER OUTPATIENT SERVICE (SPECIFY)		26			54
55	TOTAL (sum of lines 49-54)	30,626			1	55

(D) Worksheet D-2, Part I line numbers



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

**WORKSHEET D-4
PARTS III & IV**

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

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	341,688		2,196,723		56
57	INTERNS & RESIDENTS (inpatient)	60				57
58	INTERNS & RESIDENTS (outpatient)	1				58
59	DIRECT ORGAN ACQUISITION (see instructions)	7,547,715		7,547,715		59
60	COST OF SERVICES OF TEACHING PHYSICIANS (Wkst. D-5, Part II)					60
61	TOTAL (sum of lines 56 thru 60)	7,889,464		9,744,438		61
62	TOTAL USABLE ORGANS (see instructions)		128			62
63	MEDICARE USABLE ORGANS (see instructions)		41			63
64	RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (line 63 ÷ line 62)		0.320313			64
65	MEDICARE COST/CHARGES (see instructions)	2,527,098		3,121,270		65
66	REVENUE FOR ORGANS SOLD	152,541				66
67	SUBTOTAL (line 65 minus line 66)	2,374,557		3,121,270		67
68	ORGANS FURNISHED PART B					68
69	NET ORGAN ACQUISITION COST AND CHARGES (see instructions)	2,374,557		3,121,270		69

PART IV - STATISTICS

		LIVING RELATED	CADAVERIC	REVENUE	
		1	2	3	
70	ORGANS EXCISED IN PROVIDER (1)	22	4		70
71	ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS (2)				71
72	ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73	ORGANS PURCHASED FROM OPOs		102		73
74	TOTAL (sum of lines 70 thru 73)	22	106		74
75	ORGANS TRANSPLANTED		118		75
76	ORGANS SOLD TO OTHER HOSPITALS		6		76
77	ORGANS SOLD TO OPOs		4		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 received)				81
82	ORGANS USED FOR RESEARCH				82
83	UNUSABLE/DISCARDED ORGANS				83
84	TOTAL (sum of lines 75 through 83 should equal line 74)		128		84

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

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



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART I

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

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

	COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	INPATIENT ROUTINE ORGAN CHARGES		PER DIEM COSTS (from Wkst D-1, Part II)	ORGAN ACQUISITION DAYS	COST (col. 2 x col. 3)	
		1	D	2	3	4	
1	ADULTS & PEDIATRICS		38	1,146.15			1
2	INTENSIVE CARE UNIT		43	2,013.77			2
3	CORONARY CARE UNIT		44				3
4	BURN INTENSIVE CARE UNIT		45				4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	SPECIAL CARE NURSERY		47	1,234.31			6
7	TOTAL (sum of lines 1-6)						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	0.104321	25,839	2,696	8
9	RECOVERY ROOM	51	0.251381			9
10	DELIVERY ROOM & LABOR ROOM	52	0.220941			10
11	ANESTHESIOLOGY	53	0.133477	2,085	278	11
12	RADIOLOGY-DIAGNOSTIC	54	0.167937	963	162	12
13	RADIOLOGY-THERAPEUTIC	55	0.105348			13
14	RADIOISOTOPE	56	0.146289			14
15	CT SCAN	57	0.050897			15
16	MRI	58	0.112641	803	90	16
17	CARDIAC CATHETERIZATION	59	0.093316	3,960	370	17
17.01	VASCULAR LAB	59.0 1	0.073365			17.01
17.02	CARDIAC GRAPHICS	59.0 2	0.091314	1,623	148	17.02
17.03	PULMONARY FUNCTION	59.0 3	0.129149			17.03
17.04	EPS	59.0 4	0.253222			17.04
17.05	GI	59.0 5	0.166508			17.05
18	LABORATORY	60	0.101069	4,720	477	18
19	PBP CLINICAL LAB SERVICES-PRGM ONLY	61				19
20	WHOLE BLOOD & PACKED RED BLOOD CELLS	62	0.271910	238	65	20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.3 0				20.30
21	BLOOD STORING, PROCESSING & TRANS.	63	0.265573			21
21.01	CELL THERAPY LAB	63.0 1				21.01
22	INTRAVENOUS THERAPY	64				22
23	RESPIRATORY THERAPY	65	0.111913	1,863	208	23
24	PHYSICAL THERAPY	66	0.416932			24
25	OCCUPATIONAL THERAPY	67	0.393073			25
26	SPEECH PATHOLOGY	68				26
27	ELECTROCARDIOLOGY	69		33		27
28	ELECTROENCEPHALOGRAPHY	70	0.146523			28
29	MEDICAL SUPPLIES CHARGED TO PATIENTS	71	0.336970			29
30	IMPL. DEV. CHARGED TO PATIENTS	72	0.419198			30
31	DRUGS CHARGED TO PATIENTS	73	0.248098	407	101	31
32	RENAL DIALYSIS	74				32
33	ASC (NON-DISTINCT PART)	75				33
34	OTHER ANCILLARY (SPECIFY)	76				34
34.97	CARDIAC REHABILITATION	76.9 7	0.155874			34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.9 8				34.98
34.99	LITHOTRIPSY	76.9 9				34.99



COMPU-MAX

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4
PART I

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

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

	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			
35	RURAL HEALTH CLINIC	88				35
36	FEDERALLY QUALIFIED HEALTH CENTER	89				36
37	CLINIC	90	1.057025			37
37.01	PSYCH CLINIC	90.0 1	0.974461			37.01
37.02	TRANSPLANT CLINIC	90.0 2	0.465920			37.02
37.03	OB CLINIC	90.0 3	1.030570			37.03
38	EMERGENCY	91	0.124630			38
39	OBSERVATION BEDS (NON-DISTINCT PART)	92	0.459806			39
39.01	OBSERVATION BEDS-DISTINCT	92.0 1	0.285074			39.01
40	OTHER OUTPATIENT SERVICE (SPECIFY)	93				40
41	TOTAL (sum of lines 8-40)			42,534	4,595	41

(C) Worksheet C line numbers (D) Worksheet D-1 line numbers



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART II

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

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	I			
				2	3	
42	ADULTS & PEDIATRICS	2	3.51			42
43	INTENSIVE CARE UNIT	3				43
44	CORONARY CARE UNIT	4				44
45	BURN INTENSIVE CARE UNIT	5				45
46	SURGICAL INTENSIVE CARE UNIT	6				46
47	SPECIAL CARE NURSERY	7				47
48	TOTAL (sum of lines 42-47)					48

	COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	ORGAN CHARGES (see instructions)		RATIO OF COST TO CHARGES (from Wkst. D-2, Part I, col. 4)	ORGAN ACQUISITION COSTS (col. 1 x col. 2)	
		1	D			
				2	3	
49	RURAL HEALTH CLINIC		21			49
50	FEDERALLY QUALIFIED HEALTH CENTER		22			50
51	CLINIC		23	0.006707		51
51.0 1	PSYCH CLINIC		23.0 1			51.0 1
51.0 2	TRANSPLANT CLINIC		23.0 2			51.0 2
51.0 3	OB CLINIC		23.0 3			51.0 3
52	EMERGENCY		24			52
53	OBSERVATION BEDS (NON-DISTINCT PART)		25			53
53.0 1	OBSERVATION BEDS-DISTINCT		25.0 1			53.0 1
54	OTHER OUTPATIENT SERVICE (SPECIFY)		26			54
55	TOTAL (sum of lines 49-54)					55

(D) Worksheet D-2, Part I line numbers



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PARTS III & IV

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

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	4,595		42,534		56
57	INTERNS & RESIDENTS (inpatient)					57
58	INTERNS & RESIDENTS (outpatient)					58
59	DIRECT ORGAN ACQUISITION (see instructions)	2,208,501		2,208,501		59
60	COST OF SERVICES OF TEACHING PHYSICIANS (Wkst. D-5, Part II)					60
61	TOTAL (sum of lines 56 thru 60)	2,213,096		2,251,035		61
62	TOTAL USABLE ORGANS (see instructions)		34			62
63	MEDICARE USABLE ORGANS (see instructions)		23			63
64	RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (line 63 ÷ line 62)		0.676471			64
65	MEDICARE COST/CHARGES (see instructions)	1,497,095		1,522,760		65
66	REVENUE FOR ORGANS SOLD	356,616				66
67	SUBTOTAL (line 65 minus line 66)	1,140,479		1,522,760		67
68	ORGANS FURNISHED PART B					68
69	NET ORGAN ACQUISITION COST AND CHARGES (see instructions)	1,140,479		1,522,760		69

PART IV - STATISTICS

		LIVING RELATED	CADAVERIC	REVENUE	
		1	2	3	
70	ORGANS EXCISED IN PROVIDER (1)		2		70
71	ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS (2)				71
72	ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73	ORGANS PURCHASED FROM OPOs		32		73
74	TOTAL (sum of lines 70 thru 73)		34		74
75	ORGANS TRANSPLANTED		32		75
76	ORGANS SOLD TO OTHER HOSPITALS				76
77	ORGANS SOLD TO OPOs		2		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 received)				81
82	ORGANS USED FOR RESEARCH				82
83	UNUSABLE/DISCARDED ORGANS				83
84	TOTAL (sum of lines 75 through 83 should equal line 74)		34		84

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



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK
APPLICABLE BOX:

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	127,681,012			1
1.01	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCTOBER 1, 2013 (see instructions)				1.01
1.02	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 2013 (see instructions)				1.02
1.03	DRG FOR FEDERAL SPECIFIC OPERATING PAYMENT FOR MODEL 4 BPCI (see instructions)				1.03
2	OUTLIER PAYMENTS FOR DISCHARGES (see instructions)	14,912,340			2
2.01	OUTLIER RECONCILIATION AMOUNT				2.01
2.02	OUTLIER PAYMENT FOR MODEL 4 BPCI (see instructions)				
3	MANAGED CARE SIMULATED PAYMENTS	6,215,507			3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (see instructions)	831.76			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)	296.56			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)	1.11			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)(iv) 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)	32.55			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)	330.22			9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	490.11			10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS	2.07			11
12	CURRENT YEAR ALLOWABLE FTE (see instructions)	332.29			12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	318.93			13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	299.90			14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	317.04			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	317.04			18
19	CURRENT YEAR RESIDENT TO BED RATIO (line 18 divided by line 4)	0.381168			19
20	PRIOR YEAR RESIDENT TO BED RATIO (see instructions)	0.379132			20
21	ENTER THE LESSER OF LINES 19 OR 20 (see instructions)	0.379132			21
22	IME PAYMENT ADJUSTMENT (see instructions)	25,133,582			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)	159.89			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)	25,133,582			29
	DISPROPORTIONATE SHARE ADJUSTMENT				
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (see instructions)	0.0669			30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (see instructions)	0.1729			31
32	SUM OF LINES 30 AND 31	0.2398			32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (see instructions)	0.0900			33
34	DISPROPORTIONATE SHARE ADJUSTMENT (see instructions)	11,491,291			34
35	TOTAL UNCOMPENSATED CARE AMOUNT (see instructions)				35
35.01	FACTOR 3 (see instructions)				35.01



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK
APPLICABLE BOX:

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
35.02	HOSPITAL UNCOMPENSATED CARE PAYMENT (if line 34 is zero, enter zero on this line) (see instructions)				35.02
35.03	PRO RATA SHARE OF THE HOSPITAL UNCOMPENSATED CARE PAYMENT AMOUNT (see instructions)				35.03
36	TOTAL UNCOMPENSATED CARE (sum of columns 1 and 2 on line 35.03)				36
	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
41.01	TOTAL ESRD MEDICARE COVERED AND PAID DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (see instructions)				41.01
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 41.01 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 41.01)				46
47	SUBTOTAL (see instructions)	179,218,225			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)	179,218,225			49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (from Wkst L, Parts I, II, as applicable)	14,339,037			50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (Wkst L, Part III) (see instructions)				51
52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (from Wkst E-4, line 49) (see instructions)	7,211,271			52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT				53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES				54
55	NET ORGAN ACQUISITION COST (Wkst D-4, Part III, col. 1, line 69)	11,344,341			55
56	COST OF TEACHING PHYSICIANS (Wkst D-5, Part II, col. 3, line 20)				56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS	449,963			57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (Wkst D, Part IV, col. 11, line 200)	176			58
59	TOTAL (sum of amounts on lines 49 through 58)	212,563,013			59
60	PRIMARY PAYER PAYMENTS	78,501			60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (line 59 minus line 60)	212,484,512			61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	9,126,560			62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	1,370,940			63
64	ALLOWABLE BAD DEBTS (see instructions)	2,106,899			64
65	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	1,474,829			65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	1,941,623			66
67	SUBTOTAL (line 61 plus line 65 minus lines 62 and 63)	203,461,841			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)	-87,305			70.93
70.94	HOSPITAL READMISSIONS REDUCTION ADJUSTMENT (see instructions)	-843,019			70.94
71	AMOUNT DUE PROVIDER (see instructions)	202,531,517			71
71.01	SEQUESTRATION ADJUSTMENT (see instructions)	1,701,265			71.01
72	INTERIM PAYMENTS	200,200,379			72
73	TENTATIVE SETTLEMENT (for contractor use only)				73
74	BALANCE DUE PROVIDER/PROGRAM (line 71 minus lines 71.01, 72 and 73)	629,873			74
75	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2				75

TO BE COMPLETED BY CONTRACTOR

90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2				90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2				91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (see instructions)				92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (see instructions)				93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (see instructions)				94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (see instructions)				95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (see instructions)				96



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0281

WORKSHEET E
PART B

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	MEDICAL AND OTHER SERVICES (see instructions)	22,609			1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPS (see instructions)	82,085,865			2
3	PPS PAYMENTS	69,312,880			3
4	OUTLIER PAYMENT (see instructions)	794,206			4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (see instructions)	0,820			5
6	LINE 2 TIMES LINE 5	67,310,409			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	31,121			9
10	ORGAN ACQUISITION				10
11	TOTAL COST (sum of lines 1 and 10) (see instructions)	22,609			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	ANCILLARY SERVICE CHARGES	131,912			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)	131,912			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)	131,912			18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 18 exceeds line 11 (see instructions))	109,303			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)	22,609			21
22	INTERNS AND RESIDENTS (see instructions)	208,946			22
23	COST OF TEACHING PHYSICIANS (see instructions, 42 CFR 415.160 and CMS PUB. 15-1 §2148)				23
24	TOTAL PROSPECTIVE PAYMENT (sum of lines 3, 4, 8 and 9)	70,138,207			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	DEDUCTIBLES AND COINSURANCE (see instructions)	15,098,150			25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (see instructions)	287,100			26
27	SUBTOTAL {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (see instructions)	54,984,512			27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Wkst E-4, line 50)	2,734,528			28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (from Wkst E-4, line 36)				29
30	SUBTOTAL (sum of lines 27 through 29)	57,719,040			30
31	PRIMARY PAYER PAYMENTS	24,320			31
32	SUBTOTAL (line 30 minus line 31)	57,694,720			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)	2,378,027			34
35	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	1,664,619			35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	2,155,797			36
37	SUBTOTAL (see instructions)	59,359,339			37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R				38
39	OTHER ADJUSTMENTS (SPECIFY) (see instructions)				39
40	SUBTOTAL (see instructions)	59,359,339			40
40.01	SEQUESTRATION ADJUSTMENT (see instructions)	498,618			40.01
41	INTERIM PAYMENTS	58,354,803			41
42	TENTATIVE SETTLEMENT (for contractor use only)				42
43	BALANCE DUE PROVIDER/PROGRAM (see instructions)	505,918			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



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S281

WORKSHEET E
PART B

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	MEDICAL AND OTHER SERVICES (see instructions)				1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (see instructions)	536			2
3	PPS PAYMENTS				3
4	OUTLIER PAYMENT (see instructions)	8			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 instructions, 42 CFR 415.160 and CMS PUB. 15-1 §2148)				23
24	TOTAL PROSPECTIVE PAYMENT (sum of lines 3, 4, 8 and 9)	8			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)	8			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)	8			30
31	PRIMARY PAYER PAYMENTS				31
32	SUBTOTAL (line 30 minus line 31)	8			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)	8			37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R				38
39	OTHER ADJUSTMENTS (SPECIFY) (see instructions)				39
40	SUBTOTAL (see instructions)	8			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)	8			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



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-0281

WORKSHEET E-1
PART I

CHECK HOSPITAL SUB (OTHER)
 APPLICABLE IPF SNF
 BOXES: IRF SWING BED SNF

	DESCRIPTION		INPATIENT PART A		PART B		
			mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4	
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			21,158,036		3,510,459	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			179,366,141		54,237,955	2
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT		.01				
	AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM		.02				3.02
	RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF	PROGRAM	.03				3.03
	EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	TO	.04				3.04
		PROVIDER	.05				3.05
			.06				3.06
			.07				3.07
			.08			04/22/2014	3.08
			.09				3.09
			.10				3.10
			.50				3.50
			.51	04/22/2014	1,255,996		3.51
		PROVIDER	.52				3.52
		TO	.53				3.53
		PROGRAM	.54				3.54
			.55				3.55
			.56				3.56
			.57				3.57
			.58				3.58
			.59				3.59
	SUBTOTAL (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		.99		-323,798		3.99
4	TOTAL INTERIM PAYMENTS (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)				200,200,379		4
TO BE COMPLETED BY CONTRACTOR							
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT		.01				5.01
	AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT.		.02				5.02
	IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	PROGRAM	.03				5.03
		TO	.04				5.04
		PROVIDER	.05				5.05
			.06				5.06
			.07				5.07
			.08				5.08
			.09				5.09
			.10				5.10
			.50				5.50
			.51				5.51
		PROVIDER	.52				5.52
		TO	.53				5.53
		PROGRAM	.54				5.54
			.55				5.55
			.56				5.56
			.57				5.57
			.58				5.58
			.59				5.59
	SUBTOTAL (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		.99				5.99
6	DETERMINED NET SETTLEMENT AMOUNT (balance due)		.01		2,331,138		6.01
	BASED ON THE COST REPORT (1)		.02				6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)				202,531,517		7
8	NAME OF CONTRACTOR			CONTRACTOR NUMBER		NPR DATE (Month/Day/Year)	8

(1) On lines 3, 5, and 6, where an amount is due provider to program, show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-S281

WORKSHEET E-1
PART I

CHECK [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [XX] IPF [] SNF
 BOXES: [] IRF [] SWING BED SNF

DESCRIPTION		INPATIENT PART A		PART B	
		mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT
		1	2	3	4
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER				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		2,010,360		2
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT				3.01
	AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM	.01			3.02
	RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF	PROGRAM .03			3.03
	EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	TO .04			3.04
		PROVIDER .05			3.05
		.06			3.06
		.07			3.07
		.08	04/22/2014	71,701	3.08
		.09			3.09
		.10			3.10
		.50			3.50
		.51			3.51
		PROVIDER .52			3.52
		TO .53			3.53
		PROGRAM .54			3.54
		.55			3.55
		.56			3.56
		.57			3.57
		.58			3.58
		.59			3.59
	SUBTOTAL (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99		71,701	3.99
4	TOTAL INTERIM PAYMENTS (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)			2,082,061	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. (1)				5.01
		.01			5.02
		PROGRAM .03			5.03
		TO .04			5.04
		PROVIDER .05			5.05
		.06			5.06
		.07			5.07
		.08			5.08
		.09			5.09
		.10			5.10
		.50			5.50
		.51			5.51
		PROVIDER .52			5.52
		TO .53			5.53
		PROGRAM .54			5.54
		.55			5.55
		.56			5.56
		.57			5.57
		.58			5.58
		.59			5.59
	SUBTOTAL (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99			5.99
6	DETERMINED NET SETTLEMENT AMOUNT (balance due) BASED ON THE COST REPORT (1)	.01		17,503	8 6.01
		.02			6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)			2,099,564	8 7
8	NAME OF CONTRACTOR		CONTRACTOR NUMBER	NPR DATE (Month/Day/Year)	8

(1) On lines 3, 5, and 6, where an amount is due provider to program, show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] HOSPITAL [] 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	46,565	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	69,853	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	3,505	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	221,785	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	4,977,466,723	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	196,681,652	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)	1,096,949	8
9	SEQUESTRATION ADJUSTMENT AMOUNT (see instructions)	21,939	9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (see instructions)	1,075,010	10

INPATIENT HOSPITAL SERVICES UNDER PPS & CAH

30	INITIAL/INTERIM HIT PAYMENT(S)	1,058,153	30
31	OTHER ADJUSTMENTS ()		31
32	BALANCE DUE PROVIDER (line 8 (or line 10) minus line 30 and line 31) (see instructions)	16,857	32



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S281

WORKSHEET E-3
PART II

CHECK [] HOSPITAL
 APPLICABLE [XX] SUBPROVIDER IPF
 BOX:

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (excluding outlier, ECT, and medical education payments)	2,095,696	1
2	NET IPF PPS OUTLIER PAYMENT	18,338	2
3	NET IPF PPS ECT PAYMENT	38,806	3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004	2.74	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)	2.74	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)	2.74	8
9	AVERAGE DAILY CENSUS (see instructions)	25.742466	9
10	TEACHING ADJUSTMENT FACTOR $\{(1 + (\text{line } 8/\text{line } 9)) \text{ raised to the power of } .5150 - 1\}$	0.053471	10
11	TEACHING ADJUSTMENT (line 1 multiplied by line 10)	112,059	11
12	ADJUSTED NET IPF PPS PAYMENTS (sum of lines 1, 2, 3 and 11)	2,264,899	12
13	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (see instructions)		13
14	ORGAN ACQUISITION		14
15	COST OF TEACHING PHYSICIANS (from Worksheet D-5, Part II, col. 3, line 20) (see instructions)		15
16	SUBTOTAL (see instructions)	2,264,899	16
17	PRIMARY PAYER PAYMENTS		17
18	SUBTOTAL (line 16 less line 17)	2,264,899	18
19	DEDUCTIBLES	150,432	19
20	SUBTOTAL (line 18 minus line 19)	2,114,467	20
21	COINSURANCE	68,039	21
22	SUBTOTAL (line 20 minus line 21)	2,046,428	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)	2,046,428	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Worksheet E-4, line 49) (for freestanding IPF only)		27
28	OTHER PASS THROUGH COSTS (see instructions)	53,136	28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (see instructions)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (see instructions)	2,099,564	31
31.01	SEQUESTRATION ADJUSTMENT (see instructions)	17,636	31.01
32	INTERIM PAYMENTS	2,082,061	32
33	TENTATIVE SETTLEMENT (for contractor use only)		33
34	BALANCE DUE PROVIDER/PROGRAM (line 31 minus lines 31.01, 32 and 33)	-133	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



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0281

WORKSHEET E-3
PART VII

CHECK TITLE V HOSPITAL NF PPS
 APPLICABLE TITLE XIX SUB (OTHER) ICF/MR TEFRA
 BOXES: SNF OTHER

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

	INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1	INPATIENT HOSPITAL SNF/NF SERVICES	41,589,740	1
2	MEDICAL AND OTHER SERVICES		2
3	ORGAN ACQUISITION (certified transplant centers only)		3
4	SUBTOTAL (sum of lines 1, 2 and 3)	41,589,740	4
5	INPATIENT PRIMARY PAYER PAYMENTS		5
6	OUTPATIENT PRIMARY PAYER PAYMENTS		6
7	SUBTOTAL (line 4 less sum of lines 5 and 6)	41,589,740	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	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)	41,589,740	18
19	INTERNS AND RESIDENTS (see instructions)	86,483	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)	41,589,740	30
31	SUBTOTAL (sum of lines 19 and 20 plus 29 minus lines 5 and 6)	86,483	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)	86,483	36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)	-88,208	37
38	SUBTOTAL (line 36 ± line 37)	-1,725	38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Worksheet E-4)		39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (sum of lines 38 and 39)	-1,725	40
41	INTERIM PAYMENTS		41
42	BALANCE DUE PROVIDER/PROGRAM (line 40 minus 41)	-1,725	42
43	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		43



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S281

WORKSHEET E-3
PART VII

CHECK TITLE V HOSPITAL NF PPS
 APPLICABLE TITLE XIX SUBPROVIDER IPF ICF/MR TEFRA
 BOXES: SNF OTHER

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

	INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1	1,004,629		1
2			2
3			3
4	1,004,629		4
5			5
6			6
7	1,004,629		7
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8			8
9			9
10			10
11			11
12			12
CUSTOMARY CHARGES			
13			13
14			14
15	1	1	15
16			16
17			17
18	1,004,629		18
19			19
20			20
21			21
PROSPECTIVE PAYMENT AMOUNT			
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	1,004,629		30
31			31
32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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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			318.27	1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (see instructions)			1.11	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)			36.76	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)			356.14	5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (see instructions)			493.34	6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			356.14	7
		PRIMARY CARE	OTHER	TOTAL	
		1	2	3	
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	135.01	324.42	459.43	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	97.46	234.20	331.66	9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		2.07		10
11	TOTAL WEIGHTED FTE COUNT	97.46	236.27		11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (see instructions)	100.70	221.17		12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (see instructions)	88.30	215.23		13
14	ROLLING AVERAGE FTE COUNT (sum of lines 11-13 divided by 3)	95.49	224.22		14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS	0.00	0.00		15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE	0.00	0.00		16
17	ADJUSTED ROLLING AVERAGE FTE COUNT	95.49	224.22		17
18	PER RESIDENT AMOUNT	97,628.84	93,180.30		18
19	APPROVED AMOUNT FOR RESIDENT COSTS	9,322,578	20,892,887	30,215,465	19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			2.61	20
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (see instructions)			137.20	21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (see instructions)			2.43	22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (see instructions)			100,372.00	23
24	MULTIPLY LINE 22 TIMES LINE 23			243,904	24
25	TOTAL DIRECT GME AMOUNT (sum of lines 19 and 24)			30,459,369	25
		INPATIENT PART A	MANAGED CARE		
26	INPATIENT DAYS	72,477	3,505		26
27	TOTAL INPATIENT DAYS (see instructions)	231,181	231,181		27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.313508	0.015161		28
29	PROGRAM DIRECT GME AMOUNT	9,549,256	461,794		29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE		65,251		30
31	NET PROGRAM DIRECT GME AMOUNT			9,945,799	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 Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)				32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (Worksheet C, Part I, column 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)			205,834,195	37
38	ORGAN ACQUISITION COSTS (Worksheet D-4, Part III, column 1, line 69)			11,344,341	38
39	COST OF TEACHING PHYSICIANS (Worksheet D-5, Part II, column 3, line 20)				39
40	PRIMARY PAYER PAYMENTS (see instructions)			78,501	40
41	TOTAL PART A REASONABLE COST (sum of lines 37-39 minus line 40)			217,100,035	41
	PART B REASONABLE COST				
42	REASONABLE COST (see instructions)			82,349,077	42
43	PRIMARY PAYER PAYMENTS (see instructions)			24,320	43
44	TOTAL PART B REASONABLE COST (line 42 minus line 43)			82,324,757	44
45	TOTAL REASONABLE COST (sum of lines 41 and 44)			299,424,792	45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (line 41 ÷ line 45)			0.725057	46



COMPU-MAX

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-4

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

47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (line 44 ÷ line 45)	0.274943	47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
48	TOTAL PROGRAM GME PAYMENT (line 31)	9,945,799	48
49	PART A MEDICARE GME PAYMENT (line 46 x line 48) (Title XVIII only) (see instructions)	7,211,271	49
50	PART B MEDICARE GME PAYMENT (line 47 x line 48) (Title XVIII only) (see instructions)	2,734,528	50



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-4

CHECK [] TITLE V
 APPLICABLE [] TITLE XVIII
 BOX: [XX] 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				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	0.00	0.00	0.00	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	0.00	0.00	0.00	9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		0.00		10
11	TOTAL WEIGHTED FTE COUNT	0.00	0.00		11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (see instructions)	0.00	0.00		12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (see instructions)	0.00	0.00		13
14	ROLLING AVERAGE FTE COUNT (sum of lines 11-13 divided by 3)	0.00	0.00		14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS	0.00	0.00		15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE	0.00	0.00		16
17	ADJUSTED ROLLING AVERAGE FTE COUNT	0.00	0.00		17
18	PER RESIDENT AMOUNT	0.00	0.00		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
		INPATIENT PART A	MANAGED CARE		
26	INPATIENT DAYS	34,062	4,414		26
27	TOTAL INPATIENT DAYS (see instructions)	231,181	231,181		27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.147339	0.019093		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 Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)				32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (Worksheet C, Part I, column 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 (Worksheet D-4, Part III, column 1, line 69)				38
39	COST OF TEACHING PHYSICIANS (Worksheet D-5, Part II, column 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



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-4

CHECK TITLE V
 APPLICABLE TITLE XVIII
 BOX: TITLE XIX

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



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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BALANCE SHEET

WORKSHEET G

(If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)

	ASSETS (Omit Cents)	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
		1	2	3	4	
CURRENT ASSETS						
1	CASH ON HAND AND IN BANKS	158,986,502				1
2	TEMPORARY INVESTMENTS	224,436,948				2
3	NOTES RECEIVABLE					3
4	ACCOUNTS RECEIVABLE	244,169,748				4
5	OTHER RECEIVABLES	16,207,579				5
6	ALLOWANCES FOR UNCOLLECTIBLE NOTES AND ACCOUNTS RECEIVABLE	-32,204,732				6
7	INVENTORY	27,952,545				7
8	PREPAID EXPENSES	6,436,489				8
9	OTHER CURRENT ASSETS	37,898,974				9
10	DUE FROM OTHER FUNDS	21,367,049				10
11	TOTAL CURRENT ASSETS (sum of lines 1-10)	705,251,102				11
FIXED ASSETS						
12	LAND	182,419,354				12
13	LAND IMPROVEMENTS					13
14	ACCUMULATED DEPRECIATION					14
15	BUILDINGS	1,656,017,227				15
16	ACCUMULATED DEPRECIATION	-774,426,396				16
17	LEASEHOLD IMPROVEMENTS					17
18	ACCUMULATED AMORTIZATION					18
19	FIXED EQUIPMENT					19
20	ACCUMULATED DEPRECIATION					20
21	AUTOMOBILES AND TRUCKS					21
22	ACCUMULATED DEPRECIATION					22
23	MAJOR MOVABLE EQUIPMENT	336,199,734				23
24	ACCUMULATED DEPRECIATION	-252,237,579				24
25	MINOR EQUIPMENT DEPRECIABLE					25
26	ACCUMULATED DEPRECIATION					26
27	HIT DESIGNATED ASSETS					27
28	ACCUMULATED DEPRECIATION					28
29	MINOR EQUIPMENT-NONDEPRECIABLE					29
30	TOTAL FIXED ASSETS (sum of lines 12-29)	1,147,972,340				30
OTHER ASSETS						
31	INVESTMENTS	1,519,172,393	3,814,266	6,436,930		31
32	DEPOSITS ON LEASES					32
33	DUE FROM OWNERS/OFFICERS					33
34	OTHER ASSETS	827,221,165	149,871,517	119,128,802		34
35	TOTAL OTHER ASSETS (sum of lines 31-34)	2,346,393,558	153,685,783	125,565,732		35
36	TOTAL ASSETS (sum of lines 11, 30 and 35)	4,199,617,000	153,685,783	125,565,732		36

	LIABILITIES AND FUND BALANCES (Omit Cents)	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
		1	2	3	4	
CURRENT LIABILITIES						
37	ACCOUNTS PAYABLE	91,486,088				37
38	SALARIES, WAGES & FEES PAYABLE	56,602,233				38
39	PAYROLL TAXES PAYABLE					39
40	NOTES & LOANS PAYABLE (short term)	13,435,000				40
41	DEFERRED INCOME					41
42	ACCELERATED PAYMENTS					42
43	DUE TO OTHER FUNDS	203,848,883				43
44	OTHER CURRENT LIABILITIES	188,496,946				44
45	TOTAL CURRENT LIABILITIES (sum of lines 37 thru 44)	553,869,150				45
LONG TERM LIABILITIES						
46	MORTGAGE PAYABLE					46
47	NOTES PAYABLE	793,819,451				47
48	UNSECURED LOANS					48
49	OTHER LONG TERM LIABILITIES	712,357,400				49
50	TOTAL LONG TERM LIABILITIES (sum of lines 46 thru 49)	1,506,176,851				50
51	TOTAL LIABILITIES (sum of lines 45 and 50)	2,060,046,001				51
CAPITAL ACCOUNTS						
52	GENERAL FUND BALANCE	2,139,570,999				52
53	SPECIFIC PURPOSE FUND BALANCE		153,685,783			53
54	DONOR CREATED - ENDOWMENT FUND BALANCE - RESTRICTED			125,565,732		54
55	DONOR CREATED - ENDOWMENT FUND BALANCE - UNRESTRICTED					55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BALANCE					56



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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BALANCE SHEET

WORKSHEET G

(If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)

	ASSETS (Omit Cents)	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4	
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)	2,139,570,999	153,685,783	125,565,732		59
60	TOTAL LIABILITIES AND FUND BALANCES (sum of lines 51 and 59)	4,199,617,000	153,685,783	125,565,732		60



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

		GENERAL FUND		SPECIFIC PURPOSE FUND		
		1	2	3	4	
1	FUND BALANCES AT BEGINNING OF PERIOD		1,997,827,848		151,330,477	1
2	NET INCOME (loss) (from Worksheet G-3, line 29)		92,555,193			2
3	TOTAL (sum of line 1 and line 2)		2,090,383,041		151,330,477	3
4	ADDITIONS (credit adjustments)			605,287		4
5	NET ASSETS RELSD PROP & EQUIP	763,386				5
6	PENSION RELATED CHANGES	50,958,772				6
7	INVESTMENT INCOME-REALIZED GAINS			390,690		7
8	GIFTS GRANTS OTHER REVENUE			4,116,024		8
9	CHANGE IN INTEREST IN NET ASSETS NM			26,022,199		9
10	TOTAL ADDITIONS (sum of lines 4-9)		51,722,158		31,134,200	10
11	SUBTOTAL (line 3 plus line 10)		2,142,105,199		182,464,677	11
12	DEDUCTIONS (debit adjustments)					12
13	OPERATING EXPENSES			22,635,338		13
14	FOR PROPERTY & EQUIP ADDITIONS	5,000		763,386		14
15	RECLASSIFICATIONS	2,529,200		5,380,170		15
16	CHANGE IN NMF ASSETS					16
17						17
18	TOTAL DEDUCTIONS (sum of lines 12-17)		2,534,200		28,778,894	18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (line 11 minus line 18)		2,139,570,999		153,685,783	19

		ENDOWMENT FUND		PLANT FUND		
		5	6	7	8	
1	FUND BALANCES AT BEGINNING OF PERIOD		116,594,337			1
2	NET INCOME (loss) (from Worksheet G-3, line 29)					2
3	TOTAL (sum of line 1 and line 2)		116,594,337			3
4	ADDITIONS (credit adjustments)					4
5	NET ASSETS RELSD PROP & EQUIP					5
6	PENSION RELATED CHANGES					6
7	INVESTMENT INCOME-REALIZED GAINS					7
8	GIFTS GRANTS OTHER REVENUE	1,056,760				8
9	CHANGE IN INTEREST IN NET ASSETS NM	2,534,465				9
10	TOTAL ADDITIONS (sum of lines 4-9)		3,591,225			10
11	SUBTOTAL (line 3 plus line 10)		120,185,562			11
12	DEDUCTIONS (debit adjustments)					12
13	OPERATING EXPENSES					13
14	FOR PROPERTY & EQUIP ADDITIONS					14
15	RECLASSIFICATIONS	-5,380,170				15
16	CHANGE IN NMF ASSETS					16
17						17
18	TOTAL DEDUCTIONS (sum of lines 12-17)		-5,380,170			18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (line 11 minus line 18)		125,565,732			19



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
PARTS I & II

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	HOSPITAL	635,224,737		635,224,737	1
2	SUBPROVIDER IPF	17,376,960		17,376,960	2
3	SUBPROVIDER IRF				3
5	SWING BED - SNF				5
6	SWING BED - NF				6
7	SKILLED NURSING FACILITY				7
8	NURSING FACILITY				8
9	OTHER LONG TERM CARE				9
10	TOTAL GENERAL INPATIENT CARE SERVICES (sum of lines 1-9)	652,601,697		652,601,697	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	INTENSIVE CARE UNIT				11
12	CORONARY CARE UNIT				12
13	BURN INTENSIVE CARE UNIT				13
14	SURGICAL INTENSIVE CARE UNIT				14
15	SPECIAL CARE NURSERY				15
16	TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (sum of lines 11-15)				16
17	TOTAL INPATIENT ROUTINE CARE SERVICES (sum of lines 10 and 16)	652,601,697		652,601,697	17
18	ANCILLARY SERVICES	2,054,843,062		2,054,843,062	18
19	OUTPATIENT SERVICES		2,147,224,056	2,147,224,056	19
20	RHC				20
21	FQHC				21
22	HOME HEALTH AGENCY				22
23	AMBULANCE				23
25	ASC				25
26	HOSPICE				26
27	OTHER (SPECIFY)				27
28	TOTAL PATIENT REVENUES (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	2,707,444,759	2,147,224,056	4,854,668,815	28

PART II - OPERATING EXPENSES

		1	2	
29	OPERATING EXPENSES (per Worksheet A, column 3, line 200)		1,285,988,174	29
30	ADD (SPECIFY)			30
31				31
32	BAD DEBT			32
33				33
34				34
35				35
36	TOTAL ADDITIONS (sum of lines 30-35)			36
37	**DEDUCT (SPECIFY)** NON OPERATING			37
38				38
39				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 Worksheet G-3, line 4)		1,285,988,174	43



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	TOTAL PATIENT REVENUES (from Worksheet G-2, Part I, column 3, line 28)	4,854,668,815	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	3,543,208,230	2
3	NET PATIENT REVENUES (line 1 minus line 2)	1,311,460,585	3
4	LESS - TOTAL OPERATING EXPENSES (from Worksheet G-2, Part II, line 43)	1,285,988,174	4
5	NET INCOME FROM SERVICE TO PATIENTS (line 3 minus line 4)	25,472,411	5

OTHER INCOME

6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	77,332,738	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	5,911,544	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	5,373,509	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS	2,329,643	15
16	REVENUE FROM SALE OF MEDICAL AND SURGICAL SUPPLIES 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.)	808,546	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	30,811,510	22
23	GOVERNMENTAL APPROPRIATIONS	5,646,119	23
24	OTHER (SHARED, TELECOM, OTHER)		24
24.0	OTHER (OTHER)		24.0
1			1
25	TOTAL OTHER INCOME (sum of lines 6-24)	128,213,609	25
26	TOTAL (line 5 plus line 25)	153,686,020	26
27.0			27.0
1		61,130,827	1
28	TOTAL OTHER EXPENSES (sum of line 27 and subscripts)	61,130,827	28
29	NET INCOME (or loss) FOR THE PERIOD (line 26 minus line 28)	92,555,193	29



COMPU-MAX

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 14-0281

WORKSHEET L

CHECK TITLE V HOSPITAL PPS
 APPLICABLE TITLE XVIII, PART A SUB (OTHER) COST METHOD
 BOXES: TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

	CAPITAL FEDERAL AMOUNT		
1	CAPITAL DRG OTHER THAN OUTLIER	10,168,038	1
1.01	MODEL 4 BPCI CAPITAL DRG OTHER THAN OUTLIER		1.01
2	CAPITAL DRG OUTLIER PAYMENTS	2,071,299	2
2.01	MODEL 4 BPCI CAPITAL DRG OUTLIER PAYMENTS		2.01
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (see instructions)	614.50	3
4	NUMBER OF INTERNS & RESIDENTS (see instructions)	317.04	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (see instructions)	15.67	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (multiply line 5 by the sum of lines 1 and 1.01)	1,593,332	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (Worksheet E, Part A line 30) (see instructions)	0.0669	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (see instructions)	0.1729	8
9	SUM OF LINES 7 AND 8	0.2398	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (see instructions)	0.0498	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (line 10 times the sum of lines 1 and 1.01)	506,368	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (sum of lines 1, 1.01, 2, 2.01, 6 and 11)	14,339,037	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 (line 1 minus line 2)		3
4	APPLICABLE EXCEPTION PERCENTAGE (see instructions)		4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS (line 3 x line 4)		5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES (see instructions)		6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (line 2 x line 6)		7
8	CAPITAL MINIMUM PAYMENT LEVEL (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 (from prior year Worksheet 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



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2012 To: 08/31/2013	Run Date: 06/29/2015 Run Time: 14:34 Version: 2014.10
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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

	COST CENTER DESCRIPTIONS	EXTRAORDINARY 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
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
5.01	NONPATIENT PHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING & STORES						5.03
5.04	ADMITTING						5.04
5.05	ADMINISTRATIVE & GENERAL						5.05
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY						10
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION						13
14	CENTRAL SERVICES & SUPPLY						14
15	PHARMACY						15
16	MEDICAL RECORDS & LIBRARY						16
17	SOCIAL SERVICE						17
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	PARAMED ED PRGM-(CHAPLAINCY)						23.01
23.02	PARAMED ED PRGM-(NM SCHL)						23.02
23.03	PARAMED ED PRGM-(RAD THER)						23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)						23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)						23.05
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS						30
31	INTENSIVE CARE UNIT						31
35	SPECIAL CARE NURSERY						35
40	SUBPROVIDER - IPF						40
43	NURSERY						43
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM						50
51	RECOVERY ROOM						51
52	DELIVERY ROOM & LABOR ROOM						52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC						54
55	RADIOLOGY-THERAPEUTIC						55
56	RADIOISOTOPE						56
57	CT SCAN						57
58	MRI						58
59	CARDIAC CATHETERIZATION						59
59.01	VASCULAR LAB						59.01
59.02	CARDIAC GRAPHICS						59.02
59.03	PULMONARY FUNCTION						59.03
59.04	EPS						59.04
59.05	GI						59.05
60	LABORATORY						60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.						63
63.01	CELL THERAPY LAB						63.01
65	RESPIRATORY THERAPY						65
66	PHYSICAL THERAPY						66
67	OCCUPATIONAL THERAPY						67
70	ELECTROENCEPHALOGRAPHY						70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72	IMPL. DEV. CHARGED TO PATIENTS						72
73	DRUGS CHARGED TO PATIENTS						73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						



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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		0	2A	24	25	26	
90	CLINIC						90
90.01	PSYCH CLINIC						90.01
90.02	TRANSPLANT CLINIC						90.02
90.03	OB CLINIC						90.03
91	EMERGENCY						91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01	OBSERVATION BEDS-DISTINCT						92.01
	OTHER REIMBURSABLE COST CENTERS						
100	I&R SERVICES-NOT APPRVD PRGM						100
	SPECIAL PURPOSE COST CENTERS						
105	KIDNEY ACQUISITION						105
106	HEART ACQUISITION						106
107	LIVER ACQUISITION						107
109	PANCREAS ACQUISITION						109
116	HOSPICE						116
118	SUBTOTALS (sum of lines 1-117)						118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191	RESEARCH						191
191.0	SPONSERED PROJECT						191.0
1							1
194	REAL ESTATE						194
194.0	MARKETING, OTHER NON-REIMB						194.0
1							1
194.0	OTHER COMPANY WIDE ACTIVITY						194.0
2							2
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (sum of lines 118-201)						202