



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 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: 11/21/2014	TIME: 07:27
	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 checked="" 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			
	4 -REOPENED	9. <input type="checkbox"/> FINAL REPORT FOR THIS PROVIDER CCN		
	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 LOYOLA UNIVERSITY MEDICAL CENTER (14-0276) ((PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2013 AND ENDING 06/30/2014, 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 XVIII			HIT	TITLE XIX	
		TITLE V	PART A	PART B			
		1	2	3	4	5	
1	HOSPITAL		2,901,196	2,761,296	145,260		1
2	SUBPROVIDER - IPF						2
3	SUBPROVIDER - IRF		-118,872				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		2,782,324	2,761,296	145,260		200

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

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



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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: 2160 SOUTH FIRST AVENUE	P.O. Box:								1
2	City: MAYWOOD	State: IL	ZIP Code: 60153	County: COOK						2
Hospital and Hospital-Based Component Identification:										
							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	LOYOLA UNIVERSITY MEDICAL CENTER	14-0276	16974	1	05/01/1969	N	P	P	3
4	Subprovider - IPF									4
5	Subprovider - IRF	LOYOLA UNIVERSITY MEDICAL CENTER REH	14-T276	16974	5	07/01/1999	N	P	O	5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF									7
8	Swing Beds - NF									8
9	Hospital-Based SNF									9
10	Hospital-Based NF									10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA	LOYOLA UNIVERSITY MEDICAL CENTER HOM	14-7257	16974		01/09/1984	N	P	N	12
13	Separately Certified ASC									13
14	Hospital-Based Hospice	LOYOLA UNIVERSITY MEDICAL CENTER FOR	14-1566	16974		10/14/1994				14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis	INPATIENT RENAL UNIT	14-2329	16974		03/31/2004				18
19	Other									19
20	Cost Reporting Period (mm/dd/yyyy)	From: 07 / 01 / 2013	To: 06 / 30 / 2014							20
21	Type of control (see instructions)	1								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)							N	Y	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.	23,475	5,063		313	3,105	266		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 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.	406	226			64			25	
26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.	1								26
27	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, '1' for urban or '2' for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1								27
35	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.									35
36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	Beginning:			Ending:					36
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.									37
38	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.	Beginning:			Ending:					38
39	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 'Y' for yes or 'N' for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 'Y' for yes or 'N' for no. (see instructions)							1	2	
		N							N	39



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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
PART I

		V	XVIII	XIX	
Prospective Payment System (PPS)-Capital		I	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
<b>Teaching Hospitals</b>		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.	N			59
60	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter 'Y' for yes or 'N' for no. (see instructions)	Y			60
		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.					
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>					
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
<b>Teaching Hospitals that Claim Residents in Non-Provider Settings</b>					
63	Has your facility trained residents in non-provider settings during this cost reporting period? Enter 'Y' for yes or 'N' for no. If yes, complete lines 64-67. (see instructions)	N			63



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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)						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							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)						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							67
<b>Inpatient Psychiatric Facility PPS</b>				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.			N			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.						71
<b>Inpatient Rehabilitation Facility PPS</b>				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.			Y			75
76	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, enter 1, 2, or 3 respectively in column 3. If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5.			Y	N		76
<b>Long Term Care Hospital PPS</b>							
80	Is this a Long Term Care Hospital (LTCH)? Enter 'Y' for yes or 'N' for no.				N		80
<b>TEFRA Providers</b>							
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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WORKSHEET S-2  
PART I

		V	XIX			
Title V and XIX Services		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		
109	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter 'Y' for yes or 'N' for each therapy.	Y	Y	Y	N	109
			Speech	Respiratory		
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:	1,241,748	5,662,427	21,060,230	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.	N			121	
Transplant Center Information						
125	Does this facility operate a transplant center? Enter 'Y' for yes or 'N' for no. If yes, enter certification date(s)(mm/dd/yyyy) below.	Y			125	
126	If this is a Medicare certified kidney transplant center enter the certification date in column 1 and termination date, if applicable in column 2.	01/01/1985			126	
127	If this is a Medicare certified heart transplant center enter the certification date in column 1 and termination date, if applicable in column 2.	10/17/1986			127	
128	If this is a Medicare certified liver transplant center enter the certification date in column 1 and termination date, if applicable in column 2.	10/10/2000			128	
129	If this is a Medicare certified lung transplant center enter the certification date in column 1 and termination date, if applicable in column 2.	02/02/1995			129	
130	If this is a Medicare certified pancreas transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				130	
131	If this is a Medicare certified intestinal transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				131	
132	If this is a Medicare certified islet transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				132	
133	If this is a Medicare certified other transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				133	
134	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable in column 2.				134	



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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	902022	140			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141	Name: TRINITY HEALTH HOME OFFICE	Contractor's Name: WISCONSIN PHYSICIAN SERVICE Contractor's Number: 08000			141		
142	Street: 20555 VICTORY PARKWAY	P.O. Box:			142		
143	City: LIVONIA	State: MI	ZIP Code: 48152	143			
144	Are provider based physicians' costs included in Worksheet A?	N		144			
145	If costs for renal services are claimed on Worksheet A, line 74 are they costs for inpatient services only? Enter 'Y' for yes, or 'N' for no.	N		145			
146	Has the cost allocation methodology changed from the previously filed cost report? Enter 'Y' for yes and 'N' for no in column 1. (see CMS Pub. 15-2, section 4020). If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146			
147	Was there a change in the statistical basis? Enter 'Y' for yes or 'N' for no.	N		147			
148	Was there a change in the order of allocation? Enter 'Y' for yes or 'N' for no.	N		148			
149	Was there a change to the simplified cost finding method? Enter 'Y' for yes or 'N' for no.	N		149			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter 'Y' for yes or 'N' for no for each component for Part A and Part B. See 42 CFR §413.13)							
		Title XVIII		Title V	Title XIX		
		Part A	Part B				
			1	2	3		
155	Hospital	N	N	N	N	155	
156	Subprovider - IPF	N	N		N	156	
157	Subprovider - IRF	N	N	N	N	157	
158	Subprovider - Other					158	
159	SNF	N	N			159	
160	HHA	N	N	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)	10/01/2013	09/30/2014			170	



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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	2		
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	
		1	2	3	
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	N			2
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (e.g., chain home offices, drug or medical supply companies) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (see instructions)	N			3
FINANCIAL DATA AND REPORTS		Y/N	TYPE	DATE	
		1	2	3	
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (see instructions). IF NO, SEE INSTRUCTIONS.	Y	A		4
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N			5
APPROVED EDUCATIONAL ACTIVITIES		Y/N		Y/N	
		1		2	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N			6
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N			7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N			8
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	Y			9
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N			10
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N			11
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.			N	15
		PART A		PART B	
PS&R REPORT DATA		Y/N	DATE	Y/N	DATE
		1	2	3	4
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (see instructions)	N		N	16
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (see instructions)	N		N	17
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	18
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	19
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS.	N		N	20
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	21



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



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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 AVAILABLE	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	315	114,975			35,379	16,361	83,976	1
2	HMO AND OTHER (see instructions)						4,736	3,105		2
3	HMO IPF SUBPROVIDER									3
4	HMO IRF SUBPROVIDER						228	64		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)		315	114,975			35,379	16,361	83,976	7
8	INTENSIVE CARE UNIT	31	64	23,360			9,060	3,236	17,179	8
9	CORONARY CARE UNIT	32								9
10	BURN INTENSIVE CARE UNIT	33	10	3,650			1,416	929	2,369	10
11	SURGICAL INTENSIVE CARE UNIT	34								11
12	NEONATAL INTENSIVE CARE	35	50	18,250				6,450	9,813	12
12.01	PEDIATRIC ICU	35.01	14	5,110				1,300	2,086	12.01
12.03	HEART TRANSPLANT ICU	35.03	10	3,650			1,860	428	3,133	12.03
12.04	BONE INTENSIVE CARE	35.04	10	3,650			1,902	403	3,263	12.04
13	NURSERY	43							1,818	13
14	TOTAL (see instructions)		473	172,645			49,617	29,107	123,637	14
15	CAH VISITS									15
16	SUBPROVIDER - IPF	40								16
17	SUBPROVIDER - IRF	41	32	11,680			5,504	696	8,107	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							22,414	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)		505							27
28	OBSERVATION BED DAYS							1,832	7,650	28
29	AMBULANCE TRIPS									29
30	EMPLOYEE DISCOUNT DAYS (see instructions)								1,284	30
31	EMPLOYEE DISCOUNT DAYS-IRF									31
32	LABOR & DELIVERY DAYS (see instructions)		16	11,680				266	1,249	32
32.01	TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (see instructions)								218	32.01
33	LTCH NON-COVERED DAYS									33



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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	EMPLOYEES 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)					8,372	4,782	22,285	1
2	HMO AND OTHER (see instructions)								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	NEONATAL INTENSIVE CARE								12
12.01	PEDIATRIC ICU								12.01
12.03	HEART TRANSPLANT ICU								12.03
12.04	BONE INTENSIVE CARE								12.04
13	NURSERY								13
14	TOTAL (see instructions)	414.68	7,332.00			8,372	4,782	22,285	14
15	CAH VISITS								15
16	SUBPROVIDER - IPF								16
17	SUBPROVIDER - IRF	2.37				460	46	690	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)								24
24.10	HOSPICE (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	TOTAL (sum of lines 14-26)	417.05	7,332.00						27
32.01	TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (see instructions)								32



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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	
<b>SALARIES</b>							
1	200	518,743,967		518,743,967	11,657,875.00	44.50	1
2							2
3		2,618,607		2,618,607	32,656.00	80.19	3
4		3,704,552	-370,455	3,334,097	47,999.00	69.46	4
4.01			370,455	370,455	5,333.00	69.46	4.01
5		25,898,478		25,898,478	279,660.00	92.61	5
6							6
7	21	33,795,970	3,839,009	37,634,979	1,486,725.00	25.31	7
7.01							7.01
8							8
9	44						9
10		160,778,477	-6,926,794	153,851,683	1,198,218.00	128.40	10
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11		1,896,676		1,896,676	60,852.00	31.17	11
12							12
13							13
14		25,031,668		25,031,668	347,550.00	72.02	14
15							15
16							16
<b>WAGE-RELATED COSTS</b>							
17		54,638,283		54,638,283			17
18							18
19		28,492,187		28,492,187			19
20							20
21		484,946		484,946			21
22		3,789,618		3,789,618			22
22.01		421,069		421,069			22.01
23		29,436,860		29,436,860			23
24							24
25		6,694,432		6,694,432			25
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26		10,442,821		10,442,821	337,749.00	30.92	26
27		63,444,638	3,795,169	67,239,807	1,603,671.00	41.93	27
28		1,269,434		1,269,434	29,523.00	43.00	28
29							29
30		10,138,040	-3,753,000	6,385,040	255,697.00	24.97	30
31							31
32		1,054,423	-1,054,423				32
33		9,865,530		9,865,530	436,751.00	22.59	33
34		2,954,117	-858,626	2,095,491	143,676.00	14.58	34
35							35
36		306,599	541,957	848,556	51,896.00	16.35	36
37		802,982		802,982	76,942.00	10.44	37
38		2,148,350	-800	2,147,550	51,152.00	41.98	38
39		2,014,659		2,014,659	93,740.00	21.49	39
40		8,063,065	-29,800	8,033,265	209,700.00	38.31	40
41		4,476,675		4,476,675	180,619.00	24.79	41
42		2,573,178	45,282	2,618,460	80,913.00	32.36	42
43							43

## PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (see instructions)	467,565,876	-4,209,464	463,356,412	10,319,775.00	44.90	1
2	EXCLUDED AREA SALARIES (see instructions)	160,778,477	-6,926,794	153,851,683	1,198,218.00	128.40	2
3	SUBTOTAL SALARIES (line 1 minus line 2)	306,787,399	2,717,330	309,504,729	9,121,557.00	33.93	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (see instructions)	26,928,344		26,928,344	408,402.00	65.94	4
5	SUBTOTAL WAGE-RELATED COSTS (see instructions)	58,427,901		58,427,901		18.88%	5
6	TOTAL (sum of lines 3 through 5)	392,143,644	2,717,330	394,860,974	9,529,959.00	41.43	6
7	TOTAL OVERHEAD COST (see instructions)	119,554,511	-1,314,241	118,240,270	3,552,029.00	33.29	7



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## HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3

## PART IV - WAGE RELATED COST

PART IV

## PART A - CORE LIST

		AMOUNT REPORTED	
	<b>RETIREMENT COST</b>		
1	401K EMPLOYER CONTRIBUTIONS		1
2	TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION	20,124,544	2
3	NONQUALIFIED DEFINED BENEFIT PLAN COST (see instructions)		3
4	QUALIFIED DEFINED BENEFIT PLAN COST (see instructions)		4
	<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization):</b>		
5	401k/TSA PLAN ADMINISTRATION FEES		5
6	LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7	EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
	<b>HEALTH AND INSURANCE COST</b>		
8	HEALTH INSURANCE (Purchased or Self Funded)	33,119,259	8
9	PRESCRIPTION DRUG PLAN		9
10	DENTAL, HEARING AND VISION PLAN	-408,659	10
11	LIFE INSURANCE (If employee is owner or beneficiary)	2,049,889	11
12	ACCIDENTAL INSURANCE (If employee is owner or beneficiary)		12
13	DISABILITY INSURANCE (If employee is owner or beneficiary)	1,090,760	13
14	LONG-TERM CARE INSURANCE (If employee is owner or beneficiary)		14
15	WORKERS' COMPENSATION INSURANCE	4,191,569	15
16	RETIREMENT HEALTH CARE COST (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	35,688	16
	<b>TAXES</b>		
17	FICA-EMPLOYERS PORTION ONLY	33,519,525	17
18	MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19	UNEMPLOYMENT INSURANCE	819,905	19
20	STATE OR FEDERAL UNEMPLOYMENT TAXES		20
	<b>OTHER</b>		
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	1,524,916	23
24	TOTAL WAGE RELATED COST (Sum of lines 1-23)	96,067,396	24

## PART B - OTHER THAN CORE RELATED COST

25	OTHER WAGE RELATED (OTHER WAGE REL		25
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LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	Supporting Exhibit for Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 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



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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



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## HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA CCN: 14-7257

WORKSHEET S-4

## HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: COOK

	DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1	HOME HEALTH AIDE HOURS						1
2	UNDULICATED CENSUS COUNT (see instructions)		871.00	300.00		1,747.00	2

## HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

	ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK	NUMBER OF EMPLOYEES (Full Time Equivalent)			
		STAFF	CONTRACT	TOTAL	
		1	2	3	
3	ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4	DIRECTOR(S) AND ASSISTANT DIRECTOR(S)		0.75		0.75
5	OTHER ADMINISTRATIVE PERSONNEL		12.78		12.78
6	DIRECT NURSING SERVICE		26.06		26.06
7	NURSING SUPERVISOR				
8	PHYSICAL THERAPY SERVICE		5.63		5.63
9	PHYSICAL THERAPY SUPERVISOR				
10	OCCUPATIONAL THERAPY SERVICE		1.12		1.12
11	OCCUPATIONAL THERAPY SUPERVISOR				
12	SPEECH PATHOLOGY SERVICE		0.04		0.04
13	SPEECH PATHOLOGY SUPERVISOR				
14	MEDICAL SOCIAL SERVICE		0.59		0.59
15	MEDICAL SOCIAL SERVICE SUPERVISOR				
16	HOME HEALTH AIDE		3.02		3.02
17	HOME HEALTH AIDE SUPERVISOR				
18	OTHER (SPECIFY)				

## HOME HEALTH AGENCY - CBSA CODES

19	ENTER IN COLUMN 1 THE NUMBER OF CBSAs WHERE YOU PROVIDED SERVICES DURING THE COST REPORTING PERIOD.		1	19
20	LIST THOSE CBSA CODE(S) IN COLUMN 1 SERVICED DURING THIS COST REPORTING PERIOD (line 20 contains the first code).		16974	20

## PPS ACTIVITY

		FULL EPISODES				TOTAL (columns 1 through 4)	
		WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4		
21	SKILLED NURSING VISITS	6,724	692	564	115	8,095	21
22	SKILLED NURSING VISIT CHARGES	1,370,683	153,264	89,621	21,942	1,635,510	22
23	PHYSICAL THERAPY VISITS	2,806	58	61	62	2,987	23
24	PHYSICAL THERAPY VISIT CHARGES	707,165	14,692	14,506	15,395	751,758	24
25	OCCUPATIONAL THERAPY VISITS	784	48	16	21	869	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	202,891	12,245	4,229	5,607	224,972	26
27	SPEECH PATHOLOGY VISITS	43				43	27
28	SPEECH PATHOLOGY VISIT CHARGES	11,491				11,491	28
29	MEDICAL SOCIAL SERVICE VISITS	55	2	4		61	29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	16,737	609	1,217		18,563	30
31	HOME HEALTH AIDE VISITS	942	164	1	27	1,134	31
32	HOME HEALTH AIDE VISIT CHARGES	118,378	20,815	128	3,320	142,641	32
33	TOTAL VISITS (sum of lines 21, 23, 25, 27, 29, and 31)	11,354	964	646	225	13,189	33
34	OTHER CHARGES	59,655	8,117	1,397	653	69,822	34
35	TOTAL CHARGES (sum of lines 22, 24, 26, 28, 30, 32 and 34)	2,487,000	209,742	111,098	46,917	2,854,757	35
36	TOTAL NUMBER OF EPISODES (standard/non-outlier)	757		177	21	955	36
37	TOTAL NUMBER OF OUTLIER EPISODES		20		1	21	37
38	TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	59,655	1,239	1,397	653	62,944	38



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## HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

WORKSHEET S-5

## RENAL DIALYSIS STATISTICS

	DESCRIPTION	OUTPATIENT		TRAINING		HOME		
		REGULAR	HIGH FLUX	HEMO-DIALYSIS	CAPD CCPD	HEMO-DIALYSIS	CAPD CCPD	
		1	2	3	4	5	6	
1	NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD		142					1
2	NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS		3.00					2
3	AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP		4.50					3
4	CAPD EXCHANGES PER DAY							4
5	NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED		314					5
6	NUMBER OF STATIONS		31					6
7	TREATMENT CAPACITY PER DAY PER STATION		3					7
8	UTILIZATION (see instructions)							8
9	AVERAGE TIMES DIALYZERS RE-USED							9
10	PERCENTAGE OF PATIENTS RE-USING DIALYZERS							10

## ESRD PPS

		1	2	
10.01	IS THE DIALYSIS FACILITY APPROVED AS A LOW-VOLUME FACILITY FOR THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. (see instructions)			10.01
10.02	DID YOUR FACILITY ELECT 100% PPS EFFECTIVE JANUARY 1, 2011? ENTER 'Y' FOR YES OR 'N' FOR NO. (see instructions for 'new' providers)			10.02
10.03	IF YOU RESPONDED 'N' TO LINE 10.02, ENTER IN COLUMN 1 THE YEAR OF TRANSITION FOR PERIODS PRIOR TO JANUARY 1 AND ENTER IN COLUMN 2 THE YEAR OF TRANSITION FOR PERIODS AFTER DECEMBER 31. (see instructions)			10.03

## TRANSPLANT INFORMATION

11	NUMBER OF PATIENTS ON TRANSPLANT LIST	703	11
12	NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD	84	12

## EPOETIN

13	NET COSTS OF EPOETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER		13
14	EPOETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM		14
15	NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT		15
16	NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT		16

## ARANESP

17	NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER		17
18	ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM		18
19	NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT		19
20	NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT		20

## PHYSICIAN PAYMENT METHOD (Enter 'X' for applicable method(s))

		INITIAL METHOD	
21	MCP X		

	ERYTHROPOIESIS-STIMULATING AGENTS (ESA) STATISTICS:	ESA DESCRIPTION	NET COST OF	NET COST OF	NUMBER OF	NUMBER OF	
			ESAs FOR RENAL PATIENTS	ESAs FOR HOME PATIENTS	ESA UNITS - RENAL DIALYSIS DEPT.	ESA UNITS - HOME DIALYSIS DEPT.	
		1	2	3	4	5	
22	ENTER IN COLUMN 1 THE ESA DESCRIPTION. ENTER IN COLUMN 2 THE NET COSTS OF ESAs FURNISHED TO ALL RENAL DIALYSIS PATIENTS. ENTER IN COLUMN 3 THE NET COST OF ESAs FURNISHED TO ALL HOME DIALYSIS PROGRAM PATIENTS. ENTER IN COLUMN 4 THE NUMBER OF ESA UNITS FURNISHED TO PATIENTS IN THE RENAL DIALYSIS DEPARTMENT. ENTER IN COLUMN 5 THE NUMBER OF UNITS FURNISHED TO PATIENTS IN THE HOME DIALYSIS PROGRAM. (see instructions)						22
22.01		EPOETIN	1,982,480		60,626,300		22.01



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## HOSPICE IDENTIFICATION DATA

HOSPICE CCN: 14-1566

WORKSHEET S-9  
PARTS I & II

## PART I - ENROLLMENT DAYS

		UNDUPLICATED DAYS					TOTAL (sum of cols. 1, 2, & 5)	
		TITLE XVIII	TITLE XIX	TITLE XVIII SKILLED NURSING FACILITY	TITLE XIX NURSING FACILITY	ALL OTHER		
		1	2	3	4	5		
1	CONTINUOUS HOME CARE							1
2	ROUTINE HOME CARE	6,129	431			508	7,068	2
3	INPATIENT RESPITE CARE							3
4	GENERAL INPATIENT CARE	45					45	4
5	TOTAL HOSPICE DAYS	6,174	431			508	7,113	5

## PART II - CENSUS DATA

		TITLE XVIII	TITLE XIX	TITLE XVIII SKILLED NURSING FACILITY	TITLE XIX NURSING FACILITY	ALL OTHER	TOTAL (sum of cols. 1, 2, & 5)	
		1	2	3	4	5	6	
		6	NUMBER OF PATIENTS RECEIVING HOSPICE CARE	139	5			
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS C							7
8	AVERAGE LENGTH OF STAY (line 5/line 6)	44.42	86.20			23.09	42.85	8
9	UNDUPLICATED CENSUS COUNT							9

NOTE: Parts I &amp; II, columns 1 and 2 also include the days reported in column 3 and 4.



## COMPU-MAX

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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)		0.311759	1
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## MEDICAID (see instructions for each line)

2	NET REVENUE FROM MEDICAID		75,625,241	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		317,450,130	6
7	MEDICAID COST (line 1 times line 6)		98,967,935	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.		23,342,694	8

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

9	NET REVENUE FROM STAND-ALONE SCHIP		11,279,323	9
10	STAND-ALONE SCHIP CHARGES		61,974,425	10
11	STAND-ALONE SCHIP COST (line 1 times line 10)		19,321,085	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.		8,041,762	12

## OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (see instructions for each line)

13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (not included on lines 2, 5, or 9)		75,844	13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (not included in lines 6 or 10)		5,032,698	14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (line 1 times line 14)		1,568,989	15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (line 15 minus line 13) IF LINE 15 IS LESS THAN LINE 13, THEN ENTER ZERO.		1,493,145	16

## UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE				17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS				18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (sum of lines 8, 12 and 16)		32,877,601		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	57,904,811	1,802,976	59,707,787	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (line 1 times line 20)	18,052,346	562,094	18,614,440	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	1,813,040	1,265,495	3,078,535	22
23	COST OF CHARITY CARE (line 21 minus line 22)	16,239,306	-703,401	15,535,905	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)			58,222,762	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (see instructions)			3,394,940	27
28	NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (line 26 minus line 27)			54,827,822	28
29	COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (line 1 times line 28)			17,093,067	29
30	COST OF UNCOMPENSATED CARE (line 23, column 3 plus line 29)			32,628,972	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (line 19 plus line 30)			65,506,573	31



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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- FICATIONS	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	
		<b>GENERAL SERVICE COST CENTERS</b>								
1	00100	CAP REL COSTS-BLDG & FIXT				19,093,762	19,093,762	-35,786	19,057,976	1
1.01	00101	NEW CAPITAL-BLDG INTEREST				16,804,547	16,804,547	-9,020,783	7,783,764	1.01
2	00200	CAP REL COSTS-MVBLE EQUIP				23,711,960	23,711,960		23,711,960	2
3	00300	OTHER CAP REL COSTS							-0-	3
4	00400	EMPLOYEE BENEFITS DEPARTMENT	10,442,821	75,913,486	86,356,307	14,671,446	101,027,753	-281,666	100,746,087	4
5.01	01160	COMMUNICATION	922,073	2,823,277	3,745,350	-157,887	3,587,463	-265,742	3,321,721	5.01
5.02	00550	SYSTEM & COMPUTERS	6,309,581	10,504,041	16,813,622	-3,877,427	12,936,195	4,801,934	17,738,129	5.02
5.03	00560	PURCHASING	1,456,795	-1,197,065	259,730	2,934,843	3,194,573	132,058	3,326,631	5.03
5.04	00561	OPC STORES		42,196	42,196					5.04
5.05	00570	PATIENT AFFAIRS	2,336,366	394,477	2,730,843	-22,723	2,708,120	211,792	2,919,912	5.05
5.06	00571	PATIENT ADMITTING	2,298,997	228,776	2,527,773	-43,324	2,484,449	208,404	2,692,853	5.06
5.07	00580	PATIENT ACCOUNTS	4,844,591	5,139,454	9,984,045	74,969	10,059,014	439,107	10,498,121	5.07
5.08	00590	ACCOUNTING	1,719,073	1,612,178	3,331,251	-98,709	3,232,542	155,834	3,388,376	5.08
5.09	00591	EMPLOYEE HEALTH SERVICES	335,122	822,769	1,157,891	-71,532	1,086,359	-105,687	980,672	5.09
5.10	00596	PASTORAL CARE	830,469	226,903	1,057,372	-187,504	869,868	72,557	942,425	5.10
5.11	00592	HOSPITAL ADMINSTRATION	37,789,622	145,119,747	182,909,369	-25,466,083	157,443,286	-15,321,112	142,122,174	5.11
5.12	00593	AMBULATORY ADMINISTRATION	4,556,833	4,769,938	9,326,771	-1,617,144	7,709,627	281,643	7,991,270	5.12
5.14	00595	PRIMARY CARE ADMINISTRATION	45,116	4,689,565	4,734,681	-73,470	4,661,211	-14,815	4,646,396	5.14
6	00600	MAINTENANCE & REPAIRS								6
7	00700	OPERATION OF PLANT	7,801,393	27,861,696	35,663,089	-5,584,597	30,078,492	-233,045	29,845,447	7
7.01	00701	SAFETY AND SECURITY	2,336,647	848,426	3,185,073	-1,039,169	2,145,904	211,818	2,357,722	7.01
8	00800	LAUNDRY & LINEN SERVICE		2,956,012	2,956,012	-88,356	2,867,656	-62	2,867,594	8
9	00900	HOUSEKEEPING	1,054,423	8,845,903	9,900,326	-9,900,326				9
10	01000	DIETARY	2,954,117	5,138,701	8,092,818	-2,622,660	5,470,158	267,791	5,737,949	10
11	01100	CAFETERIA	306,599	538,535	845,134	1,936,182	2,781,316	-2,781,316		11
12	01200	MAINTENANCE OF PERSONNEL								12
12.01	01201	PATIENT TRANSPORTATION	802,982	231,967	1,034,949	-4,067	1,030,882	72,790	1,103,672	12.01
13	01300	NURSING ADMINISTRATION	2,148,350	916,943	3,065,293	-77,746	2,987,547	181,375	3,168,922	13
14	01400	CENTRAL SERVICES & SUPPLY	1,265,223	2,361,074	3,626,297	-1,750,789	1,875,508	114,285	1,989,793	14
14.01	01401	CENTRAL PROCESSING	749,436	475,523	1,224,959	-104,023	1,120,936	67,936	1,188,872	14.01
15	01500	PHARMACY	8,063,065	30,385,946	38,449,011	-29,306,361	9,142,650	579,874	9,722,524	15
16	01600	MEDICAL RECORDS & LIBRARY	4,476,675	4,897,582	9,374,257	-561,757	8,812,500	358,452	9,170,952	16
17	01700	SOCIAL SERVICE	2,573,178	220,773	2,793,951	24,127	2,818,078	233,258	3,051,336	17
17.01	01701	HOSPITAL MEDICAL ADMIN								17.01
19	01900	NONPHYSICIAN ANESTHETISTS				3,454,122	3,454,122	-3,454,122		19
20	02000	NURSING SCHOOL								20
21	02100	I&R SERVICES-SALARY & FRINGES APPRVD	33,795,970	858,865	34,654,835	5,177,155	39,831,990	2,906,606	42,738,596	21
22	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD								22
23	02300	PARAMED ED PRGM-(SPECIFY)								23
23.01	02301	PARAMEDICAL ED-MICU	555,561	305,834	861,395	-71,719	789,676	-174,411	615,265	23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK								23.02
		<b>INPATIENT ROUTINE SERV COST CENTERS</b>								
30	03000	ADULTS & PEDIATRICS	35,683,908	7,357,467	43,041,375	3,111,932	46,153,307	3,224,893	49,378,200	30
31	03100	INTENSIVE CARE UNIT	12,339,410	3,258,854	15,598,264	629,549	16,227,813	1,118,568	17,346,381	31
33	03300	BURN INTENSIVE CARE UNIT	3,842,627	1,382,184	5,224,811	252,165	5,476,976	346,089	5,823,065	33
35	02400	NEONATAL INTENSIVE CARE	7,154,232	1,073,682	8,227,914	-523,206	7,704,708	637,338	8,342,046	35
35.01	02401	PEDIATRIC ICU	1,912,866	409,446	2,322,312	25,631	2,347,943	1,183,501	3,531,444	35.01
35.03	02080	HEART TRANSPLANT ICU	2,451,144	552,142	3,003,286	85,147	3,088,433	222,196	3,310,629	35.03
35.04	02081	BONE INTENSIVE CARE	3,231,742	1,073,264	4,305,006	-120,655	4,184,351	289,607	4,473,958	35.04
41	04100	SUBPROVIDER - IRF	4,520,207	816,831	5,337,038	68,269	5,405,307	409,757	5,815,064	41
43	04300	NURSERY				840,204	840,204		840,204	43
		<b>ANCILLARY SERVICE COST CENTERS</b>								
50	05000	OPERATING ROOM	11,600,031	39,717,881	51,317,912	-4,889,324	46,428,588	1,051,544	47,480,132	50
50.01	05001	AMBULATORY SURGERY CENTER	2,684,672	3,959,199	6,643,871	-519,222	6,124,649	243,366	6,368,015	50.01
51	05100	RECOVERY ROOM	2,448,456	1,194,996	3,643,452	-345,257	3,298,195	143,658	3,441,853	51
52	05200	DELIVERY ROOM & LABOR ROOM	2,275,743	705,112	2,980,855	-336,050	2,644,805	206,131	2,850,936	52
53	05300	ANESTHESIOLOGY	486,612	2,413,236	2,899,848	-437,806	2,462,042	31,382	2,493,424	53
54	05400	RADIOLOGY-DIAGNOSTIC	6,684,682	4,911,860	11,596,542	-2,393,287	9,203,255	547,814	9,751,069	54
54.01	03630	RADIOLOGY-ULTRASOUND	989,356	143,645	1,133,001	-63,038	1,069,963	89,685	1,159,648	54.01
55	05500	RADIOLOGY-THERAPEUTIC								55
56	05600	RADIOISOTOPE	1,405,319	3,150,906	4,556,225	-504,922	4,051,303	127,392	4,178,695	56
57	05700	CT SCAN	2,265,390	1,668,202	3,933,592	-141,979	3,791,613	199,782	3,991,395	57
58	05800	MRI	1,538,168	1,612,076	3,150,244	-929,298	2,220,946	139,435	2,360,381	58
59	05900	CARDIAC CATHETERIZATION	4,619,830	8,423,706	13,043,536	-2,469,143	10,574,393	393,610	10,968,003	59
60	06000	LABORATORY	6,473,970	12,796,350	19,270,320	-576,361	18,693,959	542,911	19,236,870	60
60.01	03420	LABORATORY-SURGICAL PATHOLOGY	1,297,605	1,595,213	2,892,818	-394,235	2,498,583	116,615	2,615,198	60.01
60.02	03421	LABORATORY-NEUROSURGICAL								60.02
60.03	03422	LABORATORY-HLA		111	111		111		111	60.03
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	06300	BLOOD STORING, PROCESSING & TRANS.	1,215,663	6,684,916	7,900,579	-257,918	7,642,661	110,200	7,752,861	63
65	06500	RESPIRATORY THERAPY	5,751,459	1,504,520	7,255,979	-298,982	6,956,997	521,370	7,478,367	65
66	06600	PHYSICAL THERAPY	3,251,082	345,932	3,597,014	-5,854	3,591,160	292,286	3,883,446	66



LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 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- FICATIONS	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	946,655	178,884	1,125,539	30,479	1,156,018	85,814	1,241,832	67
68	06800	SPEECH PATHOLOGY	303,421	50,684	354,105	29,889	383,994	27,506	411,500	68
69	06900	ELECTROCARDIOLOGY	2,664,608	10,629,950	13,294,558	-1,476,891	11,817,667	241,547	12,059,214	69
70	07000	ELECTROENCEPHALOGRAPHY	1,200,018	434,417	1,634,435	-156,418	1,478,017	108,781	1,586,798	70
71	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				1,097,487	1,097,487		1,097,487	71
73	07300	DRUGS CHARGED TO PATIENTS				28,472,847	28,472,847		28,472,847	73
74	07400	RENAL DIALYSIS	2,636,566	2,455,183	5,091,749	-165,861	4,925,888	239,005	5,164,893	74
75	07500	ASC (NON-DISTINCT PART)								75
76	03560	PULMONARY LABS	309,254	353,145	662,399	-134,742	527,657	28,034	555,691	76
76.01	03950	OCCUPATIONAL HEALTH	808,424	351,549	1,159,973	-13,608	1,146,365	-245,251	901,114	76.01
76.03	03951	HYPERALIMENTATION								76.03
76.04	03650	PERIPHERAL VASCULAR	706,717	77,164	783,881	-51,098	732,783	64,064	796,847	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION								76.05
76.07	03340	GASTROINTESTINAL SERVICE	2,608,257	3,599,270	6,207,527	-1,105,791	5,101,736	236,439	5,338,175	76.07
76.09	03953	BONE MARROW PROCUREMENT		1,891,381	1,891,381		1,891,381		1,891,381	76.09
76.10	03954	BARIATRICS	362,157	224,495	586,652	30,747	617,399	32,830	650,229	76.10
76.11	03955	HEPATOLOGY	531,384	22,614	553,998	-89	553,909	37,106	591,015	76.11
76.97	07697	CARDIAC REHABILITATION								76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
		<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	09000	CLINIC	204,901	81,126	286,027	-30,244	255,783	18,574	274,357	90
90.01	09001	CARDIAC REHABILITATION	179,221	2,224	181,445	-1	181,444	16,246	197,690	90.01
90.02	09002	CANCER CENTER	5,406,567	16,563,519	21,970,086	-661,567	21,308,519	427,986	21,736,505	90.02
90.03	09003	PSYCH SOCIAL REHAB	294,274	61,012	355,286	-21,942	333,344	26,676	360,020	90.03
90.04	09004	WELLNESS ASSESSMENT								90.04
90.06	09005	HEART FAILURE CLINIC								90.06
90.07	09006	LOC OUTPATIENT CENTER	19,087,124	12,160,295	31,247,419	-2,990,738	28,256,681	199,206	28,455,887	90.07
90.08	09007	OBT OUTPATIENT CENTER	5,361,851	2,206,330	7,568,181	-421,348	7,146,833	-806,676	6,340,157	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	902,003	936,909	1,838,912	-68,882	1,770,030	67,076	1,837,106	90.09
90.10	09009	LAGRANGE FAMILY PCC	1,940,274	1,464,469	3,404,743	-148,722	3,256,021	-362,010	2,894,011	90.10
90.12	09010	NORTH RIVERSIDE PCC	2,872,720	1,500,880	4,373,600	-205,280	4,168,320	-1,313,533	2,854,787	90.12
90.13	09011	GLENDALE HEIGHTS PCC								90.13
90.14	09012	WHEATON PCC	1,365,269	1,418,369	2,783,638	-70,433	2,713,205	-426,226	2,286,979	90.14
90.15	09013	OBT II PCC	1,203,953	1,099,102	2,303,055	-104,494	2,198,561	109,138	2,307,699	90.15
90.16	09014	HICKORY HILLS PCC	3,238,245	1,207,882	4,446,127	-134,336	4,311,791	-976,659	3,335,132	90.16
90.18	09015	DARIEN PCC	577,076	911,353	1,488,429	-287,315	1,201,114	23,120	1,224,234	90.18
90.20	09016	ORLANAD PRACTICE - FP	2,916,316	1,353,516	4,269,832	-59,867	4,209,965	-1,163,131	3,046,834	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	730,687	381,965	1,112,652	-44,899	1,067,753	66,236	1,133,989	90.21
90.22	09018	HOMER GLEN PCC	3,438,320	2,677,377	6,115,697	-180,765	5,934,932	-527,399	5,407,533	90.22
90.23	09019	OAK PARK PCC	2,558,048	512,496	3,070,544	-15,080	3,055,464	-1,577,819	1,477,645	90.23
90.24	09020	PARK RIDGE PCC	701,962	583,111	1,285,073	-180,940	1,104,133	-32,362	1,071,771	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	1,612,236	212,227	1,824,463	-41,268	1,783,195	-838,321	944,874	90.25
90.26	09022	WOODRIDGE PCC				-2,414	-2,414	7,648	5,234	90.26
90.27	09023	NEUROLOGY - NILES		220	220	4	224		224	90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	578,600	5,014,724	5,593,324	-86,027	5,507,297	52,450	5,559,747	90.28
90.29	09025	BURR RIDGE PCC	7,828,674	7,877,919	15,706,593	-2,541,407	13,165,186	-807,289	12,357,897	90.29
90.30	09026	RIVER FOREST	2,133,622	1,018,041	3,151,663	-260,810	2,890,853	-656,943	2,233,910	90.30
90.31	09027	NORRIDGE				-772	-772	6,464	5,692	90.31
90.32	09028	ELMWOOD PARK				-1,380	-1,380	6,120	4,740	90.32
91	09100	EMERGENCY	15,327,613	2,512,412	17,840,025	-637,283	17,202,742	-3,415,318	13,787,424	91
92	09200	OBSERVATION BEDS (NON-DISTINCT PART)								92
92.01	09201	OBSERVATION BEDS-DISTINCT	284,020	42,530	326,550	-12,135	314,415	25,746	340,161	92.01
		<b>OTHER REIMBURSABLE COST CENTERS</b>								
95	09500	AMBULANCE SERVICES		374,162	374,162		374,162		374,162	95
97	09700	DURABLE MEDICAL EQUIP-SOLD	324,969	16,701	341,670	-24	341,646	29,459	371,105	97
99.10	09910	CORF								99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY								99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY								99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY								99.40
101	10100	HOME HEALTH AGENCY	3,601,900	757,826	4,359,726	-11,419	4,348,307	326,477	4,674,784	101
		<b>SPECIAL PURPOSE COST CENTERS</b>								
105	10500	KIDNEY ACQUISITION	435,344	2,479,384	2,914,728	102,717	3,017,445	39,464	3,056,909	105
106	10600	HEART ACQUISITION	213,264	536,857	750,121	334,492	1,084,613	19,333	1,103,946	106
107	10700	LIVER ACQUISITION	485,508	1,677,782	2,163,290	51,226	2,214,516	44,011	2,258,527	107
108	10800	LUNG ACQUISITION	230,652	1,998,113	2,228,765	276,200	2,504,965	20,909	2,525,874	108
109	10900	PANCREAS ACQUISITION	796,431	60,831	857,262	-271,902	585,360	72,197	657,557	109
110	11000	INTESTINAL ACQUISITION	401,643	1,387	403,030	-31,435	371,595	23,204	394,799	110
111	11100	ISLET ACQUISITION								111
112	08600	OTHER ORGAN ACQUISITION (SPECIFY)	1,036,464	1,210,031	2,246,495	-194,294	2,052,201	86,617	2,138,818	112
116	11600	HOSPICE	518,666	317,075	835,741	-3,629	832,112	46,155	878,267	116
118		SUBTOTALS (sum of lines 1-117)	370,761,130	536,184,146	906,945,276	12,518,442	919,463,718	-18,489,202	900,974,516	118
		<b>NONREIMBURSABLE COST CENTERS</b>								



## COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 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- FICATIONS	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	
190	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	52,136	154,996	207,132	-4,597	202,535	4,726	207,261	190
190.01	19001	HINES RADIATION THERAPY	847,789	4,854	852,643	-7	852,636	49,742	902,378	190.01
190.02	19002	HOME INFUSION THERAPY	784,312	1,973,077	2,757,389	-26,975	2,730,414	71,098	2,801,512	190.02
190.03	19003	OP HOSPITAL PHARMACY	238,746	2,762,932	3,001,678	-50,019	2,951,659	21,642	2,973,301	190.03
190.04	19004	HOSPITALIST	4,869,900	93,626	4,963,526	-16,767	4,946,759	-3,462,524	1,484,235	190.04
190.05	19005	STUDENT HEALTH	41,139	17,382	58,521	-661	57,860	3,730	61,590	190.05
192	19200	PHYSICIANS' PRIVATE OFFICES	84,359	126,147	210,506		210,506		210,506	192
192.01	19201	FACULTY CLINICAL OPERATIONS	141,064,456	26,131,336	167,195,792	-12,419,416	154,776,376	-16,925,940	137,850,436	192.01
200		TOTAL (sum of lines 118-199)	518,743,967	567,448,496	1,086,192,463		1,086,192,463	-38,726,728	1,047,465,735	200



COMPU-MAX

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RECLASSIFICATIONS

WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				
			COST CENTER	LINE #	SALARY		OTHER
		1	2	3	4	5	
1	DEPRECIATION EXPENSE	A	CAP REL COSTS-BLDG & FIXT	1		19,093,762	1
2	DEPR	A	CAP REL COSTS-MVBLE EQUIP	2		23,711,960	2
3			PATIENT ACCOUNTS	5.07		79,534	3
4			BARIATRICS	76.10		30,944	4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
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COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 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	
77							77
78							78
79							79
80							80
81							81
82							82
83							83
84							84
85							85
86							86
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90							90
91							91
92							92
93							93
94							94
95							95
96							96
97							97
98							98
99							99
500	TOTAL RECLASSIFICATIONS CODE LETTER - A					42,916,200	500
1	CRNA	B	NONPHYSICIAN ANESTHETISTS	19	2,915,486	538,636	1
2							2
3							3
500	TOTAL RECLASSIFICATIONS CODE LETTER - B				2,915,486	538,636	500
1	SHARED SERVICE TO HE	D	HOSPITAL ADMINSTRATION	5.11	4,188,000		1
2							2
3							3
4							4
5							5
500	TOTAL RECLASSIFICATIONS CODE LETTER - D				4,188,000		500
1	PENSION EXPENSE	E	EMPLOYEE BENEFITS DEPARTMENT	4		14,734,855	1
2			FACUALTY CLINICAL OPERATIONS	192.01		1,145	2
500	TOTAL RECLASSIFICATIONS CODE LETTER - E					14,736,000	500
1	SERVICE ASSOCIATE	J					1
2			ADULTS & PEDIATRICS	30	666,650	5,488,882	2
3			INTENSIVE CARE UNIT	31	148,663	1,247,183	3
4			BURN INTENSIVE CARE UNIT	33	53,527	449,053	4
5			PEDIATRIC ICU	35.01	18,304	153,556	5
6			HEART TRANSPLANT ICU	35.03	26,979	226,339	6
7			BONE INTENSIVE CARE	35.04	53,271	446,905	7
8			SUBPROVIDER - IRF	41	71,230	597,574	8
9			NURSERY	43	15,799	132,540	9
500	TOTAL RECLASSIFICATIONS CODE LETTER - J				1,054,423	8,742,032	500
1	CAFETERIA	K					1
2			CAFETERIA	11	541,957	1,405,500	2
500	TOTAL RECLASSIFICATIONS CODE LETTER - K				541,957	1,405,500	500
1	MEDICAL SUPPLY CHG TO PATIENT	L					1
2			MEDICAL SUPPLIES CHARGED TO P	71		1,097,487	2
500	TOTAL RECLASSIFICATIONS CODE LETTER - L					1,097,487	500
1	DRUGS CHG TO PATIENT	M					1
2			DRUGS CHARGED TO PATIENTS	73		28,472,847	2
500	TOTAL RECLASSIFICATIONS CODE LETTER - M					28,472,847	500
1	DPU REHAB THERAPY	O					1
2			PHYSICAL THERAPY	66	99,992	18,469	2
3			OCCUPATIONAL THERAPY	67	81,437	15,042	3
4			SPEECH PATHOLOGY	68	28,633	5,289	4



COMPU-MAX

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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	
5			SOCIAL SERVICE	17	45,282	8,364	5
500	TOTAL RECLASSIFICATIONS				255,344	47,164	500
	CODE LETTER - O						
1	INSURANCE	P					1
500	TOTAL RECLASSIFICATIONS						500
	CODE LETTER - P						
1	HOSPITAL MEDICAL ADMIN (50990)	R					1
2			HOSPITAL ADMINISTRATION	5.11		1,873,381	2
3							3
500	TOTAL RECLASSIFICATIONS					1,873,381	500
	CODE LETTER - R						
1	NURSERY	T					1
2			NURSERY	43	536,238	155,627	2
500	TOTAL RECLASSIFICATIONS				536,238	155,627	500
	CODE LETTER - T						
1	INTERST EXPENSE	U					1
2			NEW CAPITAL-BLDG INTEREST	1.01		16,804,547	2
500	TOTAL RECLASSIFICATIONS					16,804,547	500
	CODE LETTER - U						
1	SUPPLY REBATE RECLS TO DEPTS	W	PURCHASING	5.03		3,111,493	1
2							2
3			OPC STORES	5.04		3	3
4			NEUROLOGY - NILES	90.27		4	4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
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51							51
52							52



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LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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RECLASSIFICATIONS

WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				
			COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
53							53
54							54
55							55
56							56
57							57
58							58
59							59
60							60
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62							62
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96							96
97							97
98							98
99							99
100							100
101							101
102							102
103							103
104							104
500	TOTAL RECLASSIFICATIONS					3,111,500	500
	CODE LETTER - W						
1	TRANSPLANT PRE VS POST	AB	KIDNEY ACQUISITION	105	152,122	34,462	1
2	TRANSPLANT PRE VS POST	AB	HEART ACQUISITION	106	286,599	64,927	2
3	TRANSPLANT PRE VS POST	AB	LIVER ACQUISITION	107	109,081	24,711	3
4	TRANSPLANT PRE VS POST	AB	LUNG ACQUISITION	108	206,843	46,859	4
5	TRANSPLANT PRE VS POST	AB	PANCREAS ACQUISITION	109	222,890	50,494	5
6							6
7							7
8							8
9							9
500	TOTAL RECLASSIFICATIONS				977,535	221,453	500
	CODE LETTER - AB						
1	TRANSPLANT PHYSICIAN ORGAN ACQ	AC	HEART ACQUISITION	106	16,007	495	1
2	TRANSPLANT PHYSICIAN ORGAN ACQ	AC	KIDNEY ACQUISITION	105	17,688	624	2
3			LIVER ACQUISITION	107	56,093	2,066	3
4			LUNG ACQUISITION	108	22,244	880	4
500	TOTAL RECLASSIFICATIONS				112,032	4,065	500
	CODE LETTER - AC						
1	NUTRITION SUPPORT TO LOC	AG	LOC OUTPATIENT CENTER	90.07	293,285	3,864	1
500	TOTAL RECLASSIFICATIONS				293,285	3,864	500



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RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION(S)		CODE (1)	INCREASES				
			COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
	CODE LETTER - AG						
1	LAWSON AU 10637	AH	ELECTROCARDIOLOGY	69	249,275	70,313	1
500	TOTAL RECLASSIFICATIONS				249,275	70,313	500
	CODE LETTER - AH						
1	HOSPITAL MEDICAL ADMIN (50993)	AK	HOSPITAL ADMINISTRATION	5.11	11,580,805		1
2							2
3							3
500	TOTAL RECLASSIFICATIONS				11,580,805		500
	CODE LETTER - AK						
1	RECLASS MWCC COSTS TO CORRECT CC	AL					1
500	TOTAL RECLASSIFICATIONS						500
	CODE LETTER - AL						
1	CORRECT POST TRANSPLANT (TMG)	AM					1
500	TOTAL RECLASSIFICATIONS						500
	CODE LETTER - AM						
1	REVERSE HOSP MED ADMIN (TMG)	AN					1
500	TOTAL RECLASSIFICATIONS						500
	CODE LETTER - AN						
1	RADIOLOGY NURSING	AO	RADIOLOGY-DIAGNOSTIC	54	194,671	1,091	1
2			RADIOLOGY-ULTRASOUND	54.01	51,166	287	2
3			MRI	58	158,870	891	3
4			CT SCAN	57	285,628	1,601	4
5			RADIOISOTOPE	56	84,281	473	5
6			OBSERVATION BEDS-DISTINCT	92.01	160	1	6
500	TOTAL RECLASSIFICATIONS				774,776	4,344	500
	CODE LETTER - AO						
1	MEDICAL EDUCATION	AP	I&R SERVICES-SALARY & FRINGES	21	3,839,009	1,418,362	1
500	TOTAL RECLASSIFICATIONS				3,839,009	1,418,362	500
	CODE LETTER - AP						
	GRAND TOTAL (INCREASES)				27,318,165	121,623,322	

(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.



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## RECLASSIFICATIONS

## WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	DECREASES				WKST A-7 REF.	
			COST CENTER	LINE #	SALARY	OTHER		
		1	6	7	8	9	10	
1	DEPRECIATION EXPENSE	A	EMPLOYEE BENEFITS DEPARTMENT	4		58,137	9	1
2	DEPR	A	COMMUNICATION	5.01		157,025	9	2
3			SYSTEM & COMPUTERS	5.02		3,606,510		3
4			PURCHASING	5.03		176,650		4
5			OPC STORES	5.04		42,199		5
6			PATIENT AFFAIRS	5.05		20,157		6
7			PATIENT ADMITTING	5.06		42,346		7
8								8
9			ACCOUNTING	5.08		97,693		9
10			EMPLOYEE HEALTH SERVICES	5.09		59,192		10
11			PASTORAL CARE	5.10		151,683		11
12			HOSPITAL ADMINISTRATION	5.11		1,446,589		12
13			AMBULATORY ADMINISTRATION	5.12		18,945		13
14			PRIMARY CARE ADMINISTRATION	5.14		95		14
15			OPERATION OF PLANT	7		2,713,580		15
16			SAFETY AND SECURITY	7.01		127,496		16
17			LAUNDRY & LINEN SERVICE	8		88,017		17
18			HOUSEKEEPING	9		94,071		18
19			DIETARY	10		298,235		19
20			CAFETERIA	11		3,323		20
21			PATIENT TRANSPORTATION	12.01		4,041		21
22			NURSING ADMINISTRATION	13		75,310		22
23			CENTRAL SERVICES & SUPPLY	14		634,159		23
24			CENTRAL PROCESSING	14.01		102,628		24
25			PHARMACY	15		318,904		25
26			MEDICAL RECORDS & LIBRARY	16		558,077		26
27			SOCIAL SERVICE	17		29,368		27
28			I&R SERVICES-SALARY & FRINGES	21		76,944		28
29			PARAMEDICAL ED-MICU	23.01		71,404		29
30			ADULTS & PEDIATRICS	30		2,270,620		30
31			INTENSIVE CARE UNIT	31		724,227		31
32			BURN INTENSIVE CARE UNIT	33		231,578		32
33			NEONATAL INTENSIVE CARE	35		514,226		33
34			PEDIATRIC ICU	35.01		141,837		34
35			HEART TRANSPLANT ICU	35.03		161,768		35
36			BONE INTENSIVE CARE	35.04		613,262		36
37			SUBPROVIDER - IRF	41		294,104		37
38			OPERATING ROOM	50		4,301,761		38
39			AMBULATORY SURGERY CENTER	50.01		468,362		39
40			RECOVERY ROOM	51		335,569		40
41			DELIVERY ROOM & LABOR ROOM	52		330,693		41
42			ANESTHESIOLOGY	53		404,916		42
43			RADIOLOGY-DIAGNOSTIC	54		1,773,882		43
44			RADIOLOGY-ULTRASOUND	54.01		114,091		44
45			RADIOISOTOPE	56		551,380		45
46			CT SCAN	57		419,516		46
47			MRI	58		1,080,573		47
48			CARDIAC CATHETERIZATION	59		1,327,856		48
49			LABORATORY	60		451,318		49
50			LABORATORY-SURGICAL PATHOLOGY	60.01		379,672		50
51			BLOOD STORING, PROCESSING & T	63		148,718		51
52			RESPIRATORY THERAPY	65		279,771		52
53			PHYSICAL THERAPY	66		121,886		53
54			OCCUPATIONAL THERAPY	67		65,180		54
55			SPEECH PATHOLOGY	68		3,599		55
56			ELECTROCARDIOLOGY	69		1,654,153		56
57			ELECTROENCEPHALOGRAPHY	70		154,144		57
58			RENAL DIALYSIS	74		134,042		58
59			PULMONARY LABS	76		132,088		59
60			OCCUPATIONAL HEALTH	76.01		10,495		60
61			PERIPHERAL VASCULAR	76.04		50,838		61
62			GASTROINTESTINAL SERVICE	76.07		1,064,778		62
63			CLINIC	90		29,364		63
64			CANCER CENTER	90.02		404,754		64
65			PSYCH SOCIAL REHAB	90.03		21,650		65
66			LOC OUTPATIENT CENTER	90.07		3,147,641		66
67			OBT OUTPATIENT CENTER	90.08		413,286		67
68			ELMHURST IMMEDIATE CARE	90.09		62,943		68
69			LAGRANGE FAMILY PCC	90.10		136,900		69
70			NORTH RIVERSIDE PCC	90.12		191,902		70
71			WHEATON PCC	90.14		57,283		71
72			OBT II PCC	90.15		94,906		72
73			HICKORY HILLS PCC	90.16		127,823		73
74			DARIEN PCC	90.18		282,630		74
75			ORLANAD PARK - FP	90.20		47,896		75



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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
76			FAMILY PRACTICE MAYWOOD PCC	90.21		41,296	76
77			HOMER GLEN PCC	90.22		149,657	77
78			OAK PARK PCC	90.23		10,723	78
79			PARK RIDGE PCC	90.24		179,301	79
80			LOYOLA CLINIC AT GOTTLIEB	90.25		41,268	80
81			WOODRIDGE PCC	90.26		1,210	81
82			MARJORIE WEINBERG CANCER CENT	90.28		18,729	82
83			BURR RIDGE PCC	90.29		2,506,521	83
84			RIVER FOREST	90.30		256,880	84
85			NORRIDGE	90.31		405	85
86			EMERGENCY	91		610,306	86
87			OBSERVATION BEDS-DISTINCT	92.01		11,841	87
88			HOME HEALTH AGENCY	101		8,879	88
89			KIDNEY ACQUISITION	105		1,271	89
90			HEART ACQUISITION	106		1,596	90
91			LUNG ACQUISITION	108		408	91
92			PANCREAS ACQUISITION	109		359	92
93			OTHER ORGAN ACQUISITION (SPEC	112		15,645	93
94			HOSPICE	116		319	94
95			GIFT, FLOWER, COFFEE SHOP & C	190		2,048	95
96			OP HOSPITAL PHARMACY	190.03		5,006	96
97			HOSPITALIST	190.04		16,651	97
98			STUDENT HEALTH	190.05		378	98
99			FACULTY CLINICAL OPERATIONS	192.01		2,232,844	99
500	TOTAL RECLASSIFICATIONS					42,916,200	500
	CODE LETTER - A						
1	CRNA	B					1
2			FACULTY CLINICAL OPERATIONS	192.01	2,914,686	538,488	2
3			NURSING ADMINISTRATION	13	800	148	3
500	TOTAL RECLASSIFICATIONS				2,915,486	538,636	500
	CODE LETTER - B						
1	SHARED SERVICE TO HE	D	SYSTEM & COMPUTERS	5.02	250,000		1
2			OPERATION OF PLANT	7	2,844,000		2
3			SAFETY AND SECURITY	7.01	909,000		3
4			PASTORAL CARE	5.10	35,000		4
5			HOSPITAL ADMINISTRATION	5.11	150,000		5
500	TOTAL RECLASSIFICATIONS				4,188,000		500
	CODE LETTER - D						
1	PENSION EXPENSE	E	HOSPITAL ADMINISTRATION	5.11		14,736,000	1
2							2
500	TOTAL RECLASSIFICATIONS					14,736,000	500
	CODE LETTER - E						
1	SERVICE ASSOCIATE	J					1
2			HOUSEKEEPING	9	1,054,423	8,742,032	2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
500	TOTAL RECLASSIFICATIONS				1,054,423	8,742,032	500
	CODE LETTER - J						
1	CAFETERIA	K					1
2			DIETARY	10	541,957	1,405,500	2
500	TOTAL RECLASSIFICATIONS				541,957	1,405,500	500
	CODE LETTER - K						
1	MEDICAL SUPPLY CHG TO PATIENT	L					1
2			CENTRAL SERVICES & SUPPLY	14		1,097,487	2
500	TOTAL RECLASSIFICATIONS					1,097,487	500
	CODE LETTER - L						
1	DRUGS CHG TO PATIENT	M					1
2			PHARMACY	15		28,472,847	2
500	TOTAL RECLASSIFICATIONS					28,472,847	500
	CODE LETTER - M						
1	DPU REHAB THERAPY	O					1
2			SUBPROVIDER - IRF	41	255,344	47,164	2



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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	
3							3	
4							4	
5							5	
500	TOTAL RECLASSIFICATIONS CODE LETTER - O				255,344	47,164	500	
1	INSURANCE	P					1	
500	TOTAL RECLASSIFICATIONS CODE LETTER - P						500	
1	HOSPITAL MEDICAL ADMIN (50990)	R					1	
2			CARDIAC CATHETERIZATION	59		708,357	2	
3			FACULTY CLINICAL OPERATIONS	192.01		1,165,024	3	
500	TOTAL RECLASSIFICATIONS CODE LETTER - R					1,873,381	500	
1	NURSERY	T					1	
2			ADULTS & PEDIATRICS	30	536,238	155,627	2	
500	TOTAL RECLASSIFICATIONS CODE LETTER - T				536,238	155,627	500	
1	INTERST EXPENSE	U					11	
2			HOSPITAL ADMINISTRATION	5.11		16,804,547	9	
500	TOTAL RECLASSIFICATIONS CODE LETTER - U					16,804,547	500	
1	SUPPLY REBATE RECLS TO DEPTS	W	EMPLOYEE BENEFITS DEPARTMENT	4		1,207	1	
2			COMMUNICATION	5.01		862	2	
3			SYSTEM & COMPUTERS	5.02		20,917	3	
4			PATIENT AFFAIRS	5.05		2,566	4	
5			PATIENT ADMITTING	5.06		978	5	
6			PATIENT ACCOUNTS	5.07		4,565	6	
7			ACCOUNTING	5.08		1,016	7	
8			EMPLOYEE HEALTH SERVICES	5.09		12,340	8	
9			PASTORAL CARE	5.10		821	9	
10			HOSPITAL ADMINISTRATION	5.11		26,056	10	
11			AMBULATORY ADMINISTRATION	5.12		4,640	11	
12			PRIMARY CARE ADMINISTRATION	5.14		73,375	12	
13			OPERATION OF PLANT	7		27,017	13	
14			SAFETY AND SECURITY	7.01		2,673	14	
15			LAUNDRY & LINEN SERVICE	8		339	15	
16			HOUSEKEEPING	9		9,800	16	
17			DIETARY	10		51,137	17	
18			CAFETERIA	11		7,952	18	
19			PATIENT TRANSPORTATION	12.01		26	19	
20			NURSING ADMINISTRATION	13		1,488	20	
21			CENTRAL SERVICES & SUPPLY	14		19,143	21	
22			CENTRAL PROCESSING	14.01		1,395	22	
23			PHARMACY	15		478,059	23	
24			MEDICAL RECORDS & LIBRARY	16		3,680	24	
25			SOCIAL SERVICE	17		151	25	
26			I&R SERVICES-SALARY & FRINGES	21		3,272	26	
27			PARAMEDICAL ED-MICU	23.01		315	27	
28			ADULTS & PEDIATRICS	30		81,115	28	
29			INTENSIVE CARE UNIT	31		42,070	29	
30			BURN INTENSIVE CARE UNIT	33		18,837	30	
31			NEONATAL INTENSIVE CARE	35		8,980	31	
32			PEDIATRIC ICU	35.01		4,392	32	
33			HEART TRANSPLANT ICU	35.03		6,403	33	
34			BONE INTENSIVE CARE	35.04		7,569	34	
35			SUBPROVIDER - IRF	41		3,923	35	
36			OPERATING ROOM	50		587,563	36	
37			AMBULATORY SURGERY CENTER	50.01		50,860	37	
38			RECOVERY ROOM	51		9,688	38	
39			DELIVERY ROOM & LABOR ROOM	52		5,357	39	
40			ANESTHESIOLOGY	53		32,890	40	
41			RADIOLOGY-DIAGNOSTIC	54		42,110	41	
42			RADIOLOGY-ULTRASOUND	54.01		400	42	
43			RADIOISOTOPE	56		38,296	43	
44			CT SCAN	57		9,692	44	
45			MRI	58		8,486	45	
46			CARDIAC CATHETERIZATION	59		113,342	46	
47			LABORATORY	60		125,043	47	
48			LABORATORY-SURGICAL PATHOLOGY	60.01		14,563	48	
49			BLOOD STORING, PROCESSING & T	63		109,200	49	



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RECLASSIFICATIONS

WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	DECREASES				WKST A-7 REF.	
			COST CENTER	LINE #	SALARY	OTHER		
		1	6	7	8	9	10	
50			RESPIRATORY THERAPY	65		19,211		50
51			PHYSICAL THERAPY	66		2,429		51
52			OCCUPATIONAL THERAPY	67		820		52
53			SPEECH PATHOLOGY	68		434		53
54			ELECTROCARDIOLOGY	69		142,326		54
55			ELECTROENCEPHALOGRAPHY	70		2,274		55
56			RENAL DIALYSIS	74		31,819		56
57			PULMONARY LABS	76		2,654		57
58			OCCUPATIONAL HEALTH	76.01		3,113		58
59			PERIPHERAL VASCULAR	76.04		260		59
60			GASTROINTESTINAL SERVICE	76.07		41,013		60
61			BIARIATRICS	76.10		197		61
62			HEPATOLOGY	76.11		89		62
63			CLINIC	90		880		63
64			CARDIAC REHABILITATION	90.01		1		64
65			CANCER CENTER	90.02		256,813		65
66			PSYCH SOCIAL REHAB	90.03		292		66
67			LOC OUTPATIENT CENTER	90.07		134,183		67
68			OBT OUTPATIENT CENTER	90.08		8,062		68
69			ELMHURST IMMEDIATE CARE	90.09		5,939		69
70			LAGRANGE FAMILY PCC	90.10		11,822		70
71			NORTH RIVERSIDE PCC	90.12		13,378		71
72			WHEATON PCC	90.14		13,150		72
73			OBT II PCC	90.15		9,588		73
74			HICKORY HILLS PCC	90.16		6,513		74
75			DARIEN PCC	90.18		4,685		75
76			ORLANAD PARK - FP	90.20		11,971		76
77			FAMILY PRACTICE MAYWOOD PCC	90.21		3,603		77
78			HOMER GLEN PCC	90.22		31,108		78
79			OAK PARK PCC	90.23		4,357		79
80			PARK RIDGE PCC	90.24		1,639		80
81			WOODRIDGE PCC	90.26		1,204		81
82			MARJORIE WEINBERG CANCER CENT	90.28		67,298		82
83			BURR RIDGE PCC	90.29		34,886		83
84			RIVER FOREST	90.30		3,930		84
85			NORRIDGE	90.31		367		85
86			ELMWOOD PARK	90.32		1,380		86
87			EMERGENCY	91		26,977		87
88			OBSERVATION BEDS-DISTINCT	92.01		455		88
89			DURABLE MEDICAL EQUIP-SOLD	97		24		89
90			HOME HEALTH AGENCY	101		2,540		90
91			KIDNEY ACQUISITION	105		82		91
92			HEART ACQUISITION	106		28		92
93			LIVER ACQUISITION	107		80		93
94			LUNG ACQUISITION	108		218		94
95			PANCREAS ACQUISITION	109		347		95
96			OTHER ORGAN ACQUISITION (SPEC	112		17,827		96
97			HOSPICE	116		3,310		97
98			GIFT, FLOWER, COFFEE SHOP & C	190		2,549		98
99			HINES RADIATION THERAPY	190.01		7		99
100			HOME INFUSION THERAPY	190.02		26,975		100
101			OP HOSPITAL PHARMACY	190.03		45,013		101
102			HOSPITALIST	190.04		116		102
103			STUDENT HEALTH	190.05		283		103
104			FACULTY CLINICAL OPERATIONS	192.01		34,412		104
500	TOTAL RECLASSIFICATIONS					3,111,500		500
	CODE LETTER - W							
1	TRANSPLANT PRE VS POST	AB	DIETARY	10	23,384	5,298		1
2	TRANSPLANT PRE VS POST	AB	PHARMACY	15	29,800	6,751		2
3	TRANSPLANT PRE VS POST	AB	KIDNEY ACQUISITION	105	82,203	18,623		3
4	TRANSPLANT PRE VS POST	AB	HEART ACQUISITION	106	26,018	5,894		4
5	TRANSPLANT PRE VS POST	AB	LIVER ACQUISITION	107	114,668	25,977		5
6			PANCREAS ACQUISITION	109	443,996	100,584		6
7			INTESTINAL ACQUISITION	110	25,629	5,806		7
8			OTHER ORGAN ACQUISITION (SPEC	112	131,118	29,704		8
9			FACULTY CLINICAL OPERATIONS	192.01	100,719	22,816		9
500	TOTAL RECLASSIFICATIONS				977,535	221,453		500
	CODE LETTER - AB							
1	TRANSPLANT PHYSICIAN ORGAN ACQ	AC	FACULTY CLINICAL OPERATIONS	192.01	112,032			1
2	TRANSPLANT PHYSICIAN ORGAN ACQ	AC	EMPLOYEE BENEFITS DEPARTMENT	4		4,065		2
3								3
4								4
500	TOTAL RECLASSIFICATIONS				112,032	4,065		500



COMPU-MAX

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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	
	CODE LETTER - AC							
1	NUTRITION SUPPORT TO LOC	AG	DIETARY	10	293,285	3,864	1	
500	TOTAL RECLASSIFICATIONS				293,285	3,864	500	
	CODE LETTER - AG							
1	LAWSON AU 10637	AH	CARDIAC CATHETERIZATION	59	249,275	70,313	1	
500	TOTAL RECLASSIFICATIONS				249,275	70,313	500	
	CODE LETTER - AH							
1	HOSPITAL MEDICAL ADMIN (50993)	AK	HOSPITAL ADMINISTRATION	5.11	9,945,077		1	
2			AMBULATORY ADMINISTRATION	5.12	1,593,559		2	
3			FACULTY CLINICAL OPERATIONS	192.01	42,169		3	
500	TOTAL RECLASSIFICATIONS				11,580,805		500	
	CODE LETTER - AK							
1	RECLASS MWCC COSTS TO CORRECT CC	AL					1	
500	TOTAL RECLASSIFICATIONS						500	
	CODE LETTER - AL							
1	CORRECT POST TRANSPLANT (TMG)	AM					1	
500	TOTAL RECLASSIFICATIONS						500	
	CODE LETTER - AM							
1	REVERSE HOSP MED ADMIN (TMG)	AN					1	
500	TOTAL RECLASSIFICATIONS						500	
	CODE LETTER - AN							
1	RADIOLOGY NURSING	AO	RADIOLOGY-DIAGNOSTIC	54	768,713	4,344	1	
2			LOC OUTPATIENT CENTER	90.07	6,063		2	
3							3	
4							4	
5							5	
6							6	
500	TOTAL RECLASSIFICATIONS				774,776	4,344	500	
	CODE LETTER - AO							
1	MEDICAL EDUCATION	AP	FACULTY CLINICAL OPERATIONS	192.01	3,839,009	1,418,362	1	
500	TOTAL RECLASSIFICATIONS				3,839,009	1,418,362	500	
	CODE LETTER - AP							
	GRAND TOTAL (DECREASES)				27,318,165	121,623,322		

(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.



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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	8,850,000					8,850,000		1
2	LAND IMPROVEMENTS	140,126					140,126		2
3	BUILDINGS AND FIXTURES	338,397,630					338,397,630		3
4	BUILDING IMPROVEMENTS		13,169,120		13,169,120	28,891	13,140,229		4
5	FIXED EQUIPMENT	159,192,392	26,368,430		26,368,430	2,150,545	183,410,277		5
6	MOVABLE EQUIPMENT								6
7	HIT DESIGNATED ASSETS								7
8	SUBTOTAL (sum of lines 1-7)	506,580,148	39,537,550		39,537,550	2,179,436	543,938,262		8
9	RECONCILING ITEMS								9
10	TOTAL (line 7 minus line 9)	506,580,148	39,537,550		39,537,550	2,179,436	543,938,262		10

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

	DESCRIPTION	SUMMARY OF CAPITAL								
		DEPRECIATION	LEASE	INTEREST	INSURANCE (see instr.)	TAXES (see instr.)	OTHER CAPITAL-RELATED COSTS (see instr.)	TOTAL(1) (Sum of (cols. 9 through 14))		
*		9	10	11	12	13	14	15		
1	CAP REL COSTS-BLDG & FIXT									1
1.01	NEW CAPITAL-BLDG INTEREST									1.01
2	CAP REL COSTS-MVBLE EQUIP									2
3	TOTAL (sum of lines 1-2)									3

(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	189,367,498		189,367,498	0.376870					1
1.01	NEW CAPITAL-BLDG INTERE	171,160,488	42,304,537	128,855,951	0.256442					1.01
2	CAP REL COSTS-MVBLE EQU	184,251,889		184,251,889	0.366688					2
3	TOTAL (sum of lines 1-2)	544,779,875	42,304,537	502,475,338	1.000000					3

	DESCRIPTION	SUMMARY OF CAPITAL								
		DEPRECIATION	LEASE	INTEREST	INSURANCE (see instr.)	TAXES (see instr.)	OTHER CAPITAL-RELATED COSTS (see instr.)	TOTAL(2) (sum of (cols. 9 through 14))		
*		9	10	11	12	13	14	15		
1	CAP REL COSTS-BLDG & FIXT	19,057,976						19,057,976	1	
1.01	NEW CAPITAL-BLDG INTEREST	16,804,547		-9,020,783				7,783,764	1.01	
2	CAP REL COSTS-MVBLE EQUIP	23,711,960						23,711,960	2	
3	TOTAL (sum of lines 1-2)	59,574,483		-9,020,783				50,553,700	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.)



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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		
				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
1.01	INV INC-BLDGS AND FIXT	B	-9,020,783	NEW CAPITAL-BLDG INTEREST	1.01	1.01
2	INVESTMENT INCOME-MOVABLE EQUIPMENT (chapter 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3	INVESTMENT INCOME-OTHER (chapter 2)					3
4	TRADE, QUANTITY, AND TIME DISCOUNTS (chapter 8)					4
5	REFUNDS AND REBATES OF EXPENSES (chapter 8)					5
6	RENTAL OF PROVIDER SPACE BY SUPPLIERS (chapter 8)					6
7	TELEPHONE SERVICES (PAY STATIONS EXCL) (chapter 21)	A	-349,328	COMMUNICATION	5.01	7
8	TELEVISION AND RADIO SERVICE (chapter 21)	A	-16,968	OPERATION OF PLANT	7	8
9	PARKING LOT (chapter 21)	A	-921,742	OPERATION OF PLANT	7	9
10	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2				10
11	SALE OF SCRAP, WASTE, ETC. (chapter 23)					11
12	RELATED ORGANIZATION TRANSACTIONS (chapter 10)	WKST A-8-1	1,412,580			12
13	LAUNDRY AND LINEN SERVICE					13
14	CAFETERIA - EMPLOYEES AND GUESTS	B	-2,726,361	CAFETERIA	11	14
15	RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16	SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17	SALE OF DRUGS TO OTHER THAN PATIENTS					17
18	SALE OF MEDICAL RECORDS AND ABSTRACTS					18
19	NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					19
20	VENDING MACHINES					20
21	INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (chapter 21)					21
22	INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE 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			CAP REL COSTS-MVBLE EQUIP	2	27
28	NON-PHYSICIAN ANESTHETIST	A	-3,454,122	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
33.03	PATIENT TELEVISION	A	-35,786	CAP REL COSTS-BLDG & FIXT	1	33.03
33.04	PARKING	A	-155,758	HOSPITAL ADMINISTRATION	5.11	33.04
34						34
35	LOBBYING EXPENSE	A	-52,699	HOSPITAL ADMINISTRATION	5.11	35
35.01	PHYSICIAN RECRUITING	A	-122,537	HOSPITAL ADMINISTRATION	5.11	35.01
35.02	BOARD OF DIRECTORS	A	-16,476	HOSPITAL ADMINISTRATION	5.11	35.02
35.04	DONATIONS	A	-155,758	HOSPITAL ADMINISTRATION	5.11	35.04
35.05	FLOWERS AND GIFTS	A	-15,293	HOSPITAL ADMINISTRATION	5.11	35.05
35.06	EXPENSE REPORTS	A	-6,033	HOSPITAL ADMINISTRATION	5.11	35.06
35.07	ADVERTISING	A	-3,289,852	HOSPITAL ADMINISTRATION	5.11	35.07
35.08	LOBBYING TRINITY	A	-35,321	HOSPITAL ADMINISTRATION	5.11	35.08
36	SELF INSURANCE	A	612,709	EMPLOYEE BENEFITS DEPARTMENT	4	36
36.01	SELF INSURANCE	A	54,101	COMMUNICATION	5.01	36.01
36.02	SELF INSURANCE	A	370,200	SYSTEM & COMPUTERS	5.02	36.02
36.03	SELF INSURANCE	A	85,474	PURCHASING	5.03	36.03
36.05	SELF INSURANCE	A	137,081	PATIENT AFFAIRS	5.05	36.05
36.06	SELF INSURANCE	A	134,888	PATIENT ADMITTING	5.06	36.06
36.07	SELF INSURANCE	A	284,245	PATIENT ACCOUNTS	5.07	36.07
36.08	SELF INSURANCE	A	100,863	ACCOUNTING	5.08	36.08
36.09	SELF INSURANCE	A	19,663	EMPLOYEE HEALTH SERVICES	5.09	36.09
36.10	SELF INSURANCE	A	48,726	PASTORAL CARE	5.10	36.10
36.11	SELF INSURANCE	A	2,208,847	HOSPITAL ADMINISTRATION	5.11	36.11
36.12	SELF INSURANCE	A	267,362	AMBULATORY ADMINISTRATION	5.12	36.12
36.13	SELF INSURANCE	A	2,647	PRIMARY CARE ADMINISTRATION	5.14	36.13
36.14	SELF INSURANCE	A	457,729	OPERATION OF PLANT	7	36.14
36.15	SELF INSURANCE	A	137,098	SAFETY AND SECURITY	7.01	36.15
36.16	SELF INSURANCE	A	-40	LAUNDRY & LINEN SERVICE	8	36.16
36.17	SELF INSURANCE	A	173,326	DIETARY	10	36.17
36.18	SELF INSURANCE	A	17,989	CAFETERIA	11	36.18



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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		
				COST CENTER	LINE#	WKST A-7 REF.
36.19	SELF INSURANCE	A	47,113	PATIENT TRANSPORTATION	12.01	36.19
36.20	SELF INSURANCE	A	126,050	NURSING ADMINISTRATION	13	36.20
36.21	SELF INSURANCE	A	74,234	CENTRAL SERVICES & SUPPLY	14	36.21
36.22	SELF INSURANCE	A	43,971	CENTRAL PROCESSING	14.01	36.22
36.23	SELF INSURANCE	A	473,082	PHARMACY	15	36.23
36.24	SELF INSURANCE	A	262,659	MEDICAL RECORDS & LIBRARY	16	36.24
36.25	SELF INSURANCE	A	150,975	SOCIAL SERVICE	17	36.25
36.26	SELF INSURANCE	A	1,982,902	I&R SERVICES-SALARY & FRINGES APPRVD	21	36.26
36.27	SELF INSURANCE	A	32,596	PARAMEDICAL ED-MICU	23.01	36.27
36.28	SELF INSURANCE	A	2,093,673	ADULTS & PEDIATRICS	30	36.28
36.29	SELF INSURANCE	A	723,987	INTENSIVE CARE UNIT	31	36.29
36.30	SELF INSURANCE	A	225,457	BURN INTENSIVE CARE UNIT	33	36.30
36.31	SELF INSURANCE	A	419,758	NEONATAL INTENSIVE CARE	35	36.31
36.32	SELF INSURANCE	A	1,122,333	PEDIATRIC ICU	35.01	36.32
36.33	SELF INSURANCE	A	143,815	HEART TRANSPLANT ICU	35.03	36.33
36.34	SELF INSURANCE	A	189,615	BONE INTENSIVE CARE	35.04	36.34
36.35	SELF INSURANCE	A	265,213	SUBPROVIDER - IRF	41	36.35
36.36	SELF INSURANCE	A	680,606	OPERATING ROOM	50	36.36
36.37	SELF INSURANCE	A	157,517	AMBULATORY SURGERY CENTER	50.01	36.37
36.38	SELF INSURANCE	A	143,658	RECOVERY ROOM	51	36.38
36.39	SELF INSURANCE	A	133,524	DELIVERY ROOM & LABOR ROOM	52	36.39
36.40	SELF INSURANCE	A	28,551	ANESTHESIOLOGY	53	36.40
36.41	-SELF INSURANCE	A	392,209	RADIOLOGY-DIAGNOSTIC	54	36.41
36.42	SELF INSURANCE	A	58,048	RADIOLOGY-ULTRASOUND	54.01	36.42
36.43	SELF INSURANCE	A	82,454	RADIOISOTOPE	56	36.43
36.44	SELF INSURANCE	A	132,917	CT SCAN	57	36.44
36.45	SELF INSURANCE	A	90,249	MRI	58	36.45
36.46	SELF INSURANCE	A	271,058	CARDIAC CATHETERIZATION	59	36.46
36.47	SELF INSURANCE	A	379,846	LABORATORY	60	36.47
36.48	SELF INSURANCE	A	76,134	LABORATORY-SURGICAL PATHOLOGY	60.01	36.48
36.49	SELF INSURANCE	A	71,326	BLOOD STORING, PROCESSING & TRANS.	63	36.49
36.50	SELF INSURANCE	A	337,454	RESPIRATORY THERAPY	65	36.50
36.51	SELF INSURANCE	A	190,750	PHYSICAL THERAPY	66	36.51
36.52	SELF INSURANCE	A	55,543	OCCUPATIONAL THERAPY	67	36.52
36.53	SELF INSURANCE	A	17,803	SPEECH PATHOLOGY	68	36.53
36.54	SELF INSURANCE	A	156,340	ELECTROCARDIOLOGY	69	36.54
36.55	SELF INSURANCE	A	70,408	ELECTROENCEPHALOGRAPHY	70	36.55
36.56	SELF INSURANCE	A	154,695	RENAL DIALYSIS	74	36.56
36.57	SELF INSURANCE	A	18,145	PULMONARY LABS	76	36.57
36.58	SELF INSURANCE	A	47,432	OCCUPATIONAL HEALTH	76.01	36.58
36.59	SELF INSURANCE	A	41,465	PERIPHERAL VASCULAR	76.04	36.59
36.60	SELF INSURANCE	A	153,034	GASTROINTESTINAL SERVICE	76.07	36.60
36.61	SELF INSURANCE	A	21,249	BARITRICS	76.10	36.61
36.62	SELF INSURANCE	A	31,178	HEPATOLOGY	76.11	36.62
36.63	SELF INSURANCE	A	12,022	CLINIC	90	36.63
36.64	SELF INSURANCE	A	10,515	CARDIAC REHABILITATION	90.01	36.64
36.65	SELF INSURANCE	A	317,218	CANCER CENTER	90.02	36.65
36.66	SELF INSURANCE	A	17,266	PSYCH SOCIAL REHAB	90.03	36.66
36.67	SELF INSURANCE	A	1,119,894	LOC OUTPATIENT CENTER	90.07	36.67
36.68	SELF INSURANCE	A	314,595	OBT OUTPATIENT CENTER	90.08	36.68
36.69	SELF INSURANCE	A	52,923	ELMHURST IMMEDIATE CARE	90.09	36.69
36.70	SELF INSURANCE	A	113,841	LAGRANGE FAMILY PCC	90.10	36.70
36.71	SELF INSURANCE	A	168,550	NORTH RIVERSIDE PCC	90.12	36.71
36.72	SELF INSURANCE	A	80,104	WHEATON PCC	90.14	36.72
36.73	SELF INSURANCE	A	70,639	OB2 PCC	90.15	36.73
36.74	SELF INSURANCE	A	189,997	HICKORY HILLS PCC	90.16	36.74
36.75	SELF INSURANCE	A	33,859	DARIEN PCC	90.18	36.75
36.76	SELF INSURANCE	A	171,108	ORLAND PARK - FP	90.20	36.76
36.77	SELF INSURANCE	A	42,871	FAMILY PRACTICE MAYWOOD PCC	90.21	36.77
36.78	SELF INSURANCE	A	201,736	HOMER GLEN PCC	90.22	36.78
36.79	SELF INSURANCE	A	150,088	OAK PARK PCC	90.23	36.79
36.80	SELF INSURANCE	A	41,186	PARK RIDGE PCC	90.24	36.80
36.81	SELF INSURANCE	A	103,659	LOYOLA CLINIC AT GOTTLIEB	90.25	36.81
36.82	SELF INSURANCE	A	4,950	WOODRIDGE PCC	90.26	36.82
36.83	SELF INSURANCE	A	33,948	MARJORIE WEINBERG CANCER CENTER	90.28	36.83
36.84	SELF INSURANCE	A	459,330	BURR RIDGE PCC	90.29	36.84
36.85	SELF INSURANCE	A	125,185	RIVER FOREST	90.30	36.85
36.86	SELF INSURANCE	A	4,184	NORRIDGE	90.31	36.86
36.87	SELF INSURANCE	A	3,961	ELMWOOD PARK	90.32	36.87
36.88	SELF INSURANCE	A	899,313	EMERGENCY	91	36.88
36.89	SELF INSURANCE	A	16,664	OBSERVATION BEDS-DISTINCT	92.01	36.89
36.90	SELF INSURANCE	A	19,067	DURABLE MEDICAL EQUIP-SOLD	97	36.90



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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	
36.91	SELF INSURANCE	A	211,333	HOME HEALTH AGENCY	101		36.91
36.92	SELF INSURANCE	A	25,543	KIDNEY ACQUISITION	105		36.92
36.93	SELF INSURANCE	A	12,513	HEART ACQUISITION	106		36.93
36.94	SELF INSURANCE	A	28,486	LIVER ACQUISITION	107		36.94
36.95	SELF INSURANCE	A	13,533	LUNG ACQUISITION	108		36.95
36.96	SELF INSURANCE	A	46,729	PANCREAS ACQUISITION	109		36.96
36.97	SELF INSURANCE	A	23,566	INTESTINAL ACQUISITION	110		36.97
36.98	SELF INSURANCE	A	60,812	OTHER ORGAN ACQUISITION (SPECIFY)	112		36.98
36.99	SELF INSURANCE	A	30,432	HOSPICE	116		36.99
37	SELF INSURANCE	A	3,059	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190		37
37.01	SELF INSURANCE	A	49,742	HINES RADIATION THERAPY	190.01		37.01
37.02	SELF INSURANCE	A	46,018	HOME INFUSION THERAPY	190.02		37.02
37.03	SELF INSURANCE	A	14,008	OP HOSPITAL PHARMACY	190.03		37.03
37.04	SELF INSURANCE	A	285,730	HOSPITALIST	190.04		37.04
37.05	SELF INSURANCE	A	2,414	STUDENT HEALTH	190.05		37.05
37.06	SELF INSURANCE	A	8,267,804	FACULTY CLINICAL OPERATIONS	192.01		37.06
37.07	PENSION EXPENSE	A	333,933	EMPLOYEE BENEFITS DEPARTMENT	4		37.07
37.08	PENSION EXPENSE	A	29,485	COMMUNICATION	5.01		37.08
37.09	PENSION EXPENSE	A	201,763	SYSTEM & COMPUTERS	5.02		37.09
37.10	PENSION EXPENSE	A	46,584	PURCHASING	5.03		37.10
37.11	PENSION EXPENSE	A	74,711	PATIENT AFFAIRS	5.05		37.11
37.12	PENSION EXPENSE	A	73,516	PATIENT ADMITTING	5.06		37.12
37.13	PENSION EXPENSE	A	154,917	PATIENT ACCOUNTS	5.07		37.13
37.14	PENSION EXPENSE	A	54,971	ACCOUNTING	5.08		37.14
37.15	PENSION EXPENSE	A	10,716	EMPLOYEE HEALTH SERVICES	5.09		37.15
37.16	PENSION EXPENSE	A	26,556	PASTORAL CARE	5.10		37.16
37.17	PENSION EXPENSE	A	1,203,846	HOSPITAL ADMINISTRATION	5.11		37.17
37.18	PENSION EXPENSE	A	145,715	AMBULATORY ADMINISTRATION	5.12		37.18
37.19	PENSION EXPENSE	A	1,443	PRIMARY CARE ADMINISTRATION	5.14		37.19
37.20	PENSION EXPENSE	A	249,467	OPERATION OF PLANT	7		37.20
37.21	PENSION EXPENSE	A	74,720	SAFETY AND SECURITY	7.01		37.21
37.22	PENSION EXPENSE	A	-22	LAUNDRY & LINEN SERVICE	8		37.22
37.23	PENSION EXPENSE	A	94,465	DIETARY	10		37.23
37.24	PENSION EXPENSE	A	9,804	CAFETERIA	11		37.24
37.25	PENSION EXPENSE	A	25,677	PATIENT TRANSPORTATION	12.01		37.25
37.26	PENSION EXPENSE	A	68,698	NURSING ADMINISTRATION	13		37.26
37.27	PENSION EXPENSE	A	40,458	CENTRAL SERVICES & SUPPLY	14		37.27
37.28	PENSION EXPENSE	A	23,965	CENTRAL PROCESSING	14.01		37.28
37.29	PENSION EXPENSE	A	257,835	PHARMACY	15		37.29
37.30	PENSION EXPENSE	A	143,152	MEDICAL RECORDS & LIBRARY	16		37.30
37.31	PENSION EXPENSE	A	82,283	SOCIAL SERVICE	17		37.31
37.32	PENSION EXPENSE	A	1,080,704	I&R SERVICES-SALARY & FRINGES APPRVD	21		37.32
37.33	PENSION EXPENSE	A	17,765	PARAMEDICAL ED-MICU	23.01		37.33
37.34	PENSION EXPENSE	A	1,141,075	ADULTS & PEDIATRICS	30		37.34
37.35	PENSION EXPENSE	A	394,581	INTENSIVE CARE UNIT	31		37.35
37.36	PENSION EXPENSE	A	122,877	BURN INTENSIVE CARE UNIT	33		37.36
37.37	PENSION EXPENSE	A	228,773	NEONATAL INTENSIVE CARE	35		37.37
37.38	PENSION EXPENSE	A	61,168	PEDIATRIC ICU	35.01		37.38
37.39	PENSION EXPENSE	A	78,381	HEART TRANSPLANT ICU	35.03		37.39
37.40	PENSION EXPENSE	A	103,342	BONE INTENSIVE CARE	35.04		37.40
37.41	PENSION EXPENSE	A	144,544	SUBPROVIDER - IRF	41		37.41
37.42	PENSION EXPENSE	A	370,938	OPERATING ROOM	50		37.42
37.43	PENSION EXPENSE	A	85,849	AMBULATORY SURGERY CENTER	50.01		37.43
37.44	PENSION EXPENSE	A	78,295	I&R SERVICES-SALARY & FRINGES APPRVD	21		37.44
37.45	PENSION EXPENSE	A	72,772	DELIVERY ROOM & LABOR ROOM	52		37.45
37.46	PENSION EXPENSE	A	15,561	ANESTHESIOLOGY	53		37.46
37.47	PENSION EXPENSE	A	213,758	RADIOLOGY-DIAGNOSTIC	54		37.47
37.48	PENSION EXPENSE	A	31,637	RADIOLOGY-ULTRASOUND	54.01		37.48
37.49	PENSION EXPENSE	A	44,938	RADIOISOTOPE	56		37.49
37.50	PENSION EXPENSE	A	72,441	CT SCAN	57		37.50
37.51	PENSION EXPENSE	A	49,186	MRI	58		37.51
37.52	PENSION EXPENSE	A	147,730	CARDIAC CATHETERIZATION	59		37.52
37.53	PENSION EXPENSE	A	207,020	LABORATORY	60		37.53
37.54	PENSION EXPENSE	A	41,494	LABORATORY-SURGICAL PATHOLOGY	60.01		37.54
37.55	PENSION EXPENSE	A	38,874	BLOOD STORING, PROCESSING & TRANS.	63		37.55
37.56	PENSION EXPENSE	A	183,916	RESPIRATORY THERAPY	65		37.56
37.57	PENSION EXPENSE	A	103,961	PHYSICAL THERAPY	66		37.57
37.58	PENSION EXPENSE	A	30,271	OCCUPATIONAL THERAPY	67		37.58
37.59	PENSION EXPENSE	A	9,703	SPEECH PATHOLOGY	68		37.59
37.60	PENSION EXPENSE	A	85,207	ELECTROCARDIOLOGY	69		37.60
37.61	PENSION EXPENSE	A	38,373	ELECTROENCEPHALOGRAPHY	70		37.61
37.62	PENSION EXPENSE	A	84,310	RENAL DIALYSIS	74		37.62



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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		
				COST CENTER	LINE#	WKST A-7 REF.
1	2					
37.63	PENSION EXPENSE	A	9,889	PULMONARY LABS	76	37.63
37.64	PENSION EXPENSE	A	25,851	OCCUPATIONAL HEALTH	76.01	37.64
37.65	PENSION EXPENSE	A	22,599	PERIPHERAL VASCULAR	76.04	37.65
37.66	PENSION EXPENSE	A	83,405	GASTROINTESTINAL SERVICE	76.07	37.66
37.67	PENSION EXPENSE	A	11,581	BIARIATRICS	76.10	37.67
37.68	PENSION EXPENSE	A	16,992	HEPATOLOGY	76.11	37.68
37.69	PENSION EXPENSE	A	6,552	CLINIC	90	37.69
37.70	PENSION EXPENSE	A	5,731	CARDIAC REHABILITATION	90.01	37.70
37.71	PENSION EXPENSE	A	172,887	CANCER CENTER	90.02	37.71
37.72	PENSION EXPENSE	A	9,410	PSYCH SOCIAL REHAB	90.03	37.72
37.73	PENSION EXPENSE	A	610,355	LOC OUTPATIENT CENTER	90.07	37.73
37.74	PENSION EXPENSE	A	171,457	OBT OUTPATIENT CENTER	90.08	37.74
37.75	PENSION EXPENSE	A	28,844	ELMHURST IMMEDIATE CARE	90.09	37.75
37.76	PENSION EXPENSE	A	62,045	LAGRANGE FAMILY PCC	90.10	37.76
37.77	PENSION EXPENSE	A	43,658	WHEATON PCC	90.14	37.77
37.78	PENSION EXPENSE	A	38,499	OBT II PCC	90.15	37.78
37.79	PENSION EXPENSE	A	103,550	HICKORY HILLS PCC	90.16	37.79
37.80	PENSION EXPENSE	A	18,453	DARIEN PCC	90.18	37.80
37.81	PENSION EXPENSE	A	93,256	ORLANAD PARK - FP	90.20	37.81
37.82	PENSION EXPENSE	A	23,365	FAMILY PRACTICE MAYWOOD PCC	90.21	37.82
37.83	PENSION EXPENSE	A	109,948	HOMER GLEN PCC	90.22	37.83
37.84	PENSION EXPENSE	A	81,799	OAK PARK PCC	90.23	37.84
37.85	PENSION EXPENSE	A	22,447	PARK RIDGE PCC	90.24	37.85
37.86	PENSION EXPENSE	A	56,495	LOYOLA CLINIC AT GOTTLIEB	90.25	37.86
37.87	PENSION EXPENSE	A	2,698	WOODRIDGE PCC	90.26	37.87
37.88	PENSION EXPENSE	A	18,502	MARJORIE WEINBERG CANCER CENTER	90.28	37.88
37.89	PENSION EXPENSE	A	250,340	BURR RIDGE PCC	90.29	37.89
37.90	PENSION EXPENSE	A	68,227	RIVER FOREST	90.30	37.90
37.91	PENSION EXPENSE	A	2,280	NORRIDGE	90.31	37.91
37.92	PENSION EXPENSE	A	2,159	ELMWOOD PARK	90.32	37.92
37.93	PENSION EXPENSE	A	490,136	EMERGENCY	91	37.93
37.94	PENSION EXPENSE	A	9,082	OBSERVATION BEDS-DISTINCT	92.01	37.94
37.95	PENSION EXPENSE	A	10,392	DURABLE MEDICAL EQUIP-SOLD	97	37.95
37.96	PENSION EXPENSE	A	115,179	HOME HEALTH AGENCY	101	37.96
37.97	PENSION EXPENSE	A	13,921	KIDNEY ACQUISITION	105	37.97
37.98	PENSION EXPENSE	A	6,820	HEART ACQUISITION	106	37.98
37.99	PENSION EXPENSE	A	15,525	LIVER ACQUISITION	107	37.99
38	PENSION EXPENSE	A	7,376	LUNG ACQUISITION	108	38
38.01	PENSION EXPENSE	A	25,468	PANCREAS ACQUISITION	109	38.01
38.02	PENSION EXPENSE	A	12,843	INTESTINAL ACQUISITION	110	38.02
38.03	PENSION EXPENSE	A	33,143	OTHER ORGAN ACQUISITION (SPECIFY)	112	38.03
38.04	PENSION EXPENSE	A	16,586	HOSPICE	116	38.04
38.05	PENSION EXPENSE	A	1,667	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190	38.05
38.06	PENSION EXPENSE	A	25,080	HOME INFUSION THERAPY	190.02	38.06
38.07	PENSION EXPENSE	A	7,634	OP HOSPITAL PHARMACY	190.03	38.07
38.08	PENSION EXPENSE	A	155,726	HOSPITALIST	190.04	38.08
38.09	PENSION EXPENSE	A	4,506,044	FACULTY CLINICAL OPERATIONS	192.01	38.09
38.10	BAD DEBT EXPENSE	A	-36,444,523	HOSPITAL ADMINISTRATION	5.11	38.10
38.11	BAD DEBT EXPENSE	A	-14,739	CANCER CENTER	90.02	38.11
38.12	BAD DEBT EXPENSE	A	-21,763,501	FACULTY CLINICAL OPERATIONS	192.01	38.12
38.30	PARAMEDICAL ED-MICU	B	-101,200	PARAMEDICAL ED-MICU	23.01	38.30
38.31	PENSION EXPENSE	A	1,316	STUDENT HEALTH	190.05	38.31
38.42	PARAMEDICAL ED-MICU	A	93,165	PARAMEDICAL ED-MICU	23.01	38.42
38.43	HOUSE STAFF MOONLIGHTING	A	-235,295	I&R SERVICES-SALARY & FRINGES APPRVD	21	38.43
38.44	GRANTS	A	-68,125	HOSPITAL ADMINISTRATION	5.11	38.44
38.45	OUTSIDE PROGRAM EXPENSE	A	-282,937	HOSPITAL ADMINISTRATION	5.11	38.45
38.46	HOSP ACCESS IMP	A	27,180,084	HOSPITAL ADMINISTRATION	5.11	38.46
38.47	REORGANIZATION EXPENSE	A	-21,198	HOSPITAL ADMINISTRATION	5.11	38.47
38.48	PHYSICIAN SALARIES	A	-620,401	EMPLOYEE BENEFITS DEPARTMENT	4	38.48
38.49	PHYSICIAN SALARIES	A	-62,449	EMPLOYEE HEALTH SERVICES	5.09	38.49
38.50	PHYSICIAN SALARIES	A	-87,099	HOSPITAL ADMINISTRATION	5.11	38.50
38.51	PHYSICIAN SALARIES	A	-131,434	AMBULATORY ADMINISTRATION	5.12	38.51
38.52	PHYSICIAN SALARIES	A	-9,000	PRIMARY CARE ADMINISTRATION	5.14	38.52
38.53	PHYSICIAN SALARIES	A	-318,534	OCCUPATIONAL HEALTH	76.01	38.53
38.54	PHYSICIAN SALARIES	A	-1,398,449	LOC OUTPATIENT CENTER	90.07	38.54
38.55	PHYSICIAN SALARIES	A	-1,285,801	OBT OUTPATIENT CENTER	90.08	38.55
38.56	PHYSICIAN SALARIES	A	-535,198	LAGRANGE FAMILY PCC	90.10	38.56
38.57	PHYSICIAN SALARIES	A	-1,470,018	NORTH RIVERSIDE PCC	90.12	38.57
38.58	PHYSICIAN SALARIES	A	-549,080	WHEATON PCC	90.14	38.58
38.59	PHYSICIAN SALARIES	A	-1,267,143	HICKORY HILLS PCC	90.16	38.59
38.60	PHYSICIAN SALARIES	A	-1,427,495	ORLANAD PARK - FP	90.20	38.60
38.61	PHYSICIAN SALARIES	A	-839,008	HOMER GLEN PCC	90.22	38.61



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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
38.62	PHYSICIAN SALARIES	A	-1,809,706	OAK PARK PCC	90.23	38.62
38.63	PHYSICIAN SALARIES	A	-95,995	PARK RIDGE PCC	90.24	38.63
38.64	PHYSICIAN SALARIES	A	-998,475	LOYOLA CLINIC AT GOTTLIEB	90.25	38.64
38.65	PHYSICIAN SALARIES	A	-1,513,874	BURR RIDGE PCC	90.29	38.65
38.66	PHYSICIAN SALARIES	A	-850,355	RIVER FOREST	90.30	38.66
38.67	PHYSICIAN SALARIES	A	-4,804,494	EMERGENCY	91	38.67
38.68	PHYSICIAN SALARIES	A	-3,903,980	HOSPITALIST	190.04	38.68
38.69	PHYSICIAN SALARIES	A	-423,647	FACULTY CLINICAL OPERATIONS	192.01	38.69
38.73	APN	A	-26,257	EMPLOYEE HEALTH SERVICES	5.09	38.73
38.74	APN	A	-16,143	HOSPITAL ADMINISTRATION	5.11	38.74
38.75	APN	A	-1,321	ADULTS & PEDIATRICS	30	38.75
39	APN	A	-2,245	BURN INTENSIVE CARE UNIT	33	39
39.01	APN	A	-11,193	NEONATAL INTENSIVE CARE	35	39.01
39.02	APN	A	-3,350	BONE INTENSIVE CARE	35.04	39.02
39.03	APN	A	-921	RADIOLOGY-DIAGNOSTIC	54	39.03
39.04	APN	A	-25,178	CARDIAC CATHETERIZATION	59	39.04
39.05	APN	A	-11,064	HEPATOLOGY	76.11	39.05
39.06	APN	A	-24,598	CANCER CENTER	90.02	39.06
39.07	APN	A	-27,534	LOC OUTPATIENT CENTER	90.07	39.07
39.08	APN	A	-266	OBT OUTPATIENT CENTER	90.08	39.08
39.09	APN	A	-12,065	NORTH RIVERSIDE PCC	90.12	39.09
39.10	APN	A	-908	WHEATON PCC	90.14	39.10
39.11	APN	A	-3,063	HICKORY HILLS PCC	90.16	39.11
39.12	APN	A	-75	HOMER GLEN PCC	90.22	39.12
39.13	APN	A	-3,085	BURR RIDGE PCC	90.29	39.13
39.14	APN	A	-273	EMERGENCY	91	39.14
39.15	APN	A	-13,205	INTESTINAL ACQUISITION	110	39.15
39.16	APN	A	-7,338	OTHER ORGAN ACQUISITION (SPECIFY)	112	39.16
39.17	APN	A	-863	HOSPICE	116	39.17
39.18	APN	A	-17,963	EMPLOYEE BENEFITS DEPARTMENT	4	39.18
39.19	APN	A	-9,905	PRIMARY CARE ADMINISTRATION	5.14	39.19
39.20	APN	A	-1,464,495	FACULTY CLINICAL OPERATIONS	192.01	39.20
39.21	OTHER OPERATING REVENUE	B	-1,067,012	HOSPITAL ADMINISTRATION	5.11	39.21
39.22	PHYSICIAN BILLING FEES	A	-6,048,145	FACULTY CLINICAL OPERATIONS	192.01	39.22
39.23	OTHER OPERATING REVENUE	B	-55	PATIENT ACCOUNTS	5.07	39.23
39.24	OTHER OPERATING REVENUE	B	-47,360	EMPLOYEE HEALTH SERVICES	5.09	39.24
39.25	OTHER OPERATING REVENUE	B	-2,725	PASTORAL CARE	5.10	39.25
39.26	OTHER OPERATING REVENUE	B	-190,924	HOSPITAL ADMINISTRATION	5.11	39.26
39.27	OTHER OPERATING REVENUE	B	-1,531	OPERATION OF PLANT	7	39.27
39.28	OTHER OPERATING REVENUE	B	-82,748	CAFETERIA	11	39.28
40	OTHER OPERATING REVENUE	B	-13,373	NURSING ADMINISTRATION	13	40
41	OTHER OPERATING REVENUE	B	-407	CENTRAL SERVICES & SUPPLY	14	41
42	OTHER OPERATING REVENUE	B	-151,043	PHARMACY	15	42
43	OTHER OPERATING REVENUE	B	-47,359	MEDICAL RECORDS & LIBRARY	16	43
44	OTHER OPERATING REVENUE	B	-216,737	PARAMEDICAL ED-MICU	23.01	44
45	OTHER OPERATING REVENUE	B	-8,534	ADULTS & PEDIATRICS	30	45
46	OTHER OPERATING REVENUE	B	-165	DELIVERY ROOM & LABOR ROOM	52	46
47	OTHER OPERATING REVENUE	B	-12,730	ANESTHESIOLOGY	53	47
48	OTHER OPERATING REVENUE	B	-57,232	RADIOLOGY-DIAGNOSTIC	54	48
49	OTHER OPERATING REVENUE	B	-5,576	CT SCAN	57	49
49.01	OTHER OPERATING REVENUE	B	-43,955	LABORATORY	60	49.01
49.02	OTHER OPERATING REVENUE	B	-1,013	LABORATORY-SURGICAL PATHOLOGY	60.01	49.02
49.03	OTHER OPERATING REVENUE	B	-2,425	PHYSICAL THERAPY	66	49.03
49.04	OTHER OPERATING REVENUE	B	-22,782	CANCER CENTER	90.02	49.04
49.05	OTHER OPERATING REVENUE	B	-105,060	LOC OUTPATIENT CENTER	90.07	49.05
49.06	OTHER OPERATING REVENUE	B	-6,661	OBT OUTPATIENT CENTER	90.08	49.06
49.07	OTHER OPERATING REVENUE	B	-14,691	ELMHURST IMMEDIATE CARE	90.09	49.07
49.08	OTHER OPERATING REVENUE	B	-2,698	LAGRANGE FAMILY PCC	90.10	49.08
49.09	OTHER OPERATING REVENUE	B	-29,192	DARIEN PCC	90.18	49.09
49.10	OTHER OPERATING REVENUE	B	-35	HOME HEALTH AGENCY	101	49.10
49.11	LASCO MGMT FEE	A	-114,351	HOSPITAL ADMINISTRATION	5.11	49.11
49.12	DEVELOPMENT	A	-954,459	HOSPITAL ADMINISTRATION	5.11	49.12
49.13	ADJUST FOR DEPENDENT TUITION	A	-589,944	EMPLOYEE BENEFITS DEPARTMENT	4	49.13
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-38,726,728			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.



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 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	

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



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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	5.11	HOSPITAL ADMINISTRATION	HO ADMIN COST	31,248,056	33,172,120	-1,924,064		1
2	5.11	HOSPITAL ADMINISTRATION	MALPRACTICE INSURANCE	27,964,405	25,087,541	2,876,864		2
3	5.11	HOSPITAL ADMINISTRATION	WORKERS COMP	2,793,378	3,778,513	-985,135		3
3.01	5.11	HOSPITAL ADMINISTRATION	EMPLOYEE HEALTH STOP LOSS	314,578	929,044	-614,466		3.01
3.02	5.11	HOSPITAL ADMINISTRATION	INTEREST	-2,170,590		-2,170,590		3.02
3.04	5.02	SYSTEM & COMPUTERS	TIS EXPENSE	4,229,971		4,229,971		3.04
4								4
5	TOTALS (SUM OF LINES 1-4) TRANSFER COLUMN 6, LINE 5 TO WORKSHEET A-8, COLUMN 2, LINE 12			64,379,798	62,967,218	1,412,580		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	LUMC		LUOC		UNIVERSITY	6
7	B	LUMC		LUHS		HEALTHCARE	7
8	C	LUMC		RML		HEALTHCARE	8
9							9
10	B	TRINITY HEALTH HOME OFFICE		TRINITY HEALTH HOME OFFICE		HEALTHCARE	10

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

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



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 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									1
	2									2
	3									3
	4									4
	5									5
	6									6
	7									7
	8									8
	9									9
	10									10
	11									11
	12									12
	13									13
	14									14
	15									15
	16									16
	17									17
	18									18
	19									19
	20									20
	200	TOTAL								200



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 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 EDUCATION	PROVIDER COMPON- ENT SHARE OF COL. 12	PHYSICIAN COST OF MALPRACT- ICE INSURANCE	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										1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL								200



LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 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	NEW CPTL BLG INTRST	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICTN	
		0	1	1.01	2	4	5.01	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT	19,057,976	19,057,976					1
1.01	NEW CAPITAL-BLDG INTEREST	7,783,764		7,783,764				1.01
2	CAP REL COSTS-MVBLE EQUIP	23,711,960			23,711,960			2
4	EMPLOYEE BENEFITS DEPARTMENT	100,746,087	118,730	48,492	32,151	100,945,460		4
5.01	COMMUNICATION	3,321,721	39,305	16,053	20,263	183,118	3,580,460	5.01
5.02	SYSTEM & COMPUTERS	17,738,129	305,436	124,748	277,702	1,203,396	71,662	5.02
5.03	PURCHASING	3,326,631	315,663	128,925	10,829	289,311	38,052	5.03
5.04	OPC STORES		91,557	37,394	1,904		360	5.04
5.05	PATIENT AFFAIRS	2,919,912	53,329	21,781	17,180	463,988	17,731	5.05
5.06	PATIENT ADMITTING	2,692,853	48,012	19,609	8,656	456,567	24,488	5.06
5.07	PATIENT ACCOUNTS	10,498,121	192,227	78,510	1,198	962,107	129,726	5.07
5.08	ACCOUNTING	3,388,376	103,616	42,320	8,561	341,398	40,573	5.08
5.09	EMPLOYEE HEALTH SERVICES	980,672	42,826	17,491	779	66,553	3,910	5.09
5.10	PASTORAL CARE	942,425	196,526	80,266	10,861	157,975	22,910	5.10
5.11	HOSPITAL ADMINISTRATION	142,122,174	1,124,738	459,372	788,381	8,631,561	214,130	5.11
5.12	AMBULATORY ADMINISTRATION	7,991,270	44,132	18,024	12,709	588,488	7,528	5.12
5.14	PRIMARY CARE ADMINISTRATION	4,646,396				8,960		5.14
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	29,845,447	273,388	111,659	398,508	984,509	60,362	7
7.01	SAFETY AND SECURITY	2,357,722	80,119	32,723	143,982	283,522	18,572	7.01
8	LAUNDRY & LINEN SERVICE	2,867,594	101,521	41,464	2,013			8
9	HOUSEKEEPING		139,987	57,174	18,289		23,767	9
10	DIETARY	5,737,949	322,131	131,566	50,155	416,152	37,040	10
11	CAFETERIA		146,347	59,772	4,288	168,518		11
12	MAINTENANCE OF PERSONNEL							12
12.01	PATIENT TRANSPORTATION	1,103,672	11,425	4,666	5,215	159,467	15,210	12.01
13	NURSING ADMINISTRATION	3,168,922	109,964	44,912	17,289	426,491	29,684	13
14	CENTRAL SERVICES & SUPPLY	1,989,793	173,161	70,723	587,977	251,266	1,612	14
14.01	CENTRAL PROCESSING	1,188,872	45,509	18,587	7,600	148,833	326	14.01
15	PHARMACY	9,722,524	214,694	87,686	196,460	1,595,358	30,455	15
16	MEDICAL RECORDS & LIBRARY	9,170,952	297,915	121,676	10,553	889,041	68,627	16
17	SOCIAL SERVICE	3,051,336	46,754	19,096	2,988	520,010	51,839	17
17.01	HOSPITAL MEDICAL ADMIN						7,751	17.01
19	NONPHYSICIAN ANESTHETISTS					578,998		19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD	42,738,596	91,676	37,443	1,709	7,474,081		21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMEDICAL ED-MICU	615,265	58,371	23,840	5,644	110,331		23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	49,378,200	2,187,238	893,325	838,685	7,112,509	524,821	30
31	INTENSIVE CARE UNIT	17,346,381	543,687	222,055	450,961	2,480,056	92,806	31
33	BURN INTENSIVE CARE UNIT	5,823,065	129,940	53,071	98,688	773,753	11,918	33
35	NEONATAL INTENSIVE CARE	8,342,046	294,658	120,346	409,405	1,420,788	64,872	35
35.01	PEDIATRIC ICU	3,531,444	54,874	22,412	106,488	383,519	23,579	35.01
35.03	HEART TRANSPLANT ICU	3,310,629	132,994	54,318	72,632	492,140	17,577	35.03
35.04	BONE INTENSIVE CARE	4,473,958	114,694	46,844	129,158	652,384	20,406	35.04
41	SUBPROVIDER - IRF	5,815,064	346,897	141,682	29,498	861,122	47,792	41
43	NURSERY	840,204				109,631		43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	47,480,132	1,859,682	759,541	3,997,905	2,303,697	85,107	50
50.01	AMBULATORY SURGERY CENTER	6,368,015	393,280	160,626	319,083	533,160		50.01
51	RECOVERY ROOM	3,441,853	416,154	169,968	39,615	486,249	18,126	51
52	DELIVERY ROOM & LABOR ROOM	2,850,936	103,628	42,324	322,758	451,949	25,619	52
53	ANESTHESIOLOGY	2,493,424	30,706	12,541	473,356	96,638		53
54	RADIOLOGY-DIAGNOSTIC	9,751,069	734,500	299,989	1,362,578	1,213,536	157,935	54
54.01	RADIOLOGY-ULTRASOUND	1,159,648	46,024	18,797	101,854	206,641		54.01
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE	4,178,695	167,796	68,532	559,934	295,826	23,322	56
57	CT SCAN	3,991,395	82,730	33,789	483,354	506,617		57
58	MRI	2,360,381	179,305	73,233	1,199,283	337,022	17,508	58
59	CARDIAC CATHETERIZATION	10,968,003	440,573	179,941	1,263,558	867,966	15,159	59
60	LABORATORY	19,236,870	396,058	161,760	250,539	1,285,692	74,320	60
60.01	LABORATORY-SURGICAL PATHOLOGY	2,615,198	294,298	120,199	112,027	257,697	41,413	60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA	111						60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	7,752,861	82,227	33,584	86,978	241,423	9,980	63
65	RESPIRATORY THERAPY	7,478,367	166,610	68,048	260,235	1,142,205	6,088	65
66	PHYSICAL THERAPY	3,883,446	72,024	29,416	1,893	665,503	37,983	66
67	OCCUPATIONAL THERAPY	1,241,832	13,449	5,493		204,173		67
68	SPEECH PATHOLOGY	411,500	406,525	166,035		65,944	6,379	68
69	ELECTROCARDIOLOGY	12,059,214			1,727,205	578,680	42,373	69



LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 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	NEW CPTL BLG INTRST	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICTN	
		0	1	1.01	2	4	5.01	
70	ELECTROENCEPHALOGRAPHY	1,586,798	101,521	41,464	117,494	238,316	24,762	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,097,487						71
73	DRUGS CHARGED TO PATIENTS	28,472,847						73
74	RENAL DIALYSIS	5,164,893	140,514	57,390	36,272	523,606	15,828	74
75	ASC (NON-DISTINCT PART)							75
76	PULMONARY LABS	555,691	40,012	16,342	131,747	61,416	15,022	76
76.01	OCCUPATIONAL HEALTH	901,114	43,844	17,907	1,830	160,548		76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	796,847	15,713	6,417	55,605	140,350	5,659	76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	5,338,175	109,233	44,614	1,146,319	517,984		76.07
76.09	BONE MARROW PROCUREMENT	1,891,381						76.09
76.10	BIARIATRICS	650,229				71,922		76.10
76.11	HEPATOLOGY	591,015				105,530		76.11
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC	274,357	43,844	17,907	703	40,692		90
90.01	CARDIAC REHABILITATION	197,690				35,592	720	90.01
90.02	CANCER CENTER	21,736,505	628,800	256,818	76,776	1,073,712	133,585	90.02
90.03	PSYCH SOCIAL REHAB	360,020	119,101	48,644		58,441	23,887	90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	28,455,887	1,624,413	663,452	2,376,384	3,847,629	481,745	90.07
90.08	OBT OUTPATIENT CENTER	6,340,157	1,162	474	250,655	1,064,831	54,703	90.08
90.09	ELMHURST IMMEDIATE CARE	1,837,106			69,046	179,132		90.09
90.10	LAGRANGE FAMILY PCC	2,894,011			74,684	385,327	41,927	90.10
90.12	NORTH RIVERSIDE PCC	2,854,787			92,049	570,505	53,657	90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	2,286,979			45,256	271,134	19,600	90.14
90.15	OBT II PCC	2,307,699			34,425	239,098	40,435	90.15
90.16	HICKORY HILLS PCC	3,335,132			32,610	643,096	51,325	90.16
90.18	DARIEN PCC	1,224,234			53,045	114,604	27,231	90.18
90.20	ORLANAD PARK - FP	3,046,834			50,853	579,163	61,322	90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	1,133,989	38,455	15,706	7,252	145,110		90.21
90.22	HOMER GLEN PCC	5,407,533			120,513	682,830	703	90.22
90.23	OAK PARK PCC	1,477,645			12,800	508,013		90.23
90.24	PARK RIDGE PCC	1,071,771			60,860	139,405	292	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	944,874			44,765	320,180		90.25
90.26	WOODRIDGE PCC	5,234			1,080			90.26
90.27	NEUROLOGY - NILES	224						90.27
90.28	MARJORIE WEINBERG CANCER CENTER	5,559,747			24,630	114,906		90.28
90.29	BURR RIDGE PCC	12,357,897	1,197,600	489,131	698,038	1,554,728		90.29
90.30	RIVER FOREST	2,233,910			1,569	423,725		90.30
90.31	NORRIDGE	5,692						90.31
90.32	ELMWOOD PARK	4,740						90.32
91	EMERGENCY	13,787,424	297,771	121,617	134,508	3,043,972	152,722	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT	340,161	19,150	7,821		56,436		92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES	374,162	8,731	3,566			806	95
97	DURABLE MEDICAL EQUIP-SOLD	371,105				64,537		97
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY	4,674,784	68,611	28,022		715,316	46,797	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	KIDNEY ACQUISITION	3,056,909	8,419	3,439		103,855	16,942	105
106	HEART ACQUISITION	1,103,946	31,820	12,996	1,533	97,282	6,671	106
107	LIVER ACQUISITION	2,258,527	3,796	1,551		106,449	10,100	107
108	LUNG ACQUISITION	2,525,874	28,611	11,685		91,301	4,956	108
109	PANCREAS ACQUISITION	657,557				114,256		109
110	INTESTINAL ACQUISITION	394,799				74,674		110
111	ISLET ACQUISITION							111
112	OTHER ORGAN ACQUISITION (SPECIFY)	2,138,818	1,916	783	3,093	179,796	394	112
116	HOSPICE	878,267	5,329	2,177		103,004	4,064	116
118	SUBTOTALS (sum of lines 1-117)	900,974,516	19,057,976	7,783,764	23,097,908	72,948,922	3,577,253	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	207,261				10,354	3,207	190
190.01	HINES RADIATION THERAPY	902,378				168,366		190.01
190.02	HOME INFUSION THERAPY	2,801,512				155,760		190.02
190.03	OP HOSPITAL PHARMACY	2,973,301			6,460	47,414		190.03
190.04	HOSPITALIST	1,484,235				967,133		190.04



COMPU-MAX

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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	NEW CPTL BLG INTRST	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICTN	
		0	1	1.01	2	4	5.01	
190.05	STUDENT HEALTH	61,590				8,170		190.05
192	PHYSICIANS' PRIVATE OFFICES	210,506				16,753		192
192.01	FACUALTY CLINICAL OPERATIONS	137,850,436			607,592	26,622,588		192.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	1,047,465,735	19,057,976	7,783,764	23,711,960	100,945,460	3,580,460	202



LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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## COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	SYSTEM + COMPUTERS	PURCHASING	OPC STORES	PATIENT AFFAIRS	PATIENT ADMITTING	PATIENT ACCOUNTS	
		5.02	5.03	5.04	5.05	5.06	5.07	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	COMMUNICATION							5.01
5.02	SYSTEM & COMPUTERS	19,721,073						5.02
5.03	PURCHASING		4,109,411					5.03
5.04	OPC STORES		1,152	132,367				5.04
5.05	PATIENT AFFAIRS		134		3,494,055			5.05
5.06	PATIENT ADMITTING		850			3,251,035		5.06
5.07	PATIENT ACCOUNTS		268				11,862,157	5.07
5.08	ACCOUNTING		469					5.08
5.09	EMPLOYEE HEALTH SERVICES		2,638					5.09
5.10	PASTORAL CARE		193					5.10
5.11	HOSPITAL ADMINISTRATION		11,575	240				5.11
5.12	AMBULATORY ADMINISTRATION		452					5.12
5.14	PRIMARY CARE ADMINISTRATION		8					5.14
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT		35,898	206				7
7.01	SAFETY AND SECURITY		771	240				7.01
8	LAUNDRY & LINEN SERVICE		7,203					8
9	HOUSEKEEPING		385	412				9
10	DIETARY		41,573					10
11	CAFETERIA		36,727					11
12	MAINTENANCE OF PERSONNEL							12
12.01	PATIENT TRANSPORTATION		109	137				12.01
13	NURSING ADMINISTRATION		1,742					13
14	CENTRAL SERVICES & SUPPLY		4,468					14
14.01	CENTRAL PROCESSING		5,909					14.01
15	PHARMACY		75,201					15
16	MEDICAL RECORDS & LIBRARY		1,160					16
17	SOCIAL SERVICE		285					17
17.01	HOSPITAL MEDICAL ADMIN							17.01
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD		8					21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMEDICAL ED-MICU		126					23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	1,448,339	1,245,616	34		478,697	871,227	30
31	INTENSIVE CARE UNIT	438,954	545,099			145,084	264,046	31
33	BURN INTENSIVE CARE UNIT	185,142	103,808			61,194	111,369	33
35	NEONATAL INTENSIVE CARE	267,340	60,636			88,362	160,814	35
35.01	PEDIATRIC ICU	68,965	75,134			22,794	41,485	35.01
35.03	HEART TRANSPLANT ICU	93,506	80,490			30,906	56,247	35.03
35.04	BONE INTENSIVE CARE	137,602	76,076			45,481	82,773	35.04
41	SUBPROVIDER - IRF	116,195	54,128			38,405	69,896	41
43	NURSERY	16,370				5,411	9,847	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	1,170,070	248,662			306,770	703,838	50
50.01	AMBULATORY SURGERY CENTER	368,434	132,642	93,958		410	221,626	50.01
51	RECOVERY ROOM	349,808	82,781			66,009	210,422	51
52	DELIVERY ROOM & LABOR ROOM	79,445	85,738			23,296	47,789	52
53	ANESTHESIOLOGY	669,405	6,943			167,466	402,671	53
54	RADIOLOGY-DIAGNOSTIC	670,204	53,877	721		97,805	403,151	54
54.01	RADIOLOGY-ULTRASOUND	176,107	5,113	34		15,136	105,934	54.01
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE	290,064	8,246			10,172	174,484	56
57	CT SCAN	982,937	23,548			124,684	591,271	57
58	MRI	546,751	7,798	858		49,177	328,890	58
59	CARDIAC CATHETERIZATION	594,759	25,190			83,642	357,768	59
60	LABORATORY	2,686,380	91,680			401,175	1,615,191	60
60.01	LABORATORY-SURGICAL PATHOLOGY	243,813	16,006			25,354	146,662	60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA	1					1	60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	312,079	9,310	549		79,997	187,727	63
65	RESPIRATORY THERAPY	392,158				127,066	235,897	65
66	PHYSICAL THERAPY	171,591	10,331		255,781	23,479	103,218	66
67	OCCUPATIONAL THERAPY	63,769	7,404		44,352	16,198	38,359	67
68	SPEECH PATHOLOGY	17,413	3,133	69		5,673	10,475	68
69	ELECTROCARDIOLOGY	892,842	32,648			133,301	537,076	69



LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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## COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	SYSTEM + COMPUTERS	PURCHASING	OPC STORES	PATIENT AFFAIRS	PATIENT ADMITTING	PATIENT ACCOUNTS	
		5.02	5.03	5.04	5.05	5.06	5.07	
70	ELECTROENCEPHALOGRAPHY	64,047	3,564			11,263	38,526	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,535				4,074	8,142	71
73	DRUGS CHARGED TO PATIENTS	1,060,835				317,693	638,129	73
74	RENAL DIALYSIS	245,157	32,334			14,032	147,470	74
75	ASC (NON-DISTINCT PART)							75
76	PULMONARY LABS	26,548	15,353			3,444	15,970	76
76.01	OCCUPATIONAL HEALTH	4,334	582	34	23,695		2,607	76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	93,362	695			12,726	56,160	76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	268,341	24,934		38,276	17,231	161,416	76.07
76.09	BONE MARROW PROCUREMENT	18,566				4,849	11,168	76.09
76.10	BIARIATRICS	2,263					1,361	76.10
76.11	HEPATOLOGY	1					1	76.11
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC	8,185	9,619	34	15,189	6	4,924	90
90.01	CARDIAC REHABILITATION	4,063	140,762	1,133		1,342	2,444	90.01
90.02	CANCER CENTER	583,514	884			1,642	351,004	90.02
90.03	PSYCH SOCIAL REHAB	1,224			57,718		736	90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	1,054,825	121,766	31,684	1,470,893	8,525	634,514	90.07
90.08	OBT OUTPATIENT CENTER	211,281	28,331	1,407	105,715	191	127,093	90.08
90.09	ELMHURST IMMEDIATE CARE	23,593	4,879		96,601	9	14,192	90.09
90.10	LAGRANGE FAMILY PCC	75,266	11,395		46,174	13	45,275	90.10
90.12	NORTH RIVERSIDE PCC	44,499	8,095		196,848	16	26,768	90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	44,659	4,045		51,035	155	26,864	90.14
90.15	OBT II PCC	39,091	8,187	103	190,773	22	23,514	90.15
90.16	HICKORY HILLS PCC	74,222	12,455	34	173,761	26	44,647	90.16
90.18	DARIEN PCC	15,074	10,323		80,197	11	9,068	90.18
90.20	ORLANAD PARK - FP	43,924	7,266	343	158,572	8	26,422	90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	23,830	4,473		121,511	6	14,335	90.21
90.22	HOMER GLEN PCC	148,297	32,075		158,572	75	89,206	90.22
90.23	OAK PARK PCC	15,584	5,172	137	72,907	7	9,374	90.23
90.24	PARK RIDGE PCC	34,047	3,723		13,366	72	20,481	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	13,449	1,265		6,076	1	8,090	90.25
90.26	WOODRIDGE PCC	4,066					2,446	90.26
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER	151,434				48	91,093	90.28
90.29	BURR RIDGE PCC	511,761			116,043	402	307,842	90.29
90.30	RIVER FOREST	72,622				55	43,684	90.30
90.31	NORRIDGE	1,028					618	90.31
90.32	ELMWOOD PARK	683				1	411	90.32
91	EMERGENCY	838,562	162,279			113,474	504,424	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT	151,526	5,055			14	91,148	92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES							95
97	DURABLE MEDICAL EQUIP-SOLD	16,975	17			900	10,211	97
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY	42,324	1,013				25,460	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	KIDNEY ACQUISITION	81,237	75			26,851	48,867	105
106	HEART ACQUISITION	14,291	92			4,724	8,597	106
107	LIVER ACQUISITION	43,539	138			14,391	26,190	107
108	LUNG ACQUISITION	47,844	29			15,814	28,780	108
109	PANCREAS ACQUISITION							109
110	INTESTINAL ACQUISITION							110
111	ISLET ACQUISITION							111
112	OTHER ORGAN ACQUISITION (SPECIFY)	17,771	4			3,778	10,690	112
116	HOSPICE	19,351	59				11,641	116
118	SUBTOTALS (sum of lines 1-117)	19,721,073	3,982,279	132,367	3,494,055	3,251,035	11,862,157	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		235					190
190.01	HINES RADIATION THERAPY		59					190.01
190.02	HOME INFUSION THERAPY		23,448					190.02
190.03	OP HOSPITAL PHARMACY		102,577					190.03
190.04	HOSPITALIST		151					190.04



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	SYSTEM + COMPUTERS	PURCHASING	OPC STORES	PATIENT AFFAIRS	PATIENT ADMITTING	PATIENT ACCOUNTS	
		5.02	5.03	5.04	5.05	5.06	5.07	
190.05	STUDENT HEALTH							190.05
192	PHYSICIANS' PRIVATE OFFICES		511					192
192.01	FACULTY CLINICAL OPERATIONS		151					192.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	19,721,073	4,109,411	132,367	3,494,055	3,251,035	11,862,157	202



LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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## COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	SUBTOTAL (cols.0-4)	ACCOUNTING	SUBTOTAL (cols.0-4)	EMPLOYEE HEALTH SERVICES	SUBTOTAL (cols.0-4)	PASTORAL CARE	
		4A	5.08		5.09		5.10	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	COMMUNICATION							5.01
5.02	SYSTEM & COMPUTERS							5.02
5.03	PURCHASING							5.03
5.04	OPC STORES							5.04
5.05	PATIENT AFFAIRS							5.05
5.06	PATIENT ADMITTING							5.06
5.07	PATIENT ACCOUNTS							5.07
5.08	ACCOUNTING	3,925,313	3,925,313					5.08
5.09	EMPLOYEE HEALTH SERVICES	1,114,869	4,194	1,119,063	1,119,063			5.09
5.10	PASTORAL CARE	1,411,156	5,309	1,416,465	1,514	1,417,979	1,417,979	5.10
5.11	HOSPITAL ADMINISTRATION	153,352,171	576,911	153,929,082	164,550	154,093,632	208,951	5.11
5.12	AMBULATORY ADMINISTRATION	8,662,603	32,589	8,695,192	9,295	8,704,487	11,803	5.12
5.14	PRIMARY CARE ADMINISTRATION	4,655,364	17,513	4,672,877	4,995	4,677,872	6,343	5.14
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	31,709,977	119,293	31,829,270	34,025	31,863,295	43,207	7
7.01	SAFETY AND SECURITY	2,917,651	10,976	2,928,627	3,131	2,931,758	3,975	7.01
8	LAUNDRY & LINEN SERVICE	3,019,795	11,360	3,031,155	3,240	3,034,395	4,115	8
9	HOUSEKEEPING	240,014	903	240,917	258	241,175	327	9
10	DIETARY	6,736,566	25,343	6,761,909	7,228	6,769,137	9,179	10
11	CAFETERIA	415,652	1,564	417,216	446	417,662	566	11
12	MAINTENANCE OF PERSONNEL							12
12.01	PATIENT TRANSPORTATION	1,299,901	4,890	1,304,791	1,395	1,306,186	1,771	12.01
13	NURSING ADMINISTRATION	3,799,004	14,292	3,813,296	4,076	3,817,372	5,176	13
14	CENTRAL SERVICES & SUPPLY	3,079,000	11,583	3,090,583	3,304	3,093,887	4,195	14
14.01	CENTRAL PROCESSING	1,415,636	5,326	1,420,962	1,519	1,422,481	1,929	14.01
15	PHARMACY	11,922,378	44,852	11,967,230	12,793	11,980,023	16,245	15
16	MEDICAL RECORDS & LIBRARY	10,559,924	39,726	10,599,650	11,331	10,610,981	14,388	16
17	SOCIAL SERVICE	3,692,308	13,890	3,706,198	3,962	3,710,160	5,031	17
17.01	HOSPITAL MEDICAL ADMIN	7,751	29	7,780	8	7,788	11	17.01
19	NONPHYSICIAN ANESTHETISTS	578,998	2,178	581,176	621	581,797	789	19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD	50,343,513	189,392	50,532,905	54,020	50,586,925	68,596	21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMEDICAL ED-MICU	813,577	3,061	816,638	873	817,511	1,109	23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	64,978,691	244,450	65,223,141	69,724	65,292,865	88,537	30
31	INTENSIVE CARE UNIT	22,529,129	84,755	22,613,884	24,174	22,638,058	30,697	31
33	BURN INTENSIVE CARE UNIT	7,351,948	27,658	7,379,606	7,889	7,387,495	10,017	33
35	NEONATAL INTENSIVE CARE	11,229,267	42,245	11,271,512	12,049	11,283,561	15,301	35
35.01	PEDIATRIC ICU	4,330,694	16,292	4,346,986	4,647	4,351,633	5,901	35.01
35.03	HEART TRANSPLANT ICU	4,341,439	16,332	4,357,771	4,658	4,362,429	5,915	35.03
35.04	BONE INTENSIVE CARE	5,779,376	21,742	5,801,118	6,201	5,807,319	7,875	35.04
41	SUBPROVIDER - IRF	7,520,679	28,293	7,548,972	8,070	7,557,042	10,247	41
43	NURSERY	981,463	3,692	985,155	1,053	986,208	1,337	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	58,915,404	221,640	59,137,044	63,218	59,200,262	80,276	50
50.01	AMBULATORY SURGERY CENTER	8,591,234	32,320	8,623,554	9,219	8,632,773	11,706	50.01
51	RECOVERY ROOM	5,280,985	19,867	5,300,852	5,667	5,306,519	7,196	51
52	DELIVERY ROOM & LABOR ROOM	4,033,482	15,174	4,048,656	4,328	4,052,984	5,496	52
53	ANESTHESIOLOGY	4,353,150	16,377	4,369,527	4,671	4,374,198	5,931	53
54	RADIOLOGY-DIAGNOSTIC	14,745,365	55,472	14,800,837	15,822	14,816,659	20,091	54
54.01	RADIOLOGY-ULTRASOUND	1,835,288	6,904	1,842,192	1,969	1,844,161	2,501	54.01
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE	5,777,071	21,733	5,798,804	6,199	5,805,003	7,872	56
57	CT SCAN	6,820,325	25,658	6,845,983	7,318	6,853,301	9,293	57
58	MRI	5,100,206	19,187	5,119,393	5,473	5,124,866	6,949	58
59	CARDIAC CATHETERIZATION	14,796,559	55,665	14,852,224	15,877	14,868,101	20,161	59
60	LABORATORY	26,199,665	98,563	26,298,228	28,113	26,326,341	35,699	60
60.01	LABORATORY-SURGICAL PATHOLOGY	3,872,667	14,569	3,887,236	4,155	3,891,391	5,277	60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA	113		113		113		60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	8,796,715	33,093	8,829,808	9,439	8,839,247	11,986	63
65	RESPIRATORY THERAPY	9,876,674	37,156	9,913,830	10,598	9,924,428	13,458	65
66	PHYSICAL THERAPY	5,254,665	19,768	5,274,433	5,638	5,280,071	7,160	66
67	OCCUPATIONAL THERAPY	1,635,029	6,151	1,641,180	1,754	1,642,934	2,228	67
68	SPEECH PATHOLOGY	1,093,146	4,112	1,097,258	1,173	1,098,431	1,489	68
69	ELECTROCARDIOLOGY	16,003,339	60,205	16,063,544	17,172	16,080,716	21,805	69



LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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## COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	SUBTOTAL (cols.0-4)	ACCOUNTING	SUBTOTAL (cols.0-4)	EMPLOYEE HEALTH SERVICES	SUBTOTAL (cols.0-4)	PASTORAL CARE	
		4A	5.08		5.09		5.10	
70	ELECTROENCEPHALOGRAPHY	2,227,755	8,381	2,236,136	2,390	2,238,526	3,035	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,123,238	4,226	1,127,464	1,205	1,128,669	1,530	71
73	DRUGS CHARGED TO PATIENTS	30,489,504	114,702	30,604,206	32,716	30,636,922	41,544	73
74	RENAL DIALYSIS	6,377,496	23,992	6,401,488	6,843	6,408,331	8,690	74
75	ASC (NON-DISTINCT PART)							75
76	PULMONARY LABS	881,545	3,316	884,861	946	885,807	1,201	76
76.01	OCCUPATIONAL HEALTH	1,156,495	4,351	1,160,846	1,241	1,162,087	1,576	76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	1,183,534	4,452	1,187,986	1,270	1,189,256	1,613	76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	7,666,523	28,841	7,695,364	8,226	7,703,590	10,446	76.07
76.09	BONE MARROW PROCUREMENT	1,925,964	7,245	1,933,209	2,067	1,935,276	2,624	76.09
76.10	BIARIATRICS	725,775	2,730	728,505	779	729,284	989	76.10
76.11	HEPATOLOGY	696,547	2,620	699,167	747	699,914	949	76.11
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC	415,460	1,563	417,023	446	417,469	566	90
90.01	CARDIAC REHABILITATION	383,746	1,444	385,190	412	385,602	523	90.01
90.02	CANCER CENTER	24,843,240	93,460	24,936,700	26,657	24,963,357	33,850	90.02
90.03	PSYCH SOCIAL REHAB	669,771	2,520	672,291	719	673,010	913	90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	40,771,717	153,383	40,925,100	43,749	40,968,849	55,554	90.07
90.08	OBT OUTPATIENT CENTER	8,186,000	30,796	8,216,796	8,784	8,225,580	11,154	90.08
90.09	ELMHURST IMMEDIATE CARE	2,224,558	8,369	2,232,927	2,387	2,235,314	3,031	90.09
90.10	LAGRANGE FAMILY PCC	3,574,072	13,446	3,587,518	3,835	3,591,353	4,870	90.10
90.12	NORTH RIVERSIDE PCC	3,847,224	14,473	3,861,697	4,128	3,865,825	5,242	90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	2,749,727	10,344	2,760,071	2,951	2,763,022	3,747	90.14
90.15	OBT II PCC	2,883,347	10,847	2,894,194	3,094	2,897,288	3,929	90.15
90.16	HICKORY HILLS PCC	4,367,308	16,430	4,383,738	4,686	4,388,424	5,951	90.16
90.18	DARIEN PCC	1,533,787	5,770	1,539,557	1,646	1,541,203	2,090	90.18
90.20	ORLANAD PARK - FP	3,974,707	14,953	3,989,660	4,265	3,993,925	5,416	90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	1,504,667	5,661	1,510,328	1,615	1,511,943	2,050	90.21
90.22	HOMER GLEN PCC	6,639,804	24,979	6,664,783	7,125	6,671,908	9,047	90.22
90.23	OAK PARK PCC	2,101,639	7,906	2,109,545	2,255	2,111,800	2,864	90.23
90.24	PARK RIDGE PCC	1,344,017	5,056	1,349,073	1,442	1,350,515	1,831	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	1,338,700	5,036	1,343,736	1,436	1,345,172	1,824	90.25
90.26	WOODRIDGE PCC	12,826	48	12,874	14	12,888	17	90.26
90.27	NEUROLOGY - NILES	224	1	225		225		90.27
90.28	MARJORIE WEINBERG CANCER CENTER	5,941,858	22,353	5,964,211	6,376	5,970,587	8,096	90.28
90.29	BURR RIDGE PCC	17,233,442	64,832	17,298,274	18,492	17,316,766	23,482	90.29
90.30	RIVER FOREST	2,775,565	10,442	2,786,007	2,978	2,788,985	3,782	90.30
90.31	NORRIDGE	7,338	28	7,366	8	7,374	10	90.31
90.32	ELMWOOD PARK	5,835	22	5,857	6	5,863	8	90.32
91	EMERGENCY	19,156,753	72,068	19,228,821	20,556	19,249,377	26,102	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT	671,311	2,525	673,836	720	674,556	915	92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES	387,265	1,457	388,722	416	389,138	528	95
97	DURABLE MEDICAL EQUIP-SOLD	463,745	1,745	465,490	498	465,988	632	97
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY	5,602,327	21,076	5,623,403	6,011	5,629,414	7,633	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	KIDNEY ACQUISITION	3,346,594	12,590	3,359,184	3,591	3,362,775	4,560	105
106	HEART ACQUISITION	1,281,952	4,823	1,286,775	1,376	1,288,151	1,747	106
107	LIVER ACQUISITION	2,464,681	9,272	2,473,953	2,645	2,476,598	3,358	107
108	LUNG ACQUISITION	2,754,894	10,364	2,765,258	2,956	2,768,214	3,754	108
109	PANCREAS ACQUISITION	771,813	2,904	774,717	828	775,545	1,052	109
110	INTESTINAL ACQUISITION	469,473	1,766	471,239	504	471,743	640	110
111	ISLET ACQUISITION							111
112	OTHER ORGAN ACQUISITION (SPECIFY)	2,357,043	8,867	2,365,910	2,529	2,368,439	3,212	112
116	HOSPICE	1,023,892	3,852	1,027,744	1,099	1,028,843	1,395	116
118	SUBTOTALS (sum of lines 1-117)	872,233,587	3,266,574	871,574,848	930,517	871,386,302	1,179,679	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	221,057	832	221,889	237	222,126	301	190
190.01	HINES RADIATION THERAPY	1,070,803	4,028	1,074,831	1,149	1,075,980	1,459	190.01
190.02	HOME INFUSION THERAPY	2,980,720	11,213	2,991,933	3,198	2,995,131	4,061	190.02
190.03	OP HOSPITAL PHARMACY	3,129,752	11,774	3,141,526	3,358	3,144,884	4,264	190.03
190.04	HOSPITALIST	2,451,519	9,223	2,460,742	2,631	2,463,373	3,340	190.04



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	SUBTOTAL (cols.0-4) 4A	ACCOUNTING 5.08	SUBTOTAL (cols.0-4) 70,022	EMPLOYEE HEALTH SERVICES 5.09	SUBTOTAL (cols.0-4) 70,097	PASTORAL CARE 5.10	
190.05	STUDENT HEALTH	69,760	262	70,022	75	70,097	95	190.05
192	PHYSICIANS' PRIVATE OFFICES	227,770	857	228,627	244	228,871	310	192
192.01	FACULTY CLINICAL OPERATIONS	165,080,767	620,550	165,701,317	177,654	165,878,971	224,470	192.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	1,047,465,735	3,925,313	1,047,465,735	1,119,063	1,047,465,735	1,417,979	202



LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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## COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	SUBTOTAL (cols.0-4)	HOSPITAL ADMINSTRTN	SUBTOTAL (cols.0-4)	AMBULATORY ADMIN	SUBTOTAL (cols.0-4)	PRIMARY CARE ADMIN	
			5.11		5.12		5.14	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	COMMUNICATION							5.01
5.02	SYSTEM & COMPUTERS							5.02
5.03	PURCHASING							5.03
5.04	OPC STORES							5.04
5.05	PATIENT AFFAIRS							5.05
5.06	PATIENT ADMITTING							5.06
5.07	PATIENT ACCOUNTS							5.07
5.08	ACCOUNTING							5.08
5.09	EMPLOYEE HEALTH SERVICES							5.09
5.10	PASTORAL CARE							5.10
5.11	HOSPITAL ADMINISTRATION	154,302,583	154,302,583					5.11
5.12	AMBULATORY ADMINISTRATION	8,716,290	1,505,826	10,222,116	10,222,116			5.12
5.14	PRIMARY CARE ADMINISTRATION	4,684,215	809,245	5,493,460	54,138	5,547,598	5,547,598	5.14
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	31,906,502	5,512,167	37,418,669	368,761	37,787,430	201,180	7
7.01	SAFETY AND SECURITY	2,935,733	507,177	3,442,910	33,930	3,476,840	18,511	7.01
8	LAUNDRY & LINEN SERVICE	3,038,510	524,933	3,563,443	35,118	3,598,561	19,159	8
9	HOUSEKEEPING	241,502	41,722	283,224	2,791	286,015	1,523	9
10	DIETARY	6,778,316	1,171,022	7,949,338	78,341	8,027,679	42,739	10
11	CAFETERIA	418,228	72,253	490,481	4,834	495,315	2,637	11
12	MAINTENANCE OF PERSONNEL							12
12.01	PATIENT TRANSPORTATION	1,307,957	225,963	1,533,920	15,117	1,549,037	8,247	12.01
13	NURSING ADMINISTRATION	3,822,548	660,383	4,482,931	44,179	4,527,110	24,102	13
14	CENTRAL SERVICES & SUPPLY	3,098,082	535,225	3,633,307	35,806	3,669,113	19,534	14
14.01	CENTRAL PROCESSING	1,424,410	246,081	1,670,491	16,463	1,686,954	8,981	14.01
15	PHARMACY	11,996,268	2,072,475	14,068,743	138,647	14,207,390	75,640	15
16	MEDICAL RECORDS & LIBRARY	10,625,369	1,835,639	12,461,008	122,803	12,583,811	66,996	16
17	SOCIAL SERVICE	3,715,191	641,836	4,357,027	42,939	4,399,966	23,425	17
17.01	HOSPITAL MEDICAL ADMIN	7,799	1,347	9,146	90	9,236	49	17.01
19	NONPHYSICIAN ANESTHETISTS	582,586	100,648	683,234	6,733	689,967	3,673	19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD	50,655,521	8,751,248	59,406,769	585,454	59,992,223	319,399	21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMEDICAL ED-MICU	818,620	141,425	960,045	9,461	969,506	5,162	23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	65,381,402	11,295,291	76,676,693	755,649	77,432,342	412,250	30
31	INTENSIVE CARE UNIT	22,668,755	3,916,254	26,585,009	261,995	26,847,004	142,933	31
33	BURN INTENSIVE CARE UNIT	7,397,512	1,277,994	8,675,506	85,497	8,761,003	46,644	33
35	NEONATAL INTENSIVE CARE	11,298,862	1,951,991	13,250,853	130,587	13,381,440	71,243	35
35.01	PEDIATRIC ICU	4,357,534	752,808	5,110,342	50,362	5,160,704	27,476	35.01
35.03	HEART TRANSPLANT ICU	4,368,344	754,675	5,123,019	50,487	5,173,506	27,544	35.03
35.04	BONE INTENSIVE CARE	5,815,194	1,004,633	6,819,827	67,209	6,887,036	36,667	35.04
41	SUBPROVIDER - IRF	7,567,289	1,307,325	8,874,614	87,459	8,962,073	47,714	41
43	NURSERY	987,545	170,608	1,158,153	11,414	1,169,567	6,227	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	59,280,538	10,241,306	69,521,844	685,138	70,206,982	373,782	50
50.01	AMBULATORY SURGERY CENTER	8,644,479	1,493,420	10,137,899	99,909	10,237,808	54,506	50.01
51	RECOVERY ROOM	5,313,715	917,997	6,231,712	61,414	6,293,126	33,505	51
52	DELIVERY ROOM & LABOR ROOM	4,058,480	701,143	4,759,623	46,906	4,806,529	25,590	52
53	ANESTHESIOLOGY	4,380,129	756,711	5,136,840	50,624	5,187,464	27,618	53
54	RADIOLOGY-DIAGNOSTIC	14,836,750	2,563,197	17,399,947	171,476	17,571,423	93,550	54
54.01	RADIOLOGY-ULTRASOUND	1,846,662	319,029	2,165,691	21,343	2,187,034	11,644	54.01
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE	5,812,875	1,004,232	6,817,107	67,183	6,884,290	36,652	56
57	CT SCAN	6,862,594	1,185,582	8,048,176	79,315	8,127,491	43,271	57
58	MRI	5,131,815	886,572	6,018,387	59,311	6,077,698	32,358	58
59	CARDIAC CATHETERIZATION	14,888,262	2,572,096	17,460,358	172,072	17,632,430	93,875	59
60	LABORATORY	26,362,040	4,554,306	30,916,346	304,681	31,221,027	166,221	60
60.01	LABORATORY-SURGICAL PATHOLOGY	3,896,668	673,188	4,569,856	45,036	4,614,892	24,570	60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA	113	20	133	1	134	1	60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	8,851,233	1,529,139	10,380,372	102,299	10,482,671	55,810	63
65	RESPIRATORY THERAPY	9,937,886	1,716,869	11,654,755	114,858	11,769,613	62,661	65
66	PHYSICAL THERAPY	5,287,231	913,422	6,200,653	61,107	6,261,760	33,338	66
67	OCCUPATIONAL THERAPY	1,645,162	284,218	1,929,380	19,014	1,948,394	10,373	67
68	SPEECH PATHOLOGY	1,099,920	190,022	1,289,942	12,712	1,302,654	6,935	68
69	ELECTROCARDIOLOGY	16,102,521	2,781,872	18,884,393	186,106	19,070,499	101,531	69



LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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## COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	SUBTOTAL (cols.0-4)	HOSPITAL ADMINSTRTN	SUBTOTAL (cols.0-4)	AMBULATORY ADMIN	SUBTOTAL (cols.0-4)	PRIMARY CARE ADMIN	
			5.11		5.12		5.14	
70	ELECTROENCEPHALOGRAPHY	2,241,561	387,252	2,628,813	25,907	2,654,720	14,134	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,130,199	195,253	1,325,452	13,062	1,338,514	7,126	71
73	DRUGS CHARGED TO PATIENTS	30,678,466	5,300,012	35,978,478	354,568	36,333,046	193,437	73
74	RENAL DIALYSIS	6,417,021	1,108,605	7,525,626	74,165	7,599,791	40,461	74
75	ASC (NON-DISTINCT PART)							75
76	PULMONARY LABS	887,008	153,240	1,040,248	10,252	1,050,500	5,593	76
76.01	OCCUPATIONAL HEALTH	1,163,663	201,034	1,364,697	13,449	1,378,146	7,337	76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	1,190,869	205,735	1,396,604	13,764	1,410,368	7,509	76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	7,714,036	1,332,677	9,046,713	89,155	9,135,868	48,639	76.07
76.09	BONE MARROW PROCUREMENT	1,937,900	334,792	2,272,692	22,397	2,295,089	12,219	76.09
76.10	BIATRICS	730,273	126,162	856,435	8,440	864,875	4,605	76.10
76.11	HEPATOLOGY	700,863	121,081	821,944	8,100	830,044	4,419	76.11
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC	418,035	72,220	490,255	4,831	495,086	2,636	90
90.01	CARDIAC REHABILITATION	386,125	66,707	452,832	4,463	457,295	2,435	90.01
90.02	CANCER CENTER	24,997,207	4,318,517	29,315,724	288,906	29,604,630	157,615	90.02
90.03	PSYCH SOCIAL REHAB	673,923	116,427	790,350	7,789	798,139	4,249	90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	41,024,403	7,087,376	48,111,779	474,142	48,585,921	258,671	90.07
90.08	OBT OUTPATIENT CENTER	8,236,734	1,422,978	9,659,712	95,196	9,754,908	51,935	90.08
90.09	ELMHURST IMMEDIATE CARE	2,238,345	386,696	2,625,041	25,870	2,650,911	14,113	90.09
90.10	LAGRANGE FAMILY PCC	3,596,223	621,283	4,217,506	41,564	4,259,070	22,675	90.10
90.12	NORTH RIVERSIDE PCC	3,871,067	668,766	4,539,833	44,740	4,584,573	24,408	90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	2,766,769	477,987	3,244,756	31,977	3,276,733	17,445	90.14
90.15	OBT II PCC	2,901,217	501,214	3,402,431	33,531	3,435,962	18,293	90.15
90.16	HICKORY HILLS PCC	4,394,375	759,172	5,153,547	50,788	5,204,335	27,708	90.16
90.18	DARIEN PCC	1,543,293	266,619	1,809,912	17,837	1,827,749	9,731	90.18
90.20	ORLANAD PARK - FP	3,999,341	690,926	4,690,267	46,223	4,736,490	25,217	90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	1,513,993	261,557	1,775,550	17,498	1,793,048	9,546	90.21
90.22	HOMER GLEN PCC	6,680,955	1,154,202	7,835,157	77,215	7,912,372	42,125	90.22
90.23	OAK PARK PCC	2,114,664	365,329	2,479,993	24,440	2,504,433	13,334	90.23
90.24	PARK RIDGE PCC	1,352,346	233,631	1,585,977	15,630	1,601,607	8,527	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	1,346,996	232,707	1,579,703	15,568	1,595,271	8,493	90.25
90.26	WOODRIDGE PCC	12,905	2,229	15,134	149	15,283	81	90.26
90.27	NEUROLOGY - NILES	225	39	264	3	267	1	90.27
90.28	MARJORIE WEINBERG CANCER CENTER	5,978,683	1,032,877	7,011,560	69,099	7,080,659	37,697	90.28
90.29	BURR RIDGE PCC	17,340,248	2,995,701	20,335,949	200,411	20,536,360	109,336	90.29
90.30	RIVER FOREST	2,792,767	482,478	3,275,245	32,278	3,307,523	17,609	90.30
90.31	NORRIDGE	7,384	1,276	8,660	85	8,745	47	90.31
90.32	ELMWOOD PARK	5,871	1,014	6,885	68	6,953	37	90.32
91	EMERGENCY	19,275,479	3,330,032	22,605,511	222,777	22,828,288	121,538	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT	675,471	116,694	792,165	7,807	799,972	4,259	92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES	389,666	67,319	456,985	4,504	461,489	2,457	95
97	DURABLE MEDICAL EQUIP-SOLD	466,620	80,613	547,233	5,393	552,626	2,942	97
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY	5,637,047	973,856	6,610,903	65,150	6,676,053	35,543	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	KIDNEY ACQUISITION	3,367,335	581,741	3,949,076	38,918	3,987,994	21,232	105
106	HEART ACQUISITION	1,289,898	222,843	1,512,741	14,908	1,527,649	8,133	106
107	LIVER ACQUISITION	2,479,956	428,437	2,908,393	28,662	2,937,055	15,637	107
108	LUNG ACQUISITION	2,771,968	478,885	3,250,853	32,037	3,282,890	17,478	108
109	PANCREAS ACQUISITION	776,597	134,165	910,762	8,976	919,738	4,897	109
110	INTESTINAL ACQUISITION	472,383	81,609	553,992	5,460	559,452	2,979	110
111	ISLET ACQUISITION							111
112	OTHER ORGAN ACQUISITION (SPECIFY)	2,371,651	409,726	2,781,377	27,410	2,808,787	14,954	112
116	HOSPICE	1,030,238	177,984	1,208,222	11,907	1,220,129	6,496	116
118	SUBTOTALS (sum of lines 1-117)	871,148,002	123,842,210	840,687,629	8,184,238	838,649,751	4,435,434	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	222,427	38,426	260,853	2,571	263,424	1,402	190
190.01	HINES RADIATION THERAPY	1,077,439	186,138	1,263,577	12,453	1,276,030	6,794	190.01
190.02	HOME INFUSION THERAPY	2,999,192	518,140	3,517,332	34,663	3,551,995	18,911	190.02
190.03	OP HOSPITAL PHARMACY	3,149,148	544,047	3,693,195	36,396	3,729,591	19,856	190.03
190.04	HOSPITALIST	2,466,713	426,149	2,892,862	28,509	2,921,371	15,553	190.04



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	SUBTOTAL (cols.0-4)	HOSPITAL ADMINSTRTN	SUBTOTAL (cols.0-4)	AMBULATORY ADMIN	SUBTOTAL (cols.0-4)	PRIMARY CARE ADMIN	
			5.11		5.12		5.14	
190.05	STUDENT HEALTH	70,192	12,126	82,318	811	83,129	443	190.05
192	PHYSICIANS' PRIVATE OFFICES	229,181	39,593	268,774	2,649	271,423	1,445	192
192.01	FACUALTY CLINICAL OPERATIONS	166,103,441	28,695,754	194,799,195	1,919,826	196,719,021	1,047,760	192.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	1,047,465,735	154,302,583	1,047,465,735	10,222,116	1,047,465,735	5,547,598	202



LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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## COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	SAFETY & SECURITY	LAUNDRY + LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		7	7.01	8	9	10	11	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	COMMUNICATION							5.01
5.02	SYSTEM & COMPUTERS							5.02
5.03	PURCHASING							5.03
5.04	OPC STORES							5.04
5.05	PATIENT AFFAIRS							5.05
5.06	PATIENT ADMITTING							5.06
5.07	PATIENT ACCOUNTS							5.07
5.08	ACCOUNTING							5.08
5.09	EMPLOYEE HEALTH SERVICES							5.09
5.10	PASTORAL CARE							5.10
5.11	HOSPITAL ADMINISTRATION							5.11
5.12	AMBULATORY ADMINISTRATION							5.12
5.14	PRIMARY CARE ADMINISTRATION							5.14
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	37,988,610						7
7.01	SAFETY AND SECURITY	188,946	3,684,297					7.01
8	LAUNDRY & LINEN SERVICE	239,416	23,336	3,880,472				8
9	HOUSEKEEPING	330,132	32,178	609	650,457			9
10	DIETARY	759,680	74,045		27,127	8,931,270		10
11	CAFETERIA	345,129	33,639		2,358		879,078	11
12	MAINTENANCE OF PERSONNEL							12
12.01	PATIENT TRANSPORTATION	26,944	2,626	113	968		7,022	12.01
13	NURSING ADMINISTRATION	259,327	25,276		2,911		4,924	13
14	CENTRAL SERVICES & SUPPLY	408,365	39,803		12,441		6,972	14
14.01	CENTRAL PROCESSING	107,323	10,461		5,901		1,792	14.01
15	PHARMACY	506,312	49,350	1,973	8,318		19,592	15
16	MEDICAL RECORDS & LIBRARY	702,572	68,479		3,732		16,769	16
17	SOCIAL SERVICE	110,261	10,747		805		7,430	17
17.01	HOSPITAL MEDICAL ADMIN							17.01
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD	216,200	21,073	25,329	2,432		86,736	21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMEDICAL ED-MICU	137,656	13,417		1,362		1,812	23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	5,158,156	502,762	1,531,431	145,967	6,190,826	116,431	30
31	INTENSIVE CARE UNIT	1,282,175	124,972	320,404	20,174	771,555	31,475	31
33	BURN INTENSIVE CARE UNIT	306,436	29,868	108,733	7,374	310,816	10,464	33
35	NEONATAL INTENSIVE CARE	694,890	67,730	62,634	10,852		16,614	35
35.01	PEDIATRIC ICU	129,409	12,613	23,882	4,648		4,708	35.01
35.03	HEART TRANSPLANT ICU	313,638	30,570	63,208	4,937	249,447	6,337	35.03
35.04	BONE INTENSIVE CARE	270,483	26,364	28,646	9,715	264,142	9,804	35.04
41	SUBPROVIDER - IRF	818,086	79,738	102,012	28,489	849,711	11,784	41
43	NURSERY							43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	4,385,682	427,468	306,672	73,326		33,048	50
50.01	AMBULATORY SURGERY CENTER	927,471	90,400	120,721	12,524		8,122	50.01
51	RECOVERY ROOM	981,415	95,658	69,772	15,980		6,858	51
52	DELIVERY ROOM & LABOR ROOM	244,386	23,820	68,042	3,848		6,245	52
53	ANESTHESIOLOGY	72,415	7,058	18,722	1,172		2,380	53
54	RADIOLOGY-DIAGNOSTIC	1,732,170	168,833	55,397	28,953		20,418	54
54.01	RADIOLOGY-ULTRASOUND	108,538	10,579	31,389	1,642		2,399	54.01
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE	395,712	38,570	21,600	5,789		3,011	56
57	CT SCAN	195,102	19,016	49,733	2,869		5,585	57
58	MRI	422,854	41,215	43,686	6,552		3,395	58
59	CARDIAC CATHETERIZATION	1,039,003	101,271	67,759	17,749		8,752	59
60	LABORATORY	934,023	91,038		16,569		22,216	60
60.01	LABORATORY-SURGICAL PATHOLOGY	694,043	67,648		13,425		4,876	60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA							60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	193,916	18,901	4,086	5,345		3,553	63
65	RESPIRATORY THERAPY	392,916	38,297	10,202	4,635		17,654	65
66	PHYSICAL THERAPY	169,853	16,555	21,261	7,627		8,619	66
67	OCCUPATIONAL THERAPY	31,717	3,091		5,246		2,400	67
68	SPEECH PATHOLOGY	958,708	93,444		1,078		751	68
69	ELECTROCARDIOLOGY			21,682	15,211		7,175	69



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## COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	SAFETY & SECURITY	LAUNDRY + LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		7	7.01	8	9	10	11	
70	ELECTROENCEPHALOGRAPHY	239,416	23,336	6,294	8,600		4,065	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS	331,375	32,299	41,913	722		8,861	74
75	ASC (NON-DISTINCT PART)							75
76	PULMONARY LABS	94,360	9,197	2,204			895	76
76.01	OCCUPATIONAL HEALTH	103,398	10,078		3,389		1,614	76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	37,055	3,612	11,128	1,332		1,838	76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	257,604	25,108	34,758	4,057		7,930	76.07
76.09	BONE MARROW PROCUREMENT							76.09
76.10	BIARIATRICS						1,548	76.10
76.11	HEPATOLOGY						1,574	76.11
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC	103,398	10,078	1,426	3,491	252,997	684	90
90.01	CARDIAC REHABILITATION						429	90.01
90.02	CANCER CENTER	1,482,897	144,537	73,827	13,719	41,776	18,181	90.02
90.03	PSYCH SOCIAL REHAB	280,876	27,377		1,042		1,422	90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	3,830,849	373,389	96,987	71,683		63,392	90.07
90.08	OBT OUTPATIENT CENTER	2,740	267	37,188	37		13,601	90.08
90.09	ELMHURST IMMEDIATE CARE			982			3,518	90.09
90.10	LAGRANGE FAMILY PCC			9,776			6,204	90.10
90.12	NORTH RIVERSIDE PCC			8,246			5,447	90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC			1,930			3,236	90.14
90.15	OBT II PCC			10,985			4,278	90.15
90.16	HICKORY HILLS PCC			16,975			7,597	90.16
90.18	DARIEN PCC			2,530			2,555	90.18
90.20	ORLANAD PARK - FP			7,116			6,050	90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	90,688	8,839	25,216			3,140	90.21
90.22	HOMER GLEN PCC			21,660			8,514	90.22
90.23	OAK PARK PCC						3,733	90.23
90.24	PARK RIDGE PCC			4,582			1,967	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB			948			3,361	90.25
90.26	WOODRIDGE PCC						285	90.26
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER						1,835	90.28
90.29	BURR RIDGE PCC	2,824,298	275,282				21,664	90.29
90.30	RIVER FOREST						1,403	90.30
90.31	NORRIDGE						12	90.31
90.32	ELMWOOD PARK						783	90.32
91	EMERGENCY	702,233	68,446	272,153			25,087	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT	45,161	4,402	11,950	711		745	92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES	20,589	2,007					95
97	DURABLE MEDICAL EQUIP-SOLD				95		826	97
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY	161,804	15,771		611		9,984	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	KIDNEY ACQUISITION	19,855	1,935		73		883	105
106	HEART ACQUISITION	75,042	7,314		383		526	106
107	LIVER ACQUISITION	8,953	873		89		856	107
108	LUNG ACQUISITION	67,472	6,576		312		471	108
109	PANCREAS ACQUISITION						3,031	109
110	INTESTINAL ACQUISITION				23		979	110
111	ISLET ACQUISITION				37			111
112	OTHER ORGAN ACQUISITION (SPECIFY)	4,519	440				2,560	112
116	HOSPICE	12,568	1,225				1,709	116
118	SUBTOTALS (sum of lines 1-117)	37,988,610	3,684,297	3,880,472	650,457	8,931,270	787,396	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN						294	190
190.01	HINES RADIATION THERAPY						1,649	190.01
190.02	HOME INFUSION THERAPY						2,158	190.02
190.03	OP HOSPITAL PHARMACY						672	190.03
190.04	HOSPITALIST						5,150	190.04



COMPU-MAX

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	SAFETY & SECURITY	LAUNDRY + LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	
		7	7.01	8	9	10	11	
190.05	STUDENT HEALTH						78	190.05
192	PHYSICIANS' PRIVATE OFFICES							192
192.01	FACULTY CLINICAL OPERATIONS						81,681	192.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	37,988,610	3,684,297	3,880,472	650,457	8,931,270	879,078	202



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## COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	PATIENT TRANSPORT	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	CENTRAL PROCESSING	PHARMACY	MEDICAL RECORDS + LIBRARY	
		12.01	13	14	14.01	15	16	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	COMMUNICATION							5.01
5.02	SYSTEM & COMPUTERS							5.02
5.03	PURCHASING							5.03
5.04	OPC STORES							5.04
5.05	PATIENT AFFAIRS							5.05
5.06	PATIENT ADMITTING							5.06
5.07	PATIENT ACCOUNTS							5.07
5.08	ACCOUNTING							5.08
5.09	EMPLOYEE HEALTH SERVICES							5.09
5.10	PASTORAL CARE							5.10
5.11	HOSPITAL ADMINISTRATION							5.11
5.12	AMBULATORY ADMINISTRATION							5.12
5.14	PRIMARY CARE ADMINISTRATION							5.14
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
7.01	SAFETY AND SECURITY							7.01
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY							10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
12.01	PATIENT TRANSPORTATION	1,594,957						12.01
13	NURSING ADMINISTRATION		4,843,650					13
14	CENTRAL SERVICES & SUPPLY			4,156,228				14
14.01	CENTRAL PROCESSING			4,468	1,825,880			14.01
15	PHARMACY		756	5,064		14,874,395		15
16	MEDICAL RECORDS & LIBRARY			2			13,442,361	16
17	SOCIAL SERVICE			112				17
17.01	HOSPITAL MEDICAL ADMIN							17.01
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD			122				21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMEDICAL ED-MICU			175		172		23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	496,005	1,344,529	486,735	798,326	1,741	1,979,421	30
31	INTENSIVE CARE UNIT	96,353	565,120	222,538	186,559	780	599,889	31
33	BURN INTENSIVE CARE UNIT	3,265	147,331	95,879	43,246	37	253,021	33
35	NEONATAL INTENSIVE CARE	1,850	334,868	24,631	108,727	569	365,356	35
35.01	PEDIATRIC ICU	5,842	85,031	26,470	32,948	51	94,250	35.01
35.03	HEART TRANSPLANT ICU	12,468	94,346	54,840	40,510	210	127,788	35.03
35.04	BONE INTENSIVE CARE	6,004	99,123	30,241	34,826	181	188,052	35.04
41	SUBPROVIDER - IRF	11,240	87,857	21,086	48,092	8	158,797	41
43	NURSERY						22,371	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	234	329,614	54,788	8,950	44,897	1,268,420	50
50.01	AMBULATORY SURGERY CENTER	145	82,204	5,817	3,487	175,159	1,695	50.01
51	RECOVERY ROOM	129	96,655	17,014	25,674	5	272,930	51
52	DELIVERY ROOM & LABOR ROOM	1,261	81,687	36,443	235,008	269	96,324	52
53	ANESTHESIOLOGY		16,043	1,904	29,788	124	692,429	53
54	RADIOLOGY-DIAGNOSTIC	274,845	64,370	11,847	3,372	2,094	404,401	54
54.01	RADIOLOGY-ULTRASOUND	17,551		579	58	205	62,582	54.01
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE	7,830		1,106	954		42,057	56
57	CT SCAN	158,622		658	1,407	198	515,538	57
58	MRI	52,540		583	2,351	68	203,335	58
59	CARDIAC CATHETERIZATION	11,668	77,228	19,472	27,042	4,103	345,841	59
60	LABORATORY	15,684		22,291		2,439	1,658,762	60
60.01	LABORATORY-SURGICAL PATHOLOGY	5,471		4,830		3,200	104,833	60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA							60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	1,632	16,520	3,698	1,705	300	330,766	63
65	RESPIRATORY THERAPY	21,923		1,886		191,322	525,389	65
66	PHYSICAL THERAPY	27,918		1,480	173	246	97,078	66
67	OCCUPATIONAL THERAPY	28,993		44	568	371	66,975	67
68	SPEECH PATHOLOGY			2,516			23,457	68
69	ELECTROCARDIOLOGY	46,593	63,256	19,879	12,890	1,354	551,165	69



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## COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	PATIENT TRANSPORT	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	CENTRAL PROCESSING	PHARMACY	MEDICAL RECORDS + LIBRARY	
		12.01	13	14	14.01	15	16	
70	ELECTROENCEPHALOGRAPHY		40	217		5,677	46,568	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS			2,442,208			16,845	71
73	DRUGS CHARGED TO PATIENTS					5,783,422	1,313,581	73
74	RENAL DIALYSIS	65,623	72,730	137,222	2,274	428,264	58,020	74
75	ASC (NON-DISTINCT PART)							75
76	PULMONARY LABS		3,822	263	636	41	14,241	76
76.01	OCCUPATIONAL HEALTH		119	1,389		2,164		76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	49,938	4,060	240	135		52,619	76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	49,882	70,740	31,663	2,543	1,337	71,247	76.07
76.09	BONE MARROW PROCUREMENT						20,049	76.09
76.10	BIARIATRICS						2	76.10
76.11	HEPATOLOGY							76.11
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC	210	6,847			1,407	26	90
90.01	CARDIAC REHABILITATION			593			5,548	90.01
90.02	CANCER CENTER	19,054	97,013	136,088	68,602	4,838,029	6,788	90.02
90.03	PSYCH SOCIAL REHAB		3,981	40		272		90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	32	332,639	22,662	742	878,351	35,251	90.07
90.08	OBT OUTPATIENT CENTER		53,503	8,271		28,029	790	90.08
90.09	ELMHURST IMMEDIATE CARE		13,973	1,915		38,761	39	90.09
90.10	LAGRANGE FAMILY PCC		35,031	4,573		29,173	56	90.10
90.12	NORTH RIVERSIDE PCC		26,831	3,537		138,643	67	90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC		11,425	1,069	6,647	16,015	642	90.14
90.15	OBT II PCC		24,323	3,354		82,387	92	90.15
90.16	HICKORY HILLS PCC		28,821	5,195	5,906	81,981	109	90.16
90.18	DARIEN PCC		16,162	1,915		53,205	45	90.18
90.20	ORLANAD PARK - FP		19,188	4,249		135,840	35	90.20
90.21	FAMILY PRACTICE MAYWOOD PCC		10,271	1,976		19,867	26	90.21
90.22	HOMER GLEN PCC		45,382	8,930	6,773	616,968	310	90.22
90.23	OAK PARK PCC		8,758	1,727		35,634	30	90.23
90.24	PARK RIDGE PCC		9,554	1,347		2,422	297	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB		4,140	400		1,512	4	90.25
90.26	WOODRIDGE PCC							90.26
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER						200	90.28
90.29	BURR RIDGE PCC					607	1,662	90.29
90.30	RIVER FOREST						226	90.30
90.31	NORRIDGE							90.31
90.32	ELMWOOD PARK						2	90.32
91	EMERGENCY	101,113	217,235	151,863	84,219		469,185	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT	2,885	13,973	545	742	383	57	92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES					29		95
97	DURABLE MEDICAL EQUIP-SOLD						3,720	97
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY		100,397	1,211		1,220		101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	KIDNEY ACQUISITION		478	19			111,022	105
106	HEART ACQUISITION	154	916	13			19,531	106
107	LIVER ACQUISITION						59,501	107
108	LUNG ACQUISITION		1,154	29			65,386	108
109	PANCREAS ACQUISITION							109
110	INTESTINAL ACQUISITION							110
111	ISLET ACQUISITION							111
112	OTHER ORGAN ACQUISITION (SPECIFY)		80	1			15,620	112
116	HOSPICE		15,923	900		17,096		116
118	SUBTOTALS (sum of lines 1-117)	1,594,957	4,836,047	4,154,822	1,825,880	13,668,839	13,442,361	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
190.01	HINES RADIATION THERAPY							190.01
190.02	HOME INFUSION THERAPY		4,737	1,025		502,145		190.02
190.03	OP HOSPITAL PHARMACY					703,249		190.03
190.04	HOSPITALIST			249				190.04



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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	PATIENT TRANSPORT	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	CENTRAL PROCESSING	PHARMACY	MEDICAL RECORDS + LIBRARY	
		12.01	13	14	14.01	15	16	
190.05	STUDENT HEALTH							190.05
192	PHYSICIANS' PRIVATE OFFICES		2,866	115		162		192
192.01	FACULTY CLINICAL OPERATIONS			17				192.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	1,594,957	4,843,650	4,156,228	1,825,880	14,874,395	13,442,361	202



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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE	HOSPITAL MEDICAL ADMIN	NONPHYSIC. ANESTHET.	I&R SALARY & FRINGES	PARAMED ED-MICU	SUBTOTAL	
		17	17.01	19	21	23.01	24	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	COMMUNICATION							5.01
5.02	SYSTEM & COMPUTERS							5.02
5.03	PURCHASING							5.03
5.04	OPC STORES							5.04
5.05	PATIENT AFFAIRS							5.05
5.06	PATIENT ADMITTING							5.06
5.07	PATIENT ACCOUNTS							5.07
5.08	ACCOUNTING							5.08
5.09	EMPLOYEE HEALTH SERVICES							5.09
5.10	PASTORAL CARE							5.10
5.11	HOSPITAL ADMINISTRATION							5.11
5.12	AMBULATORY ADMINISTRATION							5.12
5.14	PRIMARY CARE ADMINISTRATION							5.14
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
7.01	SAFETY AND SECURITY							7.01
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY							10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
12.01	PATIENT TRANSPORTATION							12.01
13	NURSING ADMINISTRATION							13
14	CENTRAL SERVICES & SUPPLY							14
14.01	CENTRAL PROCESSING							14.01
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY							16
17	SOCIAL SERVICE	4,552,746						17
17.01	HOSPITAL MEDICAL ADMIN		9,285					17.01
19	NONPHYSICIAN ANESTHETISTS			693,640				19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD		207		60,663,721			21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMEDICAL ED-MICU					1,129,262		23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	1,341,397	202		38,668,150		136,606,671	30
31	INTENSIVE CARE UNIT	87,854	178		7,910,357		39,210,320	31
33	BURN INTENSIVE CARE UNIT	99,428			1,090,846		11,314,391	33
35	NEONATAL INTENSIVE CARE	179,345	245		4,518,559		19,839,553	35
35.01	PEDIATRIC ICU	96,231	84		960,533		6,664,880	35.01
35.03	HEART TRANSPLANT ICU	118,388	130		1,442,642		7,760,509	35.03
35.04	BONE INTENSIVE CARE	137,899	36		1,502,503		9,531,722	35.04
41	SUBPROVIDER - IRF	41,226	82		3,733,003		15,000,998	41
43	NURSERY				837,128		2,035,293	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	117,947	261	693,640			78,325,711	50
50.01	AMBULATORY SURGERY CENTER	882	432				11,721,373	50.01
51	RECOVERY ROOM		18				7,908,739	51
52	DELIVERY ROOM & LABOR ROOM						5,629,452	52
53	ANESTHESIOLOGY		1,826				6,058,943	53
54	RADIOLOGY-DIAGNOSTIC		374				20,432,047	54
54.01	RADIOLOGY-ULTRASOUND		52				2,434,252	54.01
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE		154				7,437,725	56
57	CT SCAN		356				9,119,846	57
58	MRI		183				6,886,818	58
59	CARDIAC CATHETERIZATION						19,446,193	59
60	LABORATORY	69,445	1,424				34,221,139	60
60.01	LABORATORY-SURGICAL PATHOLOGY		124				5,537,912	60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA						135	60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.		202				11,119,105	63
65	RESPIRATORY THERAPY		25				13,036,523	65
66	PHYSICAL THERAPY		19				6,645,927	66
67	OCCUPATIONAL THERAPY						2,098,172	67
68	SPEECH PATHOLOGY	43,100					2,432,643	68
69	ELECTROCARDIOLOGY	217,595					20,128,830	69



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## COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE	HOSPITAL MEDICAL ADMIN	NONPHYSIC. ANESTHET.	I&R SALARY & FRINGES	PARAMED ED-MICU	SUBTOTAL	
		17	17.01	19	21	23.01	24	
70	ELECTROENCEPHALOGRAPHY		33				3,003,100	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						3,804,693	71
73	DRUGS CHARGED TO PATIENTS						43,623,486	73
74	RENAL DIALYSIS	181,109	189				9,000,853	74
75	ASC (NON-DISTINCT PART)		148				148	75
76	PULMONARY LABS						1,181,752	76
76.01	OCCUPATIONAL HEALTH						1,507,634	76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR		5				1,579,839	76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	5,181	84				9,746,641	76.07
76.09	BONE MARROW PROCUREMENT						2,327,357	76.09
76.10	BIARIATRICS						871,030	76.10
76.11	HEPATOLOGY						836,037	76.11
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC	1,543					879,829	90
90.01	CARDIAC REHABILITATION	220					466,520	90.01
90.02	CANCER CENTER	3,197	198				36,706,151	90.02
90.03	PSYCH SOCIAL REHAB						1,117,398	90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	1,540,583	1,289				56,092,441	90.07
90.08	OBST OUTPATIENT CENTER		20				9,951,289	90.08
90.09	ELMHURST IMMEDIATE CARE						2,724,212	90.09
90.10	LAGRANGE FAMILY PCC		13				4,366,571	90.10
90.12	NORTH RIVERSIDE PCC						4,791,752	90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC						3,335,142	90.14
90.15	OBST II PCC						3,579,674	90.15
90.16	HICKORY HILLS PCC						5,378,627	90.16
90.18	DARIEN PCC						1,913,892	90.18
90.20	ORLANAD PARK - FP						4,934,185	90.20
90.21	FAMILY PRACTICE MAYWOOD PCC		20				1,962,637	90.21
90.22	HOMER GLEN PCC						8,663,034	90.22
90.23	OAK PARK PCC						2,567,649	90.23
90.24	PARK RIDGE PCC						1,630,303	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB						1,614,129	90.25
90.26	WOODRIDGE PCC						15,649	90.26
90.27	NEUROLOGY - NILES						268	90.27
90.28	MARJORIE WEINBERG CANCER CENTER						7,120,391	90.28
90.29	BURR RIDGE PCC	136,135	57				23,905,401	90.29
90.30	RIVER FOREST						3,326,761	90.30
90.31	NORRIDGE						8,804	90.31
90.32	ELMWOOD PARK						7,775	90.32
91	EMERGENCY					1,129,262	26,170,622	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT						885,785	92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES						486,571	95
97	DURABLE MEDICAL EQUIP-SOLD						560,209	97
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY		82				7,002,676	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	KIDNEY ACQUISITION	86,311	194				4,229,996	105
106	HEART ACQUISITION		5				1,639,666	106
107	LIVER ACQUISITION		117				3,023,081	107
108	LUNG ACQUISITION	47,730	185				3,489,683	108
109	PANCREAS ACQUISITION						927,666	109
110	INTESTINAL ACQUISITION						563,433	110
111	ISLET ACQUISITION						37	111
112	OTHER ORGAN ACQUISITION (SPECIFY)		1				2,846,962	112
116	HOSPICE		31				1,276,077	116
118	SUBTOTALS (sum of lines 1-117)	4,552,746	9,285	693,640	60,663,721	1,129,262	836,231,340	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN						265,120	190
190.01	HINES RADIATION THERAPY						1,284,473	190.01
190.02	HOME INFUSION THERAPY						4,080,971	190.02
190.03	OP HOSPITAL PHARMACY						4,453,368	190.03
190.04	HOSPITALIST						2,942,323	190.04



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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE	HOSPITAL MEDICAL ADMIN	NONPHYSIC. ANESTHET.	I&R SALARY & FRINGES	PARAMED ED-MICU	SUBTOTAL	
		17	17.01	19	21	23.01	24	
190.05	STUDENT HEALTH						83,650	190.05
192	PHYSICIANS' PRIVATE OFFICES						276,011	192
192.01	FACULTY CLINICAL OPERATIONS						197,848,479	192.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	4,552,746	9,285	693,640	60,663,721	1,129,262	1,047,465,735	202



LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 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				
	<b>GENERAL SERVICE COST CENTERS</b>						
1	CAP REL COSTS-BLDG & FIXT						1
1.01	NEW CAPITAL-BLDG INTEREST						1.01
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
5.01	COMMUNICATION						5.01
5.02	SYSTEM & COMPUTERS						5.02
5.03	PURCHASING						5.03
5.04	OPC STORES						5.04
5.05	PATIENT AFFAIRS						5.05
5.06	PATIENT ADMITTING						5.06
5.07	PATIENT ACCOUNTS						5.07
5.08	ACCOUNTING						5.08
5.09	EMPLOYEE HEALTH SERVICES						5.09
5.10	PASTORAL CARE						5.10
5.11	HOSPITAL ADMINISTRATION						5.11
5.12	AMBULATORY ADMINISTRATION						5.12
5.14	PRIMARY CARE ADMINISTRATION						5.14
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
7.01	SAFETY AND SECURITY						7.01
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY						10
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
12.01	PATIENT TRANSPORTATION						12.01
13	NURSING ADMINISTRATION						13
14	CENTRAL SERVICES & SUPPLY						14
14.01	CENTRAL PROCESSING						14.01
15	PHARMACY						15
16	MEDICAL RECORDS & LIBRARY						16
17	SOCIAL SERVICE						17
17.01	HOSPITAL MEDICAL ADMIN						17.01
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
23.01	PARAMEDICAL ED-MICU						23.01
23.02	PARAMEDICAL ED-SOCIAL WORK						23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	ADULTS & PEDIATRICS	-38,668,150	97,938,521				30
31	INTENSIVE CARE UNIT	-7,910,357	31,299,963				31
33	BURN INTENSIVE CARE UNIT	-1,090,846	10,223,545				33
35	NEONATAL INTENSIVE CARE	-4,518,559	15,320,994				35
35.01	PEDIATRIC ICU	-960,533	5,704,347				35.01
35.03	HEART TRANSPLANT ICU	-1,442,642	6,317,867				35.03
35.04	BONE INTENSIVE CARE	-1,502,503	8,029,219				35.04
41	SUBPROVIDER - IRF	-3,733,003	11,267,995				41
43	NURSERY	-837,128	1,198,165				43
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	OPERATING ROOM		78,325,711				50
50.01	AMBULATORY SURGERY CENTER		11,721,373				50.01
51	RECOVERY ROOM		7,908,739				51
52	DELIVERY ROOM & LABOR ROOM		5,629,452				52
53	ANESTHESIOLOGY		6,058,943				53
54	RADIOLOGY-DIAGNOSTIC		20,432,047				54
54.01	RADIOLOGY-ULTRASOUND		2,434,252				54.01
55	RADIOLOGY-THERAPEUTIC						55
56	RADIOISOTOPE		7,437,725				56
57	CT SCAN		9,119,846				57
58	MRI		6,886,818				58
59	CARDIAC CATHETERIZATION		19,446,193				59
60	LABORATORY		34,221,139				60
60.01	LABORATORY-SURGICAL PATHOLOGY		5,537,912				60.01
60.02	LABORATORY-NEUROSURGICAL						60.02
60.03	LABORATORY-HLA		135				60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.		11,119,105				63
65	RESPIRATORY THERAPY		13,036,523				65
66	PHYSICAL THERAPY		6,645,927				66
67	OCCUPATIONAL THERAPY		2,098,172				67
68	SPEECH PATHOLOGY		2,432,643				68
69	ELECTROCARDIOLOGY		20,128,830				69



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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			
70	ELECTROENCEPHALOGRAPHY		3,003,100			70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		3,804,693			71
73	DRUGS CHARGED TO PATIENTS		43,623,486			73
74	RENAL DIALYSIS	-1,982,480	7,018,373			74
75	ASC (NON-DISTINCT PART)		148			75
76	PULMONARY LABS		1,181,752			76
76.01	OCCUPATIONAL HEALTH		1,507,634			76.01
76.03	HYPERALIMENTATION					76.03
76.04	PERIPHERAL VASCULAR		1,579,839			76.04
76.05	PEDIATRIC ENDO NUTRITION					76.05
76.07	GASTROINTESTINAL SERVICE		9,746,641			76.07
76.09	BONE MARROW PROCUREMENT		2,327,357			76.09
76.10	BIARIATRICS		871,030			76.10
76.11	HEPATOLOGY		836,037			76.11
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>					
90	CLINIC		879,829			90
90.01	CARDIAC REHABILITATION		466,520			90.01
90.02	CANCER CENTER		36,706,151			90.02
90.03	PSYCH SOCIAL REHAB		1,117,398			90.03
90.04	WELLNESS ASSESSMENT					90.04
90.06	HEART FAILURE CLINIC					90.06
90.07	LOC OUTPATIENT CENTER		56,092,441			90.07
90.08	OBT OUTPATIENT CENTER		9,951,289			90.08
90.09	ELMHURST IMMEDIATE CARE		2,724,212			90.09
90.10	LAGRANGE FAMILY PCC		4,366,571			90.10
90.12	NORTH RIVERSIDE PCC		4,791,752			90.12
90.13	GLENDALE HEIGHTS PCC					90.13
90.14	WHEATON PCC		3,335,142			90.14
90.15	OBT II PCC		3,579,674			90.15
90.16	HICKORY HILLS PCC		5,378,627			90.16
90.18	DARIEN PCC		1,913,892			90.18
90.20	ORLANAD PARK - FP		4,934,185			90.20
90.21	FAMILY PRACTICE MAYWOOD PCC		1,962,637			90.21
90.22	HOMER GLEN PCC		8,663,034			90.22
90.23	OAK PARK PCC		2,567,649			90.23
90.24	PARK RIDGE PCC		1,630,303			90.24
90.25	LOYOLA CLINIC AT GOTTLIEB		1,614,129			90.25
90.26	WOODRIDGE PCC		15,649			90.26
90.27	NEUROLOGY - NILES		268			90.27
90.28	MARJORIE WEINBERG CANCER CENTER		7,120,391			90.28
90.29	BURR RIDGE PCC		23,905,401			90.29
90.30	RIVER FOREST		3,326,761			90.30
90.31	NORRIDGE		8,804			90.31
90.32	ELMWOOD PARK		7,775			90.32
91	EMERGENCY		26,170,622			91
92	OBSERVATION BEDS (NON-DISTINCT PART)					92
92.01	OBSERVATION BEDS-DISTINCT		885,785			92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>					
95	AMBULANCE SERVICES		486,571			95
97	DURABLE MEDICAL EQUIP-SOLD		560,209			97
99.10	CORF					99.10
99.20	OUTPATIENT PHYSICAL THERAPY					99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40	OUTPATIENT SPEECH PATHOLOGY					99.40
101	HOME HEALTH AGENCY		7,002,676			101
	<b>SPECIAL PURPOSE COST CENTERS</b>					
105	KIDNEY ACQUISITION		4,229,996			105
106	HEART ACQUISITION		1,639,666			106
107	LIVER ACQUISITION		3,023,081			107
108	LUNG ACQUISITION		3,489,683			108
109	PANCREAS ACQUISITION		927,666			109
110	INTESTINAL ACQUISITION		563,433			110
111	ISLET ACQUISITION		37			111
112	OTHER ORGAN ACQUISITION (SPECIFY)		2,846,962			112
116	HOSPICE		1,276,077			116
118	SUBTOTALS (sum of lines 1-117)	-62,646,201	773,585,139			118
	<b>NONREIMBURSABLE COST CENTERS</b>					
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		265,120			190
190.01	HINES RADIATION THERAPY		1,284,473			190.01
190.02	HOME INFUSION THERAPY		4,080,971			190.02
190.03	OP HOSPITAL PHARMACY		4,453,368			190.03
190.04	HOSPITALIST		2,942,323			190.04



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 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					
190.05	STUDENT HEALTH		83,650					190.05
192	PHYSICIANS' PRIVATE OFFICES		276,011					192
192.01	FACULTY CLINICAL OPERATIONS		197,848,479					192.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	-62,646,201	984,819,534					202



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 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	NEW CPTL BLG INTRST	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	
		0	1	1.01	2	2A	4	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT		118,730	48,492	32,151	199,373	199,373	4
5.01	COMMUNICATION		39,305	16,053	20,263	75,621	361	5.01
5.02	SYSTEM & COMPUTERS		305,436	124,748	277,702	707,886	2,375	5.02
5.03	PURCHASING		315,663	128,925	10,829	455,417	571	5.03
5.04	OPC STORES		91,557	37,394	1,904	130,855		5.04
5.05	PATIENT AFFAIRS		53,329	21,781	17,180	92,290	916	5.05
5.06	PATIENT ADMITTING		48,012	19,609	8,656	76,277	901	5.06
5.07	PATIENT ACCOUNTS		192,227	78,510	1,198	271,935	1,899	5.07
5.08	ACCOUNTING		103,616	42,320	8,561	154,497	674	5.08
5.09	EMPLOYEE HEALTH SERVICES		42,826	17,491	779	61,096	131	5.09
5.10	PASTORAL CARE		196,526	80,266	10,861	287,653	312	5.10
5.11	HOSPITAL ADMINISTRATION		1,124,738	459,372	788,381	2,372,491	17,038	5.11
5.12	AMBULATORY ADMINISTRATION		44,132	18,024	12,709	74,865	1,162	5.12
5.14	PRIMARY CARE ADMINISTRATION						18	5.14
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT		273,388	111,659	398,508	783,555	1,943	7
7.01	SAFETY AND SECURITY		80,119	32,723	143,982	256,824	560	7.01
8	LAUNDRY & LINEN SERVICE		101,521	41,464	2,013	144,998		8
9	HOUSEKEEPING		139,987	57,174	18,289	215,450		9
10	DIETARY		322,131	131,566	50,155	503,852	821	10
11	CAFETERIA		146,347	59,772	4,288	210,407	333	11
12	MAINTENANCE OF PERSONNEL							12
12.01	PATIENT TRANSPORTATION		11,425	4,666	5,215	21,306	315	12.01
13	NURSING ADMINISTRATION		109,964	44,912	17,289	172,165	842	13
14	CENTRAL SERVICES & SUPPLY		173,161	70,723	587,977	831,861	496	14
14.01	CENTRAL PROCESSING		45,509	18,587	7,600	71,696	294	14.01
15	PHARMACY		214,694	87,686	196,460	498,840	3,149	15
16	MEDICAL RECORDS & LIBRARY		297,915	121,676	10,553	430,144	1,755	16
17	SOCIAL SERVICE		46,754	19,096	2,988	68,838	1,026	17
17.01	HOSPITAL MEDICAL ADMIN							17.01
19	NONPHYSICIAN ANESTHETISTS						1,143	19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD		91,676	37,443	1,709	130,828	14,753	21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMEDICAL ED-MICU		58,371	23,840	5,644	87,855	218	23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICALS		2,187,238	893,325	838,685	3,919,248	14,039	30
31	INTENSIVE CARE UNIT		543,687	222,055	450,961	1,216,703	4,895	31
33	BURN INTENSIVE CARE UNIT		129,940	53,071	98,688	281,699	1,527	33
35	NEONATAL INTENSIVE CARE		294,658	120,346	409,405	824,409	2,804	35
35.01	PEDIATRIC ICU		54,874	22,412	106,488	183,774	757	35.01
35.03	HEART TRANSPLANT ICU		132,994	54,318	72,632	259,944	971	35.03
35.04	BONE INTENSIVE CARE		114,694	46,844	129,158	290,696	1,288	35.04
41	SUBPROVIDER - IRF		346,897	141,682	29,498	518,077	1,700	41
43	NURSERY						216	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM		1,859,682	759,541	3,997,905	6,617,128	4,547	50
50.01	AMBULATORY SURGERY CENTER		393,280	160,626	319,083	872,989	1,052	50.01
51	RECOVERY ROOM		416,154	169,968	39,615	625,737	960	51
52	DELIVERY ROOM & LABOR ROOM		103,628	42,324	322,758	468,710	892	52
53	ANESTHESIOLOGY		30,706	12,541	473,356	516,603	191	53
54	RADIOLOGY-DIAGNOSTIC		734,500	299,989	1,362,578	2,397,067	2,395	54
54.01	RADIOLOGY-ULTRASOUND		46,024	18,797	101,854	166,675	408	54.01
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE		167,796	68,532	559,934	796,262	584	56
57	CT SCAN		82,730	33,789	483,354	599,873	1,000	57
58	MRI		179,305	73,233	1,199,283	1,451,821	665	58
59	CARDIAC CATHETERIZATION		440,573	179,941	1,263,558	1,884,072	1,713	59
60	LABORATORY		396,058	161,760	250,539	808,357	2,538	60
60.01	LABORATORY-SURGICAL PATHOLOGY		294,298	120,199	112,027	526,524	509	60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA							60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.		82,227	33,584	86,978	202,789	477	63
65	RESPIRATORY THERAPY		166,610	68,048	260,235	494,893	2,255	65
66	PHYSICAL THERAPY		72,024	29,416	1,893	103,333	1,314	66
67	OCCUPATIONAL THERAPY		13,449	5,493		18,942	403	67
68	SPEECH PATHOLOGY		406,525	166,035		572,560	130	68
69	ELECTROCARDIOLOGY				1,727,205	1,727,205	1,142	69



LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 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	NEW CPTL BLG INTRST	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	
		0	1	1.01	2	2A	4	
70	ELECTROENCEPHALOGRAPHY		101,521	41,464	117,494	260,479	470	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS		140,514	57,390	36,272	234,176	1,034	74
75	ASC (NON-DISTINCT PART)							75
76	PULMONARY LABS		40,012	16,342	131,747	188,101	121	76
76.01	OCCUPATIONAL HEALTH		43,844	17,907	1,830	63,581	317	76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR		15,713	6,417	55,605	77,735	277	76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE		109,233	44,614	1,146,319	1,300,166	1,022	76.07
76.09	BONE MARROW PROCUREMENT							76.09
76.10	BIARIATRICS						142	76.10
76.11	HEPATOLOGY						208	76.11
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC		43,844	17,907	703	62,454	80	90
90.01	CARDIAC REHABILITATION						70	90.01
90.02	CANCER CENTER		628,800	256,818	76,776	962,394	2,119	90.02
90.03	PSYCH SOCIAL REHAB		119,101	48,644		167,745	115	90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER		1,624,413	663,452	2,376,384	4,664,249	7,595	90.07
90.08	OBT OUTPATIENT CENTER		1,162	474	250,655	252,291	2,102	90.08
90.09	ELMHURST IMMEDIATE CARE				69,046	69,046	354	90.09
90.10	LAGRANGE FAMILY PCC				74,684	74,684	761	90.10
90.12	NORTH RIVERSIDE PCC				92,049	92,049	1,126	90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC				45,256	45,256	535	90.14
90.15	OBT II PCC				34,425	34,425	472	90.15
90.16	HICKORY HILLS PCC				32,610	32,610	1,269	90.16
90.18	DARIEN PCC				53,045	53,045	226	90.18
90.20	ORLANAD PARK - FP				50,853	50,853	1,143	90.20
90.21	FAMILY PRACTICE MAYWOOD PCC		38,455	15,706	7,252	61,413	286	90.21
90.22	HOMER GLEN PCC				120,513	120,513	1,348	90.22
90.23	OAK PARK PCC				12,800	12,800	1,003	90.23
90.24	PARK RIDGE PCC				60,860	60,860	275	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB				44,765	44,765	632	90.25
90.26	WOODRIDGE PCC				1,080	1,080		90.26
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER				24,630	24,630	227	90.28
90.29	BURR RIDGE PCC		1,197,600	489,131	698,038	2,384,769	3,069	90.29
90.30	RIVER FOREST				1,569	1,569	836	90.30
90.31	NORRIDGE							90.31
90.32	ELMWOOD PARK							90.32
91	EMERGENCY		297,771	121,617	134,508	553,896	6,008	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT		19,150	7,821		26,971	111	92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES		8,731	3,566		12,297		95
97	DURABLE MEDICAL EQUIP-SOLD						127	97
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY		68,611	28,022		96,633	1,412	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	KIDNEY ACQUISITION		8,419	3,439		11,858	205	105
106	HEART ACQUISITION		31,820	12,996	1,533	46,349	192	106
107	LIVER ACQUISITION		3,796	1,551		5,347	210	107
108	LUNG ACQUISITION		28,611	11,685		40,296	180	108
109	PANCREAS ACQUISITION						226	109
110	INTESTINAL ACQUISITION						147	110
111	ISLET ACQUISITION							111
112	OTHER ORGAN ACQUISITION (SPECIFY)		1,916	783	3,093	5,792	355	112
116	HOSPICE		5,329	2,177		7,506	203	116
118	SUBTOTALS (sum of lines 1-117)		19,057,976	7,783,764	23,097,908	49,939,648	143,988	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN						20	190
190.01	HINES RADIATION THERAPY						332	190.01
190.02	HOME INFUSION THERAPY						307	190.02
190.03	OP HOSPITAL PHARMACY				6,460	6,460	94	190.03
190.04	HOSPITALIST						1,909	190.04



COMPU-MAX

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	NEW CPTL BLG INTRST	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	
		0	1	1.01	2	2A	4	
190.05	STUDENT HEALTH						16	190.05
192	PHYSICIANS' PRIVATE OFFICES						33	192
192.01	FACULTY CLINICAL OPERATIONS				607,592	607,592	52,674	192.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)		19,057,976	7,783,764	23,711,960	50,553,700	199,373	202



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## ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	COMMUNICTN	SYSTEM + COMPUTERS	PURCHASING	OPC STORES	PATIENT AFFAIRS	PATIENT ADMITTING	
		5.01	5.02	5.03	5.04	5.05	5.06	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	COMMUNICATION	75,982						5.01
5.02	SYSTEM & COMPUTERS	1,521	711,782					5.02
5.03	PURCHASING	808		456,796				5.03
5.04	OPC STORES	8		128	130,991			5.04
5.05	PATIENT AFFAIRS	376		15		93,597		5.05
5.06	PATIENT ADMITTING	520		94			77,792	5.06
5.07	PATIENT ACCOUNTS	2,753		30				5.07
5.08	ACCOUNTING	861		52				5.08
5.09	EMPLOYEE HEALTH SERVICES	83		293				5.09
5.10	PASTORAL CARE	486		21				5.10
5.11	HOSPITAL ADMINISTRATION	4,544		1,287	238			5.11
5.12	AMBULATORY ADMINISTRATION	160		50				5.12
5.14	PRIMARY CARE ADMINISTRATION			1				5.14
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	1,281		3,990	204			7
7.01	SAFETY AND SECURITY	394		86	238			7.01
8	LAUNDRY & LINEN SERVICE			801				8
9	HOUSEKEEPING	504		43	408			9
10	DIETARY	786		4,621				10
11	CAFETERIA			4,083				11
12	MAINTENANCE OF PERSONNEL							12
12.01	PATIENT TRANSPORTATION	323		12	136			12.01
13	NURSING ADMINISTRATION	630		194				13
14	CENTRAL SERVICES & SUPPLY	34		497				14
14.01	CENTRAL PROCESSING	7		657				14.01
15	PHARMACY	646		8,359				15
16	MEDICAL RECORDS & LIBRARY	1,456		129				16
17	SOCIAL SERVICE	1,100		32				17
17.01	HOSPITAL MEDICAL ADMIN	164						17.01
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD			1				21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMEDICAL ED-MICU			14				23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	11,138	52,299	138,461	34		11,307	30
31	INTENSIVE CARE UNIT	1,969	15,850	60,592			3,479	31
33	BURN INTENSIVE CARE UNIT	253	6,685	11,539			1,468	33
35	NEONATAL INTENSIVE CARE	1,377	9,654	6,740			2,119	35
35.01	PEDIATRIC ICU	500	2,490	8,352			547	35.01
35.03	HEART TRANSPLANT ICU	373	3,376	8,947			741	35.03
35.04	BONE INTENSIVE CARE	433	4,969	8,457			1,091	35.04
41	SUBPROVIDER - IRF	1,014	4,196	6,017			921	41
43	NURSERY		591				130	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	1,806	42,251	27,641			7,357	50
50.01	AMBULATORY SURGERY CENTER		13,304	14,744	92,976		10	50.01
51	RECOVERY ROOM	385	12,631	9,202			1,583	51
52	DELIVERY ROOM & LABOR ROOM	544	2,869	9,530			559	52
53	ANESTHESIOLOGY		24,172	772			4,016	53
54	RADIOLOGY-DIAGNOSTIC	3,352	24,201	5,989	713		2,346	54
54.01	RADIOLOGY-ULTRASOUND		6,359	568	34		363	54.01
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE	495	10,474	917			244	56
57	CT SCAN		35,494	2,618			2,990	57
58	MRI	372	19,743	867	849		1,179	58
59	CARDIAC CATHETERIZATION	322	21,477	2,800			2,006	59
60	LABORATORY	1,577	96,662	10,191			9,621	60
60.01	LABORATORY-SURGICAL PATHOLOGY	879	8,804	1,779			608	60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA							60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	212	11,269	1,035	544		1,918	63
65	RESPIRATORY THERAPY	129	14,161				3,047	65
66	PHYSICAL THERAPY	806	6,196	1,148		6,852	563	66
67	OCCUPATIONAL THERAPY		2,303	823		1,188	388	67
68	SPEECH PATHOLOGY	135	629	348	68		136	68
69	ELECTROCARDIOLOGY	899	32,240	3,629			3,197	69



LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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## ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	COMMUNICTN	SYSTEM + COMPUTERS	PURCHASING	OPC STORES	PATIENT AFFAIRS	PATIENT ADMITTING	
		5.01	5.02	5.03	5.04	5.05	5.06	
70	ELECTROENCEPHALOGRAPHY	525	2,313	396			270	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		489				98	71
73	DRUGS CHARGED TO PATIENTS		38,306				7,619	73
74	RENAL DIALYSIS	336	8,853	3,594			337	74
75	ASC (NON-DISTINCT PART)							75
76	PULMONARY LABS	319	959	1,707			83	76
76.01	OCCUPATIONAL HEALTH		157	65	34	635		76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	120	3,371	77			305	76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE		9,690	2,772		1,025	413	76.07
76.09	BONE MARROW PROCUREMENT		670				116	76.09
76.10	BIARIATRICS		82					76.10
76.11	HEPATOLOGY							76.11
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC		296	1,069	34	407		90
90.01	CARDIAC REHABILITATION	15	147	15,647	1,121		32	90.01
90.02	CANCER CENTER	2,835	21,071	98			39	90.02
90.03	PSYCH SOCIAL REHAB	507	44			1,546		90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	10,223	38,089	13,535	31,355	39,400	204	90.07
90.08	OBT OUTPATIENT CENTER	1,161	7,629	3,149	1,393	2,832	5	90.08
90.09	ELMHURST IMMEDIATE CARE		852	542		2,588		90.09
90.10	LAGRANGE FAMILY PCC	890	2,718	1,267		1,237		90.10
90.12	NORTH RIVERSIDE PCC	1,139	1,607	900		5,273		90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	416	1,613	450		1,367	4	90.14
90.15	OBT II PCC	858	1,412	910	102	5,110	1	90.15
90.16	HICKORY HILLS PCC	1,089	2,680	1,384	34	4,655	1	90.16
90.18	DARIEN PCC	578	544	1,147		2,148		90.18
90.20	ORLANAD PARK - FP	1,301	1,586	808	340	4,248		90.20
90.21	FAMILY PRACTICE MAYWOOD PCC		860	497		3,255		90.21
90.22	HOMER GLEN PCC	15	5,355	3,565		4,248	2	90.22
90.23	OAK PARK PCC		563	575	136	1,953		90.23
90.24	PARK RIDGE PCC	6	1,229	414		358	2	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB		486	141		163		90.25
90.26	WOODRIDGE PCC		147					90.26
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER		5,468				1	90.28
90.29	BURR RIDGE PCC		18,480			3,109	10	90.29
90.30	RIVER FOREST		2,622				1	90.30
90.31	NORRIDGE		37					90.31
90.32	ELMWOOD PARK		25					90.32
91	EMERGENCY	3,241	30,280	18,039			2,721	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT		5,472	562				92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES	17						95
97	DURABLE MEDICAL EQUIP-SOLD		613	2			22	97
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY	993	1,528	113				101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	KIDNEY ACQUISITION	360	2,933	8			644	105
106	HEART ACQUISITION	142	516	10			113	106
107	LIVER ACQUISITION	214	1,572	15			345	107
108	LUNG ACQUISITION	105	1,728	3			379	108
109	PANCREAS ACQUISITION							109
110	INTESTINAL ACQUISITION							110
111	ISLET ACQUISITION							111
112	OTHER ORGAN ACQUISITION (SPECIFY)	8	642				91	112
116	HOSPICE	86	699	7				116
118	SUBTOTALS (sum of lines 1-117)	75,914	711,782	442,664	130,991	93,597	77,792	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	68		26				190
190.01	HINES RADIATION THERAPY			7				190.01
190.02	HOME INFUSION THERAPY			2,606				190.02
190.03	OP HOSPITAL PHARMACY			11,402				190.03
190.04	HOSPITALIST			17				190.04



COMPU-MAX

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	COMMUNICTN	SYSTEM + COMPUTERS	PURCHASING	OPC STORES	PATIENT AFFAIRS	PATIENT ADMITTING	
		5.01	5.02	5.03	5.04	5.05	5.06	
190.05	STUDENT HEALTH							190.05
192	PHYSICIANS' PRIVATE OFFICES			57				192
192.01	FACULTY CLINICAL OPERATIONS			17				192.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	75,982	711,782	456,796	130,991	93,597	77,792	202



LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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## ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	PATIENT ACCOUNTS	ACCOUNTING	EMPLOYEE HEALTH SERVICES	PASTORAL CARE	HOSPITAL ADMINSTRTN	AMBULATORY ADMIN	
		5.07	5.08	5.09	5.10	5.11	5.12	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	COMMUNICATION							5.01
5.02	SYSTEM & COMPUTERS							5.02
5.03	PURCHASING							5.03
5.04	OPC STORES							5.04
5.05	PATIENT AFFAIRS							5.05
5.06	PATIENT ADMITTING							5.06
5.07	PATIENT ACCOUNTS	276,617						5.07
5.08	ACCOUNTING		156,084					5.08
5.09	EMPLOYEE HEALTH SERVICES		167	61,770				5.09
5.10	PASTORAL CARE		212	84	288,768			5.10
5.11	HOSPITAL ADMINSTRATION		23,003	9,082	42,530	2,470,213		5.11
5.12	AMBULATORY ADMINISTRATION		1,299	513	2,402	24,109	104,560	5.12
5.14	PRIMARY CARE ADMINISTRATION		698	276	1,291	12,957	555	5.14
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT		4,756	1,878	8,794	88,253	3,779	7
7.01	SAFETY AND SECURITY		438	173	809	8,120	348	7.01
8	LAUNDRY & LINEN SERVICE		453	179	837	8,405	360	8
9	HOUSEKEEPING		36	14	67	668	29	9
10	DIETARY		1,010	399	1,868	18,749	803	10
11	CAFETERIA		62	25	115	1,157	50	11
12	MAINTENANCE OF PERSONNEL							12
12.01	PATIENT TRANSPORTATION		195	77	361	3,618	155	12.01
13	NURSING ADMINISTRATION		570	225	1,054	10,573	453	13
14	CENTRAL SERVICES & SUPPLY		462	182	854	8,569	367	14
14.01	CENTRAL PROCESSING		212	84	393	3,940	169	14.01
15	PHARMACY		1,788	706	3,306	33,182	1,421	15
16	MEDICAL RECORDS & LIBRARY		1,584	625	2,929	29,390	1,259	16
17	SOCIAL SERVICE		554	219	1,024	10,276	440	17
17.01	HOSPITAL MEDICAL ADMIN		1		2	22	1	17.01
19	NONPHYSICIAN ANESTHETISTS		87	34	161	1,611	69	19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD		7,552	2,981	13,962	140,113	6,000	21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMEDICAL ED-MICU		122	48	226	2,264	97	23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	20,227	9,747	3,848	18,021	180,845	7,744	30
31	INTENSIVE CARE UNIT	6,130	3,379	1,334	6,248	62,702	2,685	31
33	BURN INTENSIVE CARE UNIT	2,586	1,103	435	2,039	20,462	876	33
35	NEONATAL INTENSIVE CARE	3,734	1,684	665	3,114	31,253	1,338	35
35.01	PEDIATRIC ICU	963	650	256	1,201	12,053	516	35.01
35.03	HEART TRANSPLANT ICU	1,306	651	257	1,204	12,083	517	35.03
35.04	BONE INTENSIVE CARE	1,922	867	342	1,603	16,085	689	35.04
41	SUBPROVIDER - IRF	1,623	1,128	445	2,086	20,931	896	41
43	NURSERY	229	147	58	272	2,732	117	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	16,341	8,837	3,489	16,339	163,970	7,022	50
50.01	AMBULATORY SURGERY CENTER	5,145	1,289	509	2,383	23,911	1,024	50.01
51	RECOVERY ROOM	4,885	792	313	1,465	14,698	629	51
52	DELIVERY ROOM & LABOR ROOM	1,110	605	239	1,119	11,226	481	52
53	ANESTHESIOLOGY	9,349	653	258	1,207	12,115	519	53
54	RADIOLOGY-DIAGNOSTIC	9,360	2,212	873	4,089	41,038	1,757	54
54.01	RADIOLOGY-ULTRASOUND	2,459	275	109	509	5,108	219	54.01
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE	4,051	867	342	1,602	16,078	689	56
57	CT SCAN	13,727	1,023	404	1,892	18,982	813	57
58	MRI	7,636	765	302	1,414	14,195	608	58
59	CARDIAC CATHETERIZATION	8,306	2,219	876	4,104	41,181	1,763	59
60	LABORATORY	38,715	3,930	1,552	7,266	72,917	3,123	60
60.01	LABORATORY-SURGICAL PATHOLOGY	3,405	581	229	1,074	10,778	462	60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA							60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	4,358	1,320	521	2,440	24,483	1,048	63
65	RESPIRATORY THERAPY	5,477	1,482	585	2,739	27,488	1,177	65
66	PHYSICAL THERAPY	2,396	788	311	1,457	14,624	626	66
67	OCCUPATIONAL THERAPY	891	245	97	453	4,551	195	67
68	SPEECH PATHOLOGY	243	164	65	303	3,042	130	68
69	ELECTROCARDIOLOGY	12,469	2,401	948	4,438	44,540	1,907	69



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## ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	PATIENT ACCOUNTS	ACCOUNTING	EMPLOYEE HEALTH SERVICES	PASTORAL CARE	HOSPITAL ADMINSTRTN	AMBULATORY ADMIN	
		5.07	5.08	5.09	5.10	5.11	5.12	
70	ELECTROENCEPHALOGRAPHY	894	334	132	618	6,200	266	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	189	168	67	312	3,126	134	71
73	DRUGS CHARGED TO PATIENTS	14,815	4,573	1,806	8,456	84,857	3,634	73
74	RENAL DIALYSIS	3,424	957	378	1,769	17,749	760	74
75	ASC (NON-DISTINCT PART)							75
76	PULMONARY LABS	371	132	52	244	2,453	105	76
76.01	OCCUPATIONAL HEALTH	61	173	68	321	3,219	138	76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	1,304	178	70	328	3,294	141	76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	3,748	1,150	454	2,126	21,337	914	76.07
76.09	BONE MARROW PROCUREMENT	259	289	114	534	5,360	230	76.09
76.10	BIARIATRICS	32	109	43	201	2,020	86	76.10
76.11	HEPATOLOGY		104	41	193	1,939	83	76.11
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC	114	62	25	115	1,156	50	90
90.01	CARDIAC REHABILITATION	57	58	23	106	1,068	46	90.01
90.02	CANCER CENTER	8,149	3,726	1,471	6,890	69,142	2,961	90.02
90.03	PSYCH SOCIAL REHAB	17	100	40	186	1,864	80	90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	14,731	6,116	2,415	11,307	113,473	4,859	90.07
90.08	OBT OUTPATIENT CENTER	2,951	1,228	485	2,270	22,783	976	90.08
90.09	ELMHURST IMMEDIATE CARE	329	334	132	617	6,191	265	90.09
90.10	LAGRANGE FAMILY PCC	1,051	536	212	991	9,947	426	90.10
90.12	NORTH RIVERSIDE PCC	621	577	228	1,067	10,707	459	90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	624	412	163	763	7,653	328	90.14
90.15	OBT II PCC	546	433	171	800	8,025	344	90.15
90.16	HICKORY HILLS PCC	1,037	655	259	1,211	12,155	521	90.16
90.18	DARIEN PCC	211	230	91	425	4,269	183	90.18
90.20	ORLANAD PARK - FP	613	596	235	1,102	11,062	474	90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	333	226	89	417	4,188	179	90.21
90.22	HOMER GLEN PCC	2,071	996	393	1,841	18,480	791	90.22
90.23	OAK PARK PCC	218	315	124	583	5,849	250	90.23
90.24	PARK RIDGE PCC	475	202	80	373	3,741	160	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	188	201	79	371	3,726	160	90.25
90.26	WOODRIDGE PCC	57	2	1	4	36	2	90.26
90.27	NEUROLOGY - NILES					1		90.27
90.28	MARJORIE WEINBERG CANCER CENTER	2,115	891	352	1,648	16,537	708	90.28
90.29	BURR RIDGE PCC	7,147	2,585	1,021	4,779	47,963	2,054	90.29
90.30	RIVER FOREST	1,014	416	164	770	7,725	331	90.30
90.31	NORRIDGE	14	1		2	20	1	90.31
90.32	ELMWOOD PARK	10	1		2	16	1	90.32
91	EMERGENCY	11,711	2,874	1,135	5,313	53,316	2,283	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT	2,116	101	40	186	1,868	80	92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES		58	23	107	1,078	46	95
97	DURABLE MEDICAL EQUIP-SOLD	237	70	27	129	1,291	55	97
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY	591	840	332	1,554	15,592	668	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	KIDNEY ACQUISITION	1,135	502	198	928	9,314	399	105
106	HEART ACQUISITION	200	192	76	356	3,568	153	106
107	LIVER ACQUISITION	608	370	146	684	6,860	294	107
108	LUNG ACQUISITION	668	413	163	764	7,667	328	108
109	PANCREAS ACQUISITION		116	46	214	2,148	92	109
110	INTESTINAL ACQUISITION		70	28	130	1,307	56	110
111	ISLET ACQUISITION							111
112	OTHER ORGAN ACQUISITION (SPECIFY)	248	354	140	654	6,560	281	112
116	HOSPICE	270	154	61	284	2,850	122	116
118	SUBTOTALS (sum of lines 1-117)	276,617	130,245	51,359	240,111	1,982,797	83,882	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		33	13	61	615	26	190
190.01	HINES RADIATION THERAPY		161	63	297	2,980	128	190.01
190.02	HOME INFUSION THERAPY		447	177	827	8,296	355	190.02
190.03	OP HOSPITAL PHARMACY		469	185	868	8,711	373	190.03
190.04	HOSPITALIST		368	145	680	6,823	292	190.04



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	PATIENT ACCOUNTS	ACCOUNTING	EMPLOYEE HEALTH SERVICES	PASTORAL CARE	HOSPITAL ADMINSTRTN	AMBULATORY ADMIN	
		5.07	5.08	5.09	5.10	5.11	5.12	
190.05	STUDENT HEALTH		10	4	19	194	8	190.05
192	PHYSICIANS' PRIVATE OFFICES		34	13	63	634	27	192
192.01	FACUALTY CLINICAL OPERATIONS		24,317	9,811	45,842	459,163	19,469	192.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	276,617	156,084	61,770	288,768	2,470,213	104,560	202



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## ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	PRIMARY CARE ADMIN	OPERATION OF PLANT	SAFETY & SECURITY	LAUNDRY + LINEN SERVICE	HOUSE-KEEPING	DIETARY	
		5.14	7	7.01	8	9	10	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	COMMUNICATION							5.01
5.02	SYSTEM & COMPUTERS							5.02
5.03	PURCHASING							5.03
5.04	OPC STORES							5.04
5.05	PATIENT AFFAIRS							5.05
5.06	PATIENT ADMITTING							5.06
5.07	PATIENT ACCOUNTS							5.07
5.08	ACCOUNTING							5.08
5.09	EMPLOYEE HEALTH SERVICES							5.09
5.10	PASTORAL CARE							5.10
5.11	HOSPITAL ADMINISTRATION							5.11
5.12	AMBULATORY ADMINISTRATION							5.12
5.14	PRIMARY CARE ADMINISTRATION	15,796						5.14
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	567	899,000					7
7.01	SAFETY AND SECURITY	52	4,471	272,513				7.01
8	LAUNDRY & LINEN SERVICE	54	5,666	1,726	163,479			8
9	HOUSEKEEPING	4	7,813	2,380	26	227,442		9
10	DIETARY	120	17,978	5,477		9,485	565,969	10
11	CAFETERIA	7	8,167	2,488		824		11
12	MAINTENANCE OF PERSONNEL							12
12.01	PATIENT TRANSPORTATION	23	638	194	5	339		12.01
13	NURSING ADMINISTRATION	68	6,137	1,870		1,018		13
14	CENTRAL SERVICES & SUPPLY	55	9,664	2,944		4,350		14
14.01	CENTRAL PROCESSING	25	2,540	774		2,063		14.01
15	PHARMACY	213	11,982	3,650	83	2,909		15
16	MEDICAL RECORDS & LIBRARY	189	16,626	5,065		1,305		16
17	SOCIAL SERVICE	66	2,609	795		281		17
17.01	HOSPITAL MEDICAL ADMIN							17.01
19	NONPHYSICIAN ANESTHETISTS	10						19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD	900	5,116	1,559	1,067	850		21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMEDICAL ED-MICU	15	3,258	992		476		23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	1,161	122,064	37,183	64,516	51,039	392,310	30
31	INTENSIVE CARE UNIT	403	30,343	9,244	13,498	7,054	48,893	31
33	BURN INTENSIVE CARE UNIT	131	7,252	2,209	4,581	2,579	19,696	33
35	NEONATAL INTENSIVE CARE	201	16,445	5,010	2,639	3,795		35
35.01	PEDIATRIC ICU	77	3,062	933	1,006	1,625		35.01
35.03	HEART TRANSPLANT ICU	78	7,422	2,261	2,663	1,726	15,807	35.03
35.04	BONE INTENSIVE CARE	103	6,401	1,950	1,207	3,397	16,738	35.04
41	SUBPROVIDER - IRF	134	19,360	5,898	4,298	9,962	53,846	41
43	NURSERY	18						43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	1,053	103,787	31,618	12,920	25,640		50
50.01	AMBULATORY SURGERY CENTER	154	21,949	6,687	5,086	4,379		50.01
51	RECOVERY ROOM	94	23,225	7,075	2,939	5,588		51
52	DELIVERY ROOM & LABOR ROOM	72	5,783	1,762	2,867	1,346		52
53	ANESTHESIOLOGY	78	1,714	522	789	410		53
54	RADIOLOGY-DIAGNOSTIC	264	40,992	12,488	2,334	10,124		54
54.01	RADIOLOGY-ULTRASOUND	33	2,569	782	1,322	574		54.01
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE	103	9,365	2,853	910	2,024		56
57	CT SCAN	122	4,617	1,407	2,095	1,003		57
58	MRI	91	10,007	3,049	1,840	2,291		58
59	CARDIAC CATHETERIZATION	264	24,588	7,491	2,855	6,206		59
60	LABORATORY	468	22,104	6,734		5,794		60
60.01	LABORATORY-SURGICAL PATHOLOGY	69	16,425	5,004		4,694		60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA							60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	157	4,589	1,398	172	1,869		63
65	RESPIRATORY THERAPY	177	9,298	2,833	430	1,621		65
66	PHYSICAL THERAPY	94	4,020	1,225	896	2,667		66
67	OCCUPATIONAL THERAPY	29	751	229		1,834		67
68	SPEECH PATHOLOGY	20	22,688	6,912		377		68
69	ELECTROCARDIOLOGY	286			913	5,319		69



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## ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	PRIMARY CARE ADMIN	OPERATION OF PLANT	SAFETY & SECURITY	LAUNDRY + LINEN SERVICE	HOUSE-KEEPING	DIETARY	
		5.14	7	7.01	8	9	10	
70	ELECTROENCEPHALOGRAPHY	40	5,666	1,726	265	3,007		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	20						71
73	DRUGS CHARGED TO PATIENTS	545						73
74	RENAL DIALYSIS	114	7,842	2,389	1,766	253		74
75	ASC (NON-DISTINCT PART)							75
76	PULMONARY LABS	16	2,233	680	93			76
76.01	OCCUPATIONAL HEALTH	21	2,447	745		1,185		76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	21	877	267	469	466		76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	137	6,096	1,857	1,464	1,418		76.07
76.09	BONE MARROW PROCUREMENT	34						76.09
76.10	BIARIATRICS	13						76.10
76.11	HEPATOLOGY	12						76.11
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC	7	2,447	745	60	1,221	16,032	90
90.01	CARDIAC REHABILITATION	7						90.01
90.02	CANCER CENTER	444	35,093	10,691	3,110	4,797	2,647	90.02
90.03	PSYCH SOCIAL REHAB	12	6,647	2,025		364		90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	729	90,657	27,618	4,086	25,065		90.07
90.08	OBT OUTPATIENT CENTER	146	65	20	1,567	13		90.08
90.09	ELMHURST IMMEDIATE CARE	40			41			90.09
90.10	LAGRANGE FAMILY PCC	64			412			90.10
90.12	NORTH RIVERSIDE PCC	69			347			90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	49			81			90.14
90.15	OBT II PCC	52			463			90.15
90.16	HICKORY HILLS PCC	78			715			90.16
90.18	DARIEN PCC	27			107			90.18
90.20	ORLANAD PARK - FP	71			300			90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	27	2,146	654	1,062			90.21
90.22	HOMER GLEN PCC	119			913			90.22
90.23	OAK PARK PCC	38						90.23
90.24	PARK RIDGE PCC	24			193			90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	24			40			90.25
90.26	WOODRIDGE PCC							90.26
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER	106						90.28
90.29	BURR RIDGE PCC	308	66,837	20,362				90.29
90.30	RIVER FOREST	50						90.30
90.31	NORRIDGE							90.31
90.32	ELMWOOD PARK							90.32
91	EMERGENCY	342	16,618	5,063	11,465			91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT	12	1,069	326	503	249		92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES	7	487	148				95
97	DURABLE MEDICAL EQUIP-SOLD	8				33		97
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY	100	3,829	1,167		214		101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	KIDNEY ACQUISITION	60	470	143		25		105
106	HEART ACQUISITION	23	1,776	541		134		106
107	LIVER ACQUISITION	44	212	65		31		107
108	LUNG ACQUISITION	49	1,597	486		109		108
109	PANCREAS ACQUISITION	14						109
110	INTESTINAL ACQUISITION	8				8		110
111	ISLET ACQUISITION					13		111
112	OTHER ORGAN ACQUISITION (SPECIFY)	42	107	33				112
116	HOSPICE	18	297	91				116
118	SUBTOTALS (sum of lines 1-117)	12,493	899,000	272,513	163,479	227,442	565,969	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4						190
190.01	HINES RADIATION THERAPY	19						190.01
190.02	HOME INFUSION THERAPY	53						190.02
190.03	OP HOSPITAL PHARMACY	56						190.03
190.04	HOSPITALIST	44						190.04



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	PRIMARY CARE ADMIN	OPERATION OF PLANT	SAFETY & SECURITY	LAUNDRY + LINEN SERVICE	HOUSE-KEEPING	DIETARY	
		5.14	7	7.01	8	9	10	
190.05	STUDENT HEALTH	1						190.05
192	PHYSICIANS' PRIVATE OFFICES	4						192
192.01	FACULTY CLINICAL OPERATIONS	3,122						192.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	15,796	899,000	272,513	163,479	227,442	565,969	202



LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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## ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	CAFETERIA	PATIENT TRANSPORT	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	CENTRAL PROCESSING	PHARMACY	
		11	12.01	13	14	14.01	15	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	COMMUNICATION							5.01
5.02	SYSTEM & COMPUTERS							5.02
5.03	PURCHASING							5.03
5.04	OPC STORES							5.04
5.05	PATIENT AFFAIRS							5.05
5.06	PATIENT ADMITTING							5.06
5.07	PATIENT ACCOUNTS							5.07
5.08	ACCOUNTING							5.08
5.09	EMPLOYEE HEALTH SERVICES							5.09
5.10	PASTORAL CARE							5.10
5.11	HOSPITAL ADMINISTRATION							5.11
5.12	AMBULATORY ADMINISTRATION							5.12
5.14	PRIMARY CARE ADMINISTRATION							5.14
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
7.01	SAFETY AND SECURITY							7.01
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY							10
11	CAFETERIA	227,718						11
12	MAINTENANCE OF PERSONNEL							12
12.01	PATIENT TRANSPORTATION	1,819	29,516					12.01
13	NURSING ADMINISTRATION	1,276		197,075				13
14	CENTRAL SERVICES & SUPPLY	1,806			862,141			14
14.01	CENTRAL PROCESSING	464			927	84,245		14.01
15	PHARMACY	5,075		31	1,050		576,390	15
16	MEDICAL RECORDS & LIBRARY	4,344						16
17	SOCIAL SERVICE	1,925			23			17
17.01	HOSPITAL MEDICAL ADMIN							17.01
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD	22,468			25			21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMEDICAL ED-MICU	469			36		7	23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	30,159	9,181	54,702	100,965	36,835	67	30
31	INTENSIVE CARE UNIT	8,153	1,783	22,993	46,162	8,608	30	31
33	BURN INTENSIVE CARE UNIT	2,711	60	5,994	19,889	1,995	1	33
35	NEONATAL INTENSIVE CARE	4,304	34	13,625	5,109	5,017	22	35
35.01	PEDIATRIC ICU	1,220	108	3,460	5,491	1,520	2	35.01
35.03	HEART TRANSPLANT ICU	1,642	231	3,839	11,376	1,869	8	35.03
35.04	BONE INTENSIVE CARE	2,540	111	4,033	6,273	1,607	7	35.04
41	SUBPROVIDER - IRF	3,053	208	3,575	4,374	2,219		41
43	NURSERY							43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	8,561	4	13,411	11,365	413	1,740	50
50.01	AMBULATORY SURGERY CENTER	2,104	3	3,345	1,207	161	6,788	50.01
51	RECOVERY ROOM	1,777	2	3,933	3,529	1,185		51
52	DELIVERY ROOM & LABOR ROOM	1,618	23	3,324	7,560	10,843	10	52
53	ANESTHESIOLOGY	616		653	395	1,374	5	53
54	RADIOLOGY-DIAGNOSTIC	5,289	5,086	2,619	2,458	156	81	54
54.01	RADIOLOGY-ULTRASOUND	621	325		120	3	8	54.01
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE	780	145		229	44		56
57	CT SCAN	1,447	2,935		137	65	8	57
58	MRI	879	972		121	108	3	58
59	CARDIAC CATHETERIZATION	2,267	216	3,142	4,039	1,248	159	59
60	LABORATORY	5,755	290		4,624			60
60.01	LABORATORY-SURGICAL PATHOLOGY	1,263	101		1,002			60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA							60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	920	30	672	767	79	12	63
65	RESPIRATORY THERAPY	4,573	406		391		7,414	65
66	PHYSICAL THERAPY	2,233	517		307	8	10	66
67	OCCUPATIONAL THERAPY	622	537		9	26	14	67
68	SPEECH PATHOLOGY	195			522			68
69	ELECTROCARDIOLOGY	1,859	862	2,574	4,124	595	52	69



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## ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	CAFETERIA	PATIENT TRANSPORT	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	CENTRAL PROCESSING	PHARMACY	
		11	12.01	13	14	14.01	15	
70	ELECTROENCEPHALOGRAPHY	1,053		2	45		220	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS				506,595			71
73	DRUGS CHARGED TO PATIENTS						224,089	73
74	RENAL DIALYSIS	2,295	1,214	2,959	28,464	105	16,596	74
75	ASC (NON-DISTINCT PART)							75
76	PULMONARY LABS	232		155	55	29	2	76
76.01	OCCUPATIONAL HEALTH	418		5	288		84	76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	476	924	165	50	6		76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	2,054	923	2,878	6,568	117	52	76.07
76.09	BONE MARROW PROCUREMENT							76.09
76.10	BIARIATRICS	401						76.10
76.11	HEPATOLOGY	408						76.11
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC	177	4	279			55	90
90.01	CARDIAC REHABILITATION	111			123			90.01
90.02	CANCER CENTER	4,710	353	3,947	28,229	3,165	187,486	90.02
90.03	PSYCH SOCIAL REHAB	368		162	8		11	90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	16,421	1	13,534	4,701	34	34,038	90.07
90.08	OBT OUTPATIENT CENTER	3,523		2,177	1,716		1,086	90.08
90.09	ELMHURST IMMEDIATE CARE	911		569	397		1,502	90.09
90.10	LAGRANGE FAMILY PCC	1,607		1,425	949		1,131	90.10
90.12	NORTH RIVERSIDE PCC	1,411		1,092	734		5,373	90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	838		465	222	307	621	90.14
90.15	OBT II PCC	1,108		990	696		3,193	90.15
90.16	HICKORY HILLS PCC	1,968		1,173	1,078	272	3,177	90.16
90.18	DARIEN PCC	662		658	397		2,062	90.18
90.20	ORLANAD PARK - FP	1,567		781	881		5,264	90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	813		418	410		770	90.21
90.22	HOMER GLEN PCC	2,206		1,846	1,852	312	23,909	90.22
90.23	OAK PARK PCC	967		356	358		1,381	90.23
90.24	PARK RIDGE PCC	510		389	279		94	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	871		168	83		59	90.25
90.26	WOODRIDGE PCC	74						90.26
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER	475						90.28
90.29	BURR RIDGE PCC	5,612					24	90.29
90.30	RIVER FOREST	363						90.30
90.31	NORRIDGE	3						90.31
90.32	ELMWOOD PARK	203						90.32
91	EMERGENCY	6,499	1,871	8,839	31,501	3,886		91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT	193	53	569	113	34	15	92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES						1	95
97	DURABLE MEDICAL EQUIP-SOLD	214						97
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY	2,586		4,085	251		47	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	KIDNEY ACQUISITION	229		19	4			105
106	HEART ACQUISITION	136	3	37	3			106
107	LIVER ACQUISITION	222						107
108	LUNG ACQUISITION	122		47	6			108
109	PANCREAS ACQUISITION	785						109
110	INTESTINAL ACQUISITION	254						110
111	ISLET ACQUISITION							111
112	OTHER ORGAN ACQUISITION (SPECIFY)	663		3				112
116	HOSPICE	443		648	187		663	116
118	SUBTOTALS (sum of lines 1-117)	203,969	29,516	196,765	861,849	84,245	529,672	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	76						190
190.01	HINES RADIATION THERAPY	427						190.01
190.02	HOME INFUSION THERAPY	559		193	213		19,459	190.02
190.03	OP HOSPITAL PHARMACY	174					27,253	190.03
190.04	HOSPITALIST	1,334			52			190.04



COMPU-MAX

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	CAFETERIA	PATIENT TRANSPORT	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	CENTRAL PROCESSING	PHARMACY	
		11	12.01	13	14	14.01	15	
190.05	STUDENT HEALTH	20						190.05
192	PHYSICIANS' PRIVATE OFFICES			117	24		6	192
192.01	FACUALTY CLINICAL OPERATIONS	21,159			3			192.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	227,718	29,516	197,075	862,141	84,245	576,390	202



LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	HOSPITAL MEDICAL ADMIN	NONPHYSIC. ANESTHET.	I&R SALARY & FRINGES	PARAMED ED-MICU	
		16	17	17.01	19	21	23.01	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	COMMUNICATION							5.01
5.02	SYSTEM & COMPUTERS							5.02
5.03	PURCHASING							5.03
5.04	OPC STORES							5.04
5.05	PATIENT AFFAIRS							5.05
5.06	PATIENT ADMITTING							5.06
5.07	PATIENT ACCOUNTS							5.07
5.08	ACCOUNTING							5.08
5.09	EMPLOYEE HEALTH SERVICES							5.09
5.10	PASTORAL CARE							5.10
5.11	HOSPITAL ADMINISTRATION							5.11
5.12	AMBULATORY ADMINISTRATION							5.12
5.14	PRIMARY CARE ADMINISTRATION							5.14
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
7.01	SAFETY AND SECURITY							7.01
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY							10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
12.01	PATIENT TRANSPORTATION							12.01
13	NURSING ADMINISTRATION							13
14	CENTRAL SERVICES & SUPPLY							14
14.01	CENTRAL PROCESSING							14.01
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY	496,800						16
17	SOCIAL SERVICE		89,208					17
17.01	HOSPITAL MEDICAL ADMIN			190				17.01
19	NONPHYSICIAN ANESTHETISTS				3,115			19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD			4		348,179		21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMEDICAL ED-MICU						96,097	23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	73,616	26,284	4				30
31	INTENSIVE CARE UNIT	22,147	1,721	4				31
33	BURN INTENSIVE CARE UNIT	9,341	1,948					33
35	NEONATAL INTENSIVE CARE	13,488	3,514	5				35
35.01	PEDIATRIC ICU	3,479	1,886	2				35.01
35.03	HEART TRANSPLANT ICU	4,718	2,320	3				35.03
35.04	BONE INTENSIVE CARE	6,942	2,702	1				35.04
41	SUBPROVIDER - IRF	5,862	808	2				41
43	NURSERY	826						43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	46,827	2,311	5				50
50.01	AMBULATORY SURGERY CENTER	63	17	9				50.01
51	RECOVERY ROOM	10,076						51
52	DELIVERY ROOM & LABOR ROOM	3,556						52
53	ANESTHESIOLOGY	25,563		35				53
54	RADIOLOGY-DIAGNOSTIC	14,930		8				54
54.01	RADIOLOGY-ULTRASOUND	2,310		1				54.01
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE	1,553		3				56
57	CT SCAN	19,032		7				57
58	MRI	7,507		4				58
59	CARDIAC CATHETERIZATION	12,768						59
60	LABORATORY	61,238	1,361	30				60
60.01	LABORATORY-SURGICAL PATHOLOGY	3,870		3				60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA							60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	12,211		4				63
65	RESPIRATORY THERAPY	19,396		1				65
66	PHYSICAL THERAPY	3,584						66
67	OCCUPATIONAL THERAPY	2,473						67
68	SPEECH PATHOLOGY	866	845					68
69	ELECTROCARDIOLOGY	20,348	4,264					69



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## ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	HOSPITAL MEDICAL ADMIN	NONPHYSIC. ANESTHET.	I&R SALARY & FRINGES	PARAMED ED-MICU	
		16	17	17.01	19	21	23.01	
70	ELECTROENCEPHALOGRAPHY	1,719		1				70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	622						71
73	DRUGS CHARGED TO PATIENTS	48,494						73
74	RENAL DIALYSIS	2,142	3,549	4				74
75	ASC (NON-DISTINCT PART)			3				75
76	PULMONARY LABS	526						76
76.01	OCCUPATIONAL HEALTH							76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	1,943						76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	2,630	102	2				76.07
76.09	BONE MARROW PROCUREMENT	740						76.09
76.10	BIARIATRICS							76.10
76.11	HEPATOLOGY							76.11
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC	1	30					90
90.01	CARDIAC REHABILITATION	205	4					90.01
90.02	CANCER CENTER	251	63	4				90.02
90.03	PSYCH SOCIAL REHAB							90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	1,301	30,186	27				90.07
90.08	OBT OUTPATIENT CENTER	29						90.08
90.09	ELMHURST IMMEDIATE CARE	1						90.09
90.10	LAGRANGE FAMILY PCC	2						90.10
90.12	NORTH RIVERSIDE PCC	2						90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	24						90.14
90.15	OBT II PCC	3						90.15
90.16	HICKORY HILLS PCC	4						90.16
90.18	DARIEN PCC	2						90.18
90.20	ORLANAD PARK - FP	1						90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	1						90.21
90.22	HOMER GLEN PCC	11						90.22
90.23	OAK PARK PCC	1						90.23
90.24	PARK RIDGE PCC	11						90.24
90.25	LOYOLA CLINIC AT GOTTLIEB							90.25
90.26	WOODRIDGE PCC							90.26
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER	7						90.28
90.29	BURR RIDGE PCC	61	2,667	1				90.29
90.30	RIVER FOREST	8						90.30
90.31	NORRIDGE							90.31
90.32	ELMWOOD PARK							90.32
91	EMERGENCY	17,321						91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT	2						92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES							95
97	DURABLE MEDICAL EQUIP-SOLD	137						97
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY			2				101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	KIDNEY ACQUISITION	4,099	1,691	4				105
106	HEART ACQUISITION	721						106
107	LIVER ACQUISITION	2,197		2				107
108	LUNG ACQUISITION	2,414	935	4				108
109	PANCREAS ACQUISITION							109
110	INTESTINAL ACQUISITION							110
111	ISLET ACQUISITION							111
112	OTHER ORGAN ACQUISITION (SPECIFY)	577						112
116	HOSPICE			1				116
118	SUBTOTALS (sum of lines 1-117)	496,800	89,208	190				118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
190.01	HINES RADIATION THERAPY							190.01
190.02	HOME INFUSION THERAPY							190.02
190.03	OP HOSPITAL PHARMACY							190.03
190.04	HOSPITALIST							190.04



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	HOSPITAL MEDICAL ADMIN	NONPHYSIC. ANESTHET.	I&R SALARY & FRINGES	PARAMED ED-MICU	
		16	17	17.01	19	21	23.01	
190.05	STUDENT HEALTH							190.05
192	PHYSICIANS' PRIVATE OFFICES							192
192.01	FACULTY CLINICAL OPERATIONS							192.01
200	CROSS FOOT ADJUSTMENTS				3,115	348,179	96,097	200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	496,800	89,208	190	3,115	348,179	96,097	202



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## ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL			
		24	25	26			
	<b>GENERAL SERVICE COST CENTERS</b>						
1	CAP REL COSTS-BLDG & FIXT						1
1.01	NEW CAPITAL-BLDG INTEREST						1.01
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
5.01	COMMUNICATION						5.01
5.02	SYSTEM & COMPUTERS						5.02
5.03	PURCHASING						5.03
5.04	OPC STORES						5.04
5.05	PATIENT AFFAIRS						5.05
5.06	PATIENT ADMITTING						5.06
5.07	PATIENT ACCOUNTS						5.07
5.08	ACCOUNTING						5.08
5.09	EMPLOYEE HEALTH SERVICES						5.09
5.10	PASTORAL CARE						5.10
5.11	HOSPITAL ADMINISTRATION						5.11
5.12	AMBULATORY ADMINISTRATION						5.12
5.14	PRIMARY CARE ADMINISTRATION						5.14
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
7.01	SAFETY AND SECURITY						7.01
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY						10
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
12.01	PATIENT TRANSPORTATION						12.01
13	NURSING ADMINISTRATION						13
14	CENTRAL SERVICES & SUPPLY						14
14.01	CENTRAL PROCESSING						14.01
15	PHARMACY						15
16	MEDICAL RECORDS & LIBRARY						16
17	SOCIAL SERVICE						17
17.01	HOSPITAL MEDICAL ADMIN						17.01
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
23.01	PARAMEDICAL ED-MICU						23.01
23.02	PARAMEDICAL ED-SOCIAL WORK						23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	ADULTS & PEDIATRICS	5,387,044		5,387,044			30
31	INTENSIVE CARE UNIT	1,607,002		1,607,002			31
33	BURN INTENSIVE CARE UNIT	409,059		409,059			33
35	NEONATAL INTENSIVE CARE	962,099		962,099			35
35.01	PEDIATRIC ICU	235,930		235,930			35.01
35.03	HEART TRANSPLANT ICU	346,333		346,333			35.03
35.04	BONE INTENSIVE CARE	382,454		382,454			35.04
41	SUBPROVIDER - IRF	672,633		672,633			41
43	NURSERY	5,336		5,336			43
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	OPERATING ROOM	7,176,383		7,176,383			50
50.01	AMBULATORY SURGERY CENTER	1,081,288		1,081,288			50.01
51	RECOVERY ROOM	732,703		732,703			51
52	DELIVERY ROOM & LABOR ROOM	536,648		536,648			52
53	ANESTHESIOLOGY	602,009		602,009			53
54	RADIOLOGY-DIAGNOSTIC	2,592,221		2,592,221			54
54.01	RADIOLOGY-ULTRASOUND	191,754		191,754			54.01
55	RADIOLOGY-THERAPEUTIC						55
56	RADIOISOTOPE	850,614		850,614			56
57	CT SCAN	711,691		711,691			57
58	MRI	1,527,288		1,527,288			58
59	CARDIAC CATHETERIZATION	2,036,082		2,036,082			59
60	LABORATORY	1,164,942		1,164,942			60
60.01	LABORATORY-SURGICAL PATHOLOGY	588,187		588,187			60.01
60.02	LABORATORY-NEUROSURGICAL						60.02
60.03	LABORATORY-HLA						60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.	275,294		275,294			63
65	RESPIRATORY THERAPY	599,973		599,973			65
66	PHYSICAL THERAPY	155,975		155,975			66
67	OCCUPATIONAL THERAPY	37,003		37,003			67
68	SPEECH PATHOLOGY	610,378		610,378			68
69	ELECTROCARDIOLOGY	1,876,211		1,876,211			69



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## ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL		
		24	25	26		
70	ELECTROENCEPHALOGRAPHY	286,641		286,641		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	511,820		511,820		71
73	DRUGS CHARGED TO PATIENTS	437,194		437,194		73
74	RENAL DIALYSIS	343,059		343,059		74
75	ASC (NON-DISTINCT PART)	3		3		75
76	PULMONARY LABS	198,668		198,668		76
76.01	OCCUPATIONAL HEALTH	73,962		73,962		76.01
76.03	HYPERALIMENTATION					76.03
76.04	PERIPHERAL VASCULAR	92,864		92,864		76.04
76.05	PEDIATRIC ENDO NUTRITION					76.05
76.07	GASTROINTESTINAL SERVICE	1,371,115		1,371,115		76.07
76.09	BONE MARROW PROCUREMENT	8,346		8,346		76.09
76.10	BIARIATRICS	3,129		3,129		76.10
76.11	HEPATOLOGY	2,988		2,988		76.11
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>					
90	CLINIC	86,920		86,920		90
90.01	CARDIAC REHABILITATION	18,840		18,840		90.01
90.02	CANCER CENTER	1,365,885		1,365,885		90.02
90.03	PSYCH SOCIAL REHAB	181,841		181,841		90.03
90.04	WELLNESS ASSESSMENT					90.04
90.06	HEART FAILURE CLINIC					90.06
90.07	LOC OUTPATIENT CENTER	5,205,949		5,205,949		90.07
90.08	OBT OUTPATIENT CENTER	311,597		311,597		90.08
90.09	ELMHURST IMMEDIATE CARE	84,711		84,711		90.09
90.10	LAGRANGE FAMILY PCC	100,310		100,310		90.10
90.12	NORTH RIVERSIDE PCC	124,781		124,781		90.12
90.13	GLENDALE HEIGHTS PCC					90.13
90.14	WHEATON PCC	62,191		62,191		90.14
90.15	OBT II PCC	60,114		60,114		90.15
90.16	HICKORY HILLS PCC	68,025		68,025		90.16
90.18	DARIEN PCC	67,012		67,012		90.18
90.20	ORLANAD PARK - FP	83,226		83,226		90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	78,044		78,044		90.21
90.22	HOMER GLEN PCC	190,786		190,786		90.22
90.23	OAK PARK PCC	27,470		27,470		90.23
90.24	PARK RIDGE PCC	69,675		69,675		90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	52,157		52,157		90.25
90.26	WOODRIDGE PCC	1,403		1,403		90.26
90.27	NEUROLOGY - NILES	1		1		90.27
90.28	MARJORIE WEINBERG CANCER CENTER	53,165		53,165		90.28
90.29	BURR RIDGE PCC	2,570,858		2,570,858		90.29
90.30	RIVER FOREST	15,869		15,869		90.30
90.31	NORRIDGE	78		78		90.31
90.32	ELMWOOD PARK	258		258		90.32
91	EMERGENCY	794,222		794,222		91
92	OBSERVATION BEDS (NON-DISTINCT PART)					92
92.01	OBSERVATION BEDS-DISTINCT	40,645		40,645		92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>					
95	AMBULANCE SERVICES	14,269		14,269		95
97	DURABLE MEDICAL EQUIP-SOLD	2,965		2,965		97
99.10	CORF					99.10
99.20	OUTPATIENT PHYSICAL THERAPY					99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40	OUTPATIENT SPEECH PATHOLOGY					99.40
101	HOME HEALTH AGENCY	132,537		132,537		101
	<b>SPECIAL PURPOSE COST CENTERS</b>					
105	KIDNEY ACQUISITION	35,228		35,228		105
106	HEART ACQUISITION	55,241		55,241		106
107	LIVER ACQUISITION	19,438		19,438		107
108	LUNG ACQUISITION	58,463		58,463		108
109	PANCREAS ACQUISITION	3,641		3,641		109
110	INTESTINAL ACQUISITION	2,008		2,008		110
111	ISLET ACQUISITION	13		13		111
112	OTHER ORGAN ACQUISITION (SPECIFY)	16,550		16,550		112
116	HOSPICE	14,590		14,590		116
118	SUBTOTALS (sum of lines 1-117)	48,755,299		48,755,299		118
	<b>NONREIMBURSABLE COST CENTERS</b>					
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	942		942		190
190.01	HINES RADIATION THERAPY	4,414		4,414		190.01
190.02	HOME INFUSION THERAPY	33,492		33,492		190.02
190.03	OP HOSPITAL PHARMACY	56,045		56,045		190.03
190.04	HOSPITALIST	11,664		11,664		190.04



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL			
		24	25	26			
190.05	STUDENT HEALTH	272		272			190.05
192	PHYSICIANS' PRIVATE OFFICES	1,012		1,012			192
192.01	FACUALTY CLINICAL OPERATIONS	1,243,169		1,243,169			192.01
200	CROSS FOOT ADJUSTMENTS	447,391		447,391			200
201	NEGATIVE COST CENTER						201
202	TOTAL (sum of lines 118-201)	50,553,700		50,553,700			202



LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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## COST ALLOCATION - STATISTICAL BASIS

## WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	NEW CPTL BLG INTRST SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	COMMUNICTN PHONE COST	SYSTEM + COMPUTERS GROSS REVENUE	
		1	1.01	2	4	5.01	5.02	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT	1,591,347						1
1.01	NEW CAPITAL-BLDG INTEREST		1,591,347					1.01
2	CAP REL COSTS-MVBLE EQUIP			18,373,769				2
4	EMPLOYEE BENEFITS DEPARTMENT	9,914	9,914	24,913	508,301,146			4
5.01	COMMUNICATION	3,282	3,282	15,701	922,073	208,795		5.01
5.02	SYSTEM & COMPUTERS	25,504	25,504	215,184	6,059,581	4,179	2,481,358,197	5.02
5.03	PURCHASING	26,358	26,358	8,391	1,456,795	2,219		5.03
5.04	OPC STORES	7,645	7,645	1,475		21		5.04
5.05	PATIENT AFFAIRS	4,453	4,453	13,312	2,336,366	1,034		5.05
5.06	PATIENT ADMITTING	4,009	4,009	6,707	2,298,997	1,428		5.06
5.07	PATIENT ACCOUNTS	16,051	16,051	928	4,844,591	7,565		5.07
5.08	ACCOUNTING	8,652	8,652	6,634	1,719,073	2,366		5.08
5.09	EMPLOYEE HEALTH SERVICES	3,576	3,576	604	335,122	228		5.09
5.10	PASTORAL CARE	16,410	16,410	8,416	795,469	1,336		5.10
5.11	HOSPITAL ADMINISTRATION	93,916	93,916	610,896	43,463,350	12,487		5.11
5.12	AMBULATORY ADMINISTRATION	3,685	3,685	9,848	2,963,274	439		5.12
5.14	PRIMARY CARE ADMINISTRATION				45,116			5.14
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	22,828	22,828	308,793	4,957,393	3,520		7
7.01	SAFETY AND SECURITY	6,690	6,690	111,568	1,427,647	1,083		7.01
8	LAUNDRY & LINEN SERVICE	8,477	8,477	1,560				8
9	HOUSEKEEPING	11,689	11,689	14,172		1,386		9
10	DIETARY	26,898	26,898	38,864	2,095,491	2,160		10
11	CAFETERIA	12,220	12,220	3,323	848,556			11
12	MAINTENANCE OF PERSONNEL							12
12.01	PATIENT TRANSPORTATION	954	954	4,041	802,982	887		12.01
13	NURSING ADMINISTRATION	9,182	9,182	13,397	2,147,550	1,731		13
14	CENTRAL SERVICES & SUPPLY	14,459	14,459	455,608	1,265,223	94		14
14.01	CENTRAL PROCESSING	3,800	3,800	5,889	749,436	19		14.01
15	PHARMACY	17,927	17,927	152,232	8,033,265	1,776		15
16	MEDICAL RECORDS & LIBRARY	24,876	24,876	8,177	4,476,675	4,002		16
17	SOCIAL SERVICE	3,904	3,904	2,315	2,618,460	3,023		17
17.01	HOSPITAL MEDICAL ADMIN					452		17.01
19	NONPHYSICIAN ANESTHETISTS				2,915,486			19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD	7,655	7,655	1,324	37,634,979			21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMEDICAL ED-MICU	4,874	4,874	4,373	555,561			23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICES	182,635	182,635	649,875	35,814,320	30,605	182,226,900	30
31	INTENSIVE CARE UNIT	45,398	45,398	349,438	12,488,073	5,412	55,228,190	31
33	BURN INTENSIVE CARE UNIT	10,850	10,850	76,471	3,896,154	695	23,294,170	33
35	NEONATAL INTENSIVE CARE	24,604	24,604	317,237	7,154,232	3,783	33,636,154	35
35.01	PEDIATRIC ICU	4,582	4,582	82,515	1,931,170	1,375	8,677,002	35.01
35.03	HEART TRANSPLANT ICU	11,105	11,105	56,281	2,478,123	1,025	11,764,724	35.03
35.04	BONE INTENSIVE CARE	9,577	9,577	100,081	3,285,013	1,190	17,312,829	35.04
41	SUBPROVIDER - IRF	28,966	28,966	22,857	4,336,093	2,787	14,619,458	41
43	NURSERY				552,037		2,059,606	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	155,284	155,284	3,097,865	11,600,031	4,963	147,215,626	50
50.01	AMBULATORY SURGERY CENTER	32,839	32,839	247,249	2,684,672		46,355,543	50.01
51	RECOVERY ROOM	34,749	34,749	30,697	2,448,456	1,057	44,012,079	51
52	DELIVERY ROOM & LABOR ROOM	8,653	8,653	250,097	2,275,743	1,494	9,995,581	52
53	ANESTHESIOLOGY	2,564	2,564	366,791	486,612		84,223,125	53
54	RADIOLOGY-DIAGNOSTIC	61,331	61,331	1,055,826	6,110,640	9,210	84,323,655	54
54.01	RADIOLOGY-ULTRASOUND	3,843	3,843	78,924	1,040,522		22,157,371	54.01
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE	14,011	14,011	433,878	1,489,600	1,360	36,495,266	56
57	CT SCAN	6,908	6,908	374,538	2,551,018		123,670,968	57
58	MRI	14,972	14,972	929,293	1,697,038	1,021	68,790,968	58
59	CARDIAC CATHETERIZATION	36,788	36,788	979,098	4,370,555	884	74,831,218	59
60	LABORATORY	33,071	33,071	194,136	6,473,970	4,334	338,090,153	60
60.01	LABORATORY-SURGICAL PATHOLOGY	24,574	24,574	86,807	1,297,605	2,415	30,675,963	60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA							122
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	6,866	6,866	67,397	1,215,663	582	39,265,158	63
65	RESPIRATORY THERAPY	13,912	13,912	201,649	5,751,459	355	49,340,454	65
66	PHYSICAL THERAPY	6,014	6,014	1,467	3,351,074	2,215	21,589,155	66
67	OCCUPATIONAL THERAPY	1,123	1,123		1,028,092		8,023,225	67
68	SPEECH PATHOLOGY	33,945	33,945		332,054	372	2,190,886	68



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## COST ALLOCATION - STATISTICAL BASIS

## WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	NEW CPTL BLG INTRST SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	COMMUNICTN PHONE COST	SYSTEM + COMPUTERS GROSS REVENUE	
		1	1.01	2	4	5.01	5.02	
69	ELECTROCARDIOLOGY			1,338,366	2,913,883	2,471	112,335,481	69
70	ELECTROENCEPHALOGRAPHY	8,477	8,477	91,043	1,200,018	1,444	8,058,241	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						1,703,001	71
73	DRUGS CHARGED TO PATIENTS						133,471,930	73
74	RENAL DIALYSIS	11,733	11,733	28,106	2,636,566	923	30,845,086	74
75	ASC (NON-DISTINCT PART)							75
76	PULMONARY LABS	3,341	3,341	102,087	309,254	876	3,340,210	76
76.01	OCCUPATIONAL HEALTH	3,661	3,661	1,418	808,424		545,333	76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	1,312	1,312	43,087	706,717	330	11,746,585	76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	9,121	9,121	888,252	2,608,257		33,762,036	76.07
76.09	BONE MARROW PROCUREMENT						2,335,915	76.09
76.10	BARIASTRICS				362,157		284,726	76.10
76.11	HEPATOLOGY				531,384		115	76.11
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC	3,661	3,661	545	204,901		1,029,864	90
90.01	CARDIAC REHABILITATION				179,221	42	511,214	90.01
90.02	CANCER CENTER	52,505	52,505	59,492	5,406,567	7,790	73,416,406	90.02
90.03	PSYCH SOCIAL REHAB	9,945	9,945		294,274	1,393	154,005	90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	135,639	135,639	1,841,397	19,374,346	28,093	132,715,798	90.07
90.08	OBT OUTPATIENT CENTER	97	97	194,226	5,361,851	3,190	26,582,958	90.08
90.09	ELMHURST IMMEDIATE CARE			53,502	902,003		2,968,365	90.09
90.10	LAGRANGE FAMILY PCC			57,871	1,940,274	2,445	9,469,831	90.10
90.12	NORTH RIVERSIDE PCC			71,326	2,872,720	3,129	5,598,727	90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC			35,068	1,365,269	1,143	5,618,848	90.14
90.15	OBT II PCC			26,675	1,203,953	2,358	4,918,320	90.15
90.16	HICKORY HILLS PCC			25,269	3,238,245	2,993	9,338,512	90.16
90.18	DARIEN PCC			41,103	577,076	1,588	1,896,619	90.18
90.20	ORLANAD PARK - FP			39,405	2,916,316	3,576	5,526,441	90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	3,211	3,211	5,619	730,687		2,998,231	90.21
90.22	HOMER GLEN PCC			93,382	3,438,320	41	18,658,366	90.22
90.23	OAK PARK PCC			9,918	2,558,048		1,960,755	90.23
90.24	PARK RIDGE PCC			47,159	701,962	17	4,283,775	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB			34,687	1,612,236		1,692,122	90.25
90.26	WOODRIDGE PCC			837			511,547	90.26
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER			19,085	578,600		19,053,063	90.28
90.29	BURR RIDGE PCC	100,000	100,000	540,891	7,828,674		64,388,625	90.29
90.30	RIVER FOREST			1,216	2,133,622		9,137,102	90.30
90.31	NORRIDGE						129,355	90.31
90.32	ELMWOOD PARK						85,976	90.32
91	EMERGENCY	24,864	24,864	104,227	15,327,613	8,906	105,505,982	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT	1,599	1,599		284,180		19,064,685	92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES	729	729			47		95
97	DURABLE MEDICAL EQUIP-SOLD				324,969		2,135,817	97
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY	5,729	5,729		3,601,900	2,729	5,325,165	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	KIDNEY ACQUISITION	703	703		522,951	988	10,221,121	105
106	HEART ACQUISITION	2,657	2,657	1,188	489,852	389	1,798,082	106
107	LIVER ACQUISITION	317	317		536,014	589	5,477,928	107
108	LUNG ACQUISITION	2,389	2,389		459,739	289	6,019,672	108
109	PANCREAS ACQUISITION				575,325			109
110	INTESTINAL ACQUISITION				376,014			110
111	ISLET ACQUISITION							111
112	OTHER ORGAN ACQUISITION (SPECIFY)	160	160	2,397	905,346	23	2,235,969	112
116	HOSPICE	445	445		518,666	237	2,434,743	116
118	SUBTOTALS (sum of lines 1-117)	1,591,347	1,591,347	17,897,956	367,326,924	208,608	2,481,358,197	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN				52,136	187		190
190.01	HINES RADIATION THERAPY				847,789			190.01
190.02	HOME INFUSION THERAPY				784,312			190.02



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	NEW CPTL BLG INTRST SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	COMMUNICTN PHONE COST	SYSTEM + COMPUTERS GROSS REVENUE	
		1	1.01	2	4	5.01	5.02	
190.03	OP HOSPITAL PHARMACY			5,006	238,746			190.03
190.04	HOSPITALIST				4,869,900			190.04
190.05	STUDENT HEALTH				41,139			190.05
192	PHYSICIANS' PRIVATE OFFICES				84,359			192
192.01	FACUALTY CLINICAL OPERATIONS			470,807	134,055,841			192.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	19,057,976	7,783,764	23,711,960	100,945,460	3,580,460	19,721,073	202
203	UNIT COST MULT-WS B PT I	11.976003	4.891305	1.290533	0.198594	17.148208	0.007948	203
204	COST TO BE ALLOC PER B PT II				199,373	75,982	711,782	204
205	UNIT COST MULT-WS B PT II				0.000392	0.363907	0.000287	205



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PURCHASING	OPC STORES	PATIENT AFFAIRS	PATIENT ADMITTING	PATIENT ACCOUNTS	RECON-CILIATION	
		NUMBER OF ISSUES	NUMBER OF ISSUES	NUMBER OF VISITS	INPATIENT REVENUE	GROSS REVENUE	5A.08	
		5.03	5.04	5.05	5.06	5.07		
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	COMMUNICATION							5.01
5.02	SYSTEM & COMPUTERS							5.02
5.03	PURCHASING	981,270						5.03
5.04	OPC STORES	275	3,856					5.04
5.05	PATIENT AFFAIRS	32		5,751				5.05
5.06	PATIENT ADMITTING	203			1,237,551,599			5.06
5.07	PATIENT ACCOUNTS	64				2,481,358,197		5.07
5.08	ACCOUNTING	112					-3,925,313	5.08
5.09	EMPLOYEE HEALTH SERVICES	630						5.09
5.10	PASTORAL CARE	46						5.10
5.11	HOSPITAL ADMINISTRATION	2,764	7					5.11
5.12	AMBULATORY ADMINISTRATION	108						5.12
5.14	PRIMARY CARE ADMINISTRATION	2						5.14
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	8,572	6					7
7.01	SAFETY AND SECURITY	184	7					7.01
8	LAUNDRY & LINEN SERVICE	1,720						8
9	HOUSEKEEPING	92	12					9
10	DIETARY	9,927						10
11	CAFETERIA	8,770						11
12	MAINTENANCE OF PERSONNEL							12
12.01	PATIENT TRANSPORTATION	26	4					12.01
13	NURSING ADMINISTRATION	416						13
14	CENTRAL SERVICES & SUPPLY	1,067						14
14.01	CENTRAL PROCESSING	1,411						14.01
15	PHARMACY	17,957						15
16	MEDICAL RECORDS & LIBRARY	277						16
17	SOCIAL SERVICE	68						17
17.01	HOSPITAL MEDICAL ADMIN							17.01
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD	2						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMEDICAL ED-MICU	30						23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	297,435	1		182,226,900	182,226,900		30
31	INTENSIVE CARE UNIT	130,162			55,228,190	55,228,190		31
33	BURN INTENSIVE CARE UNIT	24,788			23,294,170	23,294,170		33
35	NEONATAL INTENSIVE CARE	14,479			33,636,154	33,636,154		35
35.01	PEDIATRIC ICU	17,941			8,677,002	8,677,002		35.01
35.03	HEART TRANSPLANT ICU	19,220			11,764,724	11,764,724		35.03
35.04	BONE INTENSIVE CARE	18,166			17,312,829	17,312,829		35.04
41	SUBPROVIDER - IRF	12,925			14,619,458	14,619,458		41
43	NURSERY				2,059,606	2,059,606		43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	59,377			116,775,897	147,215,626		50
50.01	AMBULATORY SURGERY CENTER	31,673	2,737		156,038	46,355,543		50.01
51	RECOVERY ROOM	19,767			25,127,065	44,012,079		51
52	DELIVERY ROOM & LABOR ROOM	20,473			8,868,005	9,995,581		52
53	ANESTHESIOLOGY	1,658			63,747,874	84,223,125		53
54	RADIOLOGY-DIAGNOSTIC	12,865	21		37,230,763	84,323,655		54
54.01	RADIOLOGY-ULTRASOUND	1,221	1		5,761,558	22,157,371		54.01
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE	1,969			3,871,935	36,495,266		56
57	CT SCAN	5,623			47,462,524	123,670,968		57
58	MRI	1,862	25		18,719,810	68,790,968		58
59	CARDIAC CATHETERIZATION	6,015			31,839,502	74,831,218		59
60	LABORATORY	21,892			152,712,355	338,090,153		60
60.01	LABORATORY-SURGICAL PATHOLOGY	3,822			9,651,317	30,675,963		60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA					122		60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	2,223	16		30,451,676	39,265,158		63
65	RESPIRATORY THERAPY				48,369,421	49,340,454		65
66	PHYSICAL THERAPY	2,467		421	8,937,400	21,589,155		66
67	OCCUPATIONAL THERAPY	1,768		73	6,166,036	8,023,225		67
68	SPEECH PATHOLOGY	748	2		2,159,573	2,190,886		68



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## COST ALLOCATION - STATISTICAL BASIS

## WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PURCHASING	OPC STORES	PATIENT AFFAIRS	PATIENT ADMITTING	PATIENT ACCOUNTS	RECONCILIATION	
		NUMBER OF ISSUES	NUMBER OF ISSUES	NUMBER OF VISITS	INPATIENT REVENUE	GROSS REVENUE		
		5.03	5.04	5.05	5.06	5.07	5A.08	
69	ELECTROCARDIOLOGY	7,796			50,742,537	112,335,481		69
70	ELECTROENCEPHALOGRAPHY	851			4,287,227	8,058,241		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS				1,550,782	1,703,001		71
73	DRUGS CHARGED TO PATIENTS				120,933,643	133,471,930		73
74	RENAL DIALYSIS	7,721			5,341,586	30,845,086		74
75	ASC (NON-DISTINCT PART)							75
76	PULMONARY LABS	3,666			1,311,068	3,340,210		76
76.01	OCCUPATIONAL HEALTH	139	1	39		545,333		76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	166			4,844,346	11,746,585		76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	5,954		63	6,559,255	33,762,036		76.07
76.09	BONE MARROW PROCUREMENT				1,845,805	2,335,915		76.09
76.10	BARIASTRICS				181	284,726		76.10
76.11	HEPATOLOGY					115		76.11
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC	2,297	1	25	2,389	1,029,864		90
90.01	CARDIAC REHABILITATION	33,612	33		510,773	511,214		90.01
90.02	CANCER CENTER	211			624,948	73,416,406		90.02
90.03	PSYCH SOCIAL REHAB			95		154,005		90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	29,076	923	2,421	3,245,325	132,715,798		90.07
90.08	OBT OUTPATIENT CENTER	6,765	41	174	72,716	26,582,958		90.08
90.09	ELMHURST IMMEDIATE CARE	1,165		159	3,568	2,968,365		90.09
90.10	LAGRANGE FAMILY PCC	2,721		76	5,113	9,469,831		90.10
90.12	NORTH RIVERSIDE PCC	1,933		324	6,157	5,598,727		90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	966		84	59,071	5,618,848		90.14
90.15	OBT II PCC	1,955	3	314	8,488	4,918,320		90.15
90.16	HICKORY HILLS PCC	2,974	1	286	10,023	9,338,512		90.16
90.18	DARIEN PCC	2,465		132	4,125	1,896,619		90.18
90.20	ORLANAD PARK - FP	1,735	10	261	3,221	5,526,441		90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	1,068		200	2,388	2,998,231		90.21
90.22	HOMER GLEN PCC	7,659		261	28,525	18,658,366		90.22
90.23	OAK PARK PCC	1,235	4	120	2,739	1,960,755		90.23
90.24	PARK RIDGE PCC	889		22	27,313	4,283,775		90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	302		10	408	1,692,122		90.25
90.26	WOODRIDGE PCC					511,547		90.26
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER				18,411	19,053,063		90.28
90.29	BURR RIDGE PCC			191	153,026	64,388,625		90.29
90.30	RIVER FOREST				20,806	9,137,102		90.30
90.31	NORRIDGE					129,355		90.31
90.32	ELMWOOD PARK				214	85,976		90.32
91	EMERGENCY	38,750			43,195,091	105,505,982		91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT	1,207			5,273	19,064,685		92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES							95
97	DURABLE MEDICAL EQUIP-SOLD	4			342,435	2,135,817		97
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY	242				5,325,165		101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	KIDNEY ACQUISITION	18			10,221,121	10,221,121		105
106	HEART ACQUISITION	22			1,798,082	1,798,082		106
107	LIVER ACQUISITION	33			5,477,928	5,477,928		107
108	LUNG ACQUISITION	7			6,019,672	6,019,672		108
109	PANCREAS ACQUISITION							109
110	INTESTINAL ACQUISITION							110
111	ISLET ACQUISITION							111
112	OTHER ORGAN ACQUISITION (SPECIFY)	1			1,438,038	2,235,969		112
116	HOSPICE	14				2,434,743		116
118	SUBTOTALS (sum of lines 1-117)	950,913	3,856	5,751	1,237,551,599	2,481,358,197	-3,925,313	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	56						190
190.01	HINES RADIATION THERAPY	14						190.01
190.02	HOME INFUSION THERAPY	5,599						190.02



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PURCHASING	OPC STORES	PATIENT AFFAIRS	PATIENT ADMITTING	PATIENT ACCOUNTS	RECON-CILIATION	
		NUMBER OF ISSUES	NUMBER OF ISSUES	NUMBER OF VISITS	INPATIENT REVENUE	GROSS REVENUE		
		5.03	5.04	5.05	5.06	5.07	5A.08	
190.03	OP HOSPITAL PHARMACY	24.494						190.03
190.04	HOSPITALIST	36						190.04
190.05	STUDENT HEALTH							190.05
192	PHYSICIANS' PRIVATE OFFICES	122						192
192.01	FACUALTY CLINICAL OPERATIONS	36						192.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	4,109,411	132,367	3,494,055	3,251,035	11,862,157		202
203	UNIT COST MULT-WS B PT I	4.187849	34.327541	607.556077	0.002627	0.004781		203
204	COST TO BE ALLOC PER B PT II	456.796	130.991	93.597	77.792	276.617		204
205	UNIT COST MULT-WS B PT II	0.465515	33.970695	16.274909	0.000063	0.000111		205



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## COST ALLOCATION - STATISTICAL BASIS

## WORKSHEET B-1

	COST CENTER DESCRIPTIONS	ACCOUNTING ACCUM COST	RECON- CILIATION	EMPLOYEE HEALTH SERVICES ACCUM COST	RECON- CILIATION	PASTORAL CARE ACCUM COST	RECON- CILIATION	
		5.08		5.09		5.10		
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	COMMUNICATION							5.01
5.02	SYSTEM & COMPUTERS							5.02
5.03	PURCHASING							5.03
5.04	OPC STORES							5.04
5.05	PATIENT AFFAIRS							5.05
5.06	PATIENT ADMITTING							5.06
5.07	PATIENT ACCOUNTS							5.07
5.08	ACCOUNTING	1,043,540,422						5.08
5.09	EMPLOYEE HEALTH SERVICES	1,114,869	-1,119,063	1,046,346,672				5.09
5.10	PASTORAL CARE	1,411,156		1,416,465	-1,417,979	1,046,047,756		5.10
5.11	HOSPITAL ADMINISTRATION	153,352,171		153,929,082		154,093,632	-154,302,583	5.11
5.12	AMBULATORY ADMINISTRATION	8,662,603		8,695,192		8,704,487		5.12
5.14	PRIMARY CARE ADMINISTRATION	4,655,364		4,672,877		4,677,872		5.14
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	31,709,977		31,829,270		31,863,295		7
7.01	SAFETY AND SECURITY	2,917,651		2,928,627		2,931,758		7.01
8	LAUNDRY & LINEN SERVICE	3,019,795		3,031,155		3,034,395		8
9	HOUSEKEEPING	240,014		240,917		241,175		9
10	DIETARY	6,736,566		6,761,909		6,769,137		10
11	CAFETERIA	415,652		417,216		417,662		11
12	MAINTENANCE OF PERSONNEL							12
12.01	PATIENT TRANSPORTATION	1,299,901		1,304,791		1,306,186		12.01
13	NURSING ADMINISTRATION	3,799,004		3,813,296		3,817,372		13
14	CENTRAL SERVICES & SUPPLY	3,079,000		3,090,583		3,093,887		14
14.01	CENTRAL PROCESSING	1,415,636		1,420,962		1,422,481		14.01
15	PHARMACY	11,922,378		11,967,230		11,980,023		15
16	MEDICAL RECORDS & LIBRARY	10,559,924		10,599,650		10,610,981		16
17	SOCIAL SERVICE	3,692,308		3,706,198		3,710,160		17
17.01	HOSPITAL MEDICAL ADMIN	7,751		7,780		7,788		17.01
19	NONPHYSICIAN ANESTHETISTS	578,998		581,176		581,797		19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD	50,343,513		50,532,905		50,586,925		21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMEDICAL ED-MICU	813,577		816,638		817,511		23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	64,978,691		65,223,141		65,292,865		30
31	INTENSIVE CARE UNIT	22,529,129		22,613,884		22,638,058		31
33	BURN INTENSIVE CARE UNIT	7,351,948		7,379,606		7,387,495		33
35	NEONATAL INTENSIVE CARE	11,229,267		11,271,512		11,283,561		35
35.01	PEDIATRIC ICU	4,330,694		4,346,986		4,351,633		35.01
35.03	HEART TRANSPLANT ICU	4,341,439		4,357,771		4,362,429		35.03
35.04	BONE INTENSIVE CARE	5,779,376		5,801,118		5,807,319		35.04
41	SUBPROVIDER - IRF	7,520,679		7,548,972		7,557,042		41
43	NURSERY	981,463		985,155		986,208		43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	58,915,404		59,137,044		59,200,262		50
50.01	AMBULATORY SURGERY CENTER	8,591,234		8,623,554		8,632,773		50.01
51	RECOVERY ROOM	5,280,985		5,300,852		5,306,519		51
52	DELIVERY ROOM & LABOR ROOM	4,033,482		4,048,656		4,052,984		52
53	ANESTHESIOLOGY	4,353,150		4,369,527		4,374,198		53
54	RADIOLOGY-DIAGNOSTIC	14,745,365		14,800,837		14,816,659		54
54.01	RADIOLOGY-ULTRASOUND	1,835,288		1,842,192		1,844,161		54.01
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE	5,777,071		5,798,804		5,805,003		56
57	CT SCAN	6,820,325		6,845,983		6,853,301		57
58	MRI	5,100,206		5,119,393		5,124,866		58
59	CARDIAC CATHETERIZATION	14,796,559		14,852,224		14,868,101		59
60	LABORATORY	26,199,665		26,298,228		26,326,341		60
60.01	LABORATORY-SURGICAL PATHOLOGY	3,872,667		3,887,236		3,891,391		60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA	113		113		113		60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	8,796,715		8,829,808		8,839,247		63
65	RESPIRATORY THERAPY	9,876,674		9,913,830		9,924,428		65
66	PHYSICAL THERAPY	5,254,665		5,274,433		5,280,071		66
67	OCCUPATIONAL THERAPY	1,635,029		1,641,180		1,642,934		67
68	SPEECH PATHOLOGY	1,093,146		1,097,258		1,098,431		68



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## COST ALLOCATION - STATISTICAL BASIS

## WORKSHEET B-1

	COST CENTER DESCRIPTIONS	ACCOUNTING ACCUM COST	RECON- CILIATION	EMPLOYEE HEALTH SERVICES ACCUM COST	RECON- CILIATION	PASTORAL CARE ACCUM COST	RECON- CILIATION	
		5.08		5.09		5.10		
69	ELECTROCARDIOLOGY	16,003,339		16,063,544		16,080,716		69
70	ELECTROENCEPHALOGRAPHY	2,227,755		2,236,136		2,238,526		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,123,238		1,127,464		1,128,669		71
73	DRUGS CHARGED TO PATIENTS	30,489,504		30,604,206		30,636,922		73
74	RENAL DIALYSIS	6,377,496		6,401,488		6,408,331		74
75	ASC (NON-DISTINCT PART)							75
76	PULMONARY LABS	881,545		884,861		885,807		76
76.01	OCCUPATIONAL HEALTH	1,156,495		1,160,846		1,162,087		76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	1,183,534		1,187,986		1,189,256		76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	7,666,523		7,695,364		7,703,590		76.07
76.09	BONE MARROW PROCUREMENT	1,925,964		1,933,209		1,935,276		76.09
76.10	BARIATRICS	725,775		728,505		729,284		76.10
76.11	HEPATOLOGY	696,547		699,167		699,914		76.11
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC	415,460		417,023		417,469		90
90.01	CARDIAC REHABILITATION	383,746		385,190		385,602		90.01
90.02	CANCER CENTER	24,843,240		24,936,700		24,963,357		90.02
90.03	PSYCH SOCIAL REHAB	669,771		672,291		673,010		90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	40,771,717		40,925,100		40,968,849		90.07
90.08	OBT OUTPATIENT CENTER	8,186,000		8,216,796		8,225,580		90.08
90.09	ELMHURST IMMEDIATE CARE	2,224,558		2,232,927		2,235,314		90.09
90.10	LAGRANGE FAMILY PCC	3,574,072		3,587,518		3,591,353		90.10
90.12	NORTH RIVERSIDE PCC	3,847,224		3,861,697		3,865,825		90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	2,749,727		2,760,071		2,763,022		90.14
90.15	OBT II PCC	2,883,347		2,894,194		2,897,288		90.15
90.16	HICKORY HILLS PCC	4,367,308		4,383,738		4,388,424		90.16
90.18	DARIEN PCC	1,533,787		1,539,557		1,541,203		90.18
90.20	ORLANAD PARK - FP	3,974,707		3,989,660		3,993,925		90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	1,504,667		1,510,328		1,511,943		90.21
90.22	HOMER GLEN PCC	6,639,804		6,664,783		6,671,908		90.22
90.23	OAK PARK PCC	2,101,639		2,109,545		2,111,800		90.23
90.24	PARK RIDGE PCC	1,344,017		1,349,073		1,350,515		90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	1,338,700		1,343,736		1,345,172		90.25
90.26	WOODRIDGE PCC	12,826		12,874		12,888		90.26
90.27	NEUROLOGY - NILES	224		225		225		90.27
90.28	MARJORIE WEINBERG CANCER CENTER	5,941,858		5,964,211		5,970,587		90.28
90.29	BURR RIDGE PCC	17,233,442		17,298,274		17,316,766		90.29
90.30	RIVER FOREST	2,775,565		2,786,007		2,788,985		90.30
90.31	NORRIDGE	7,338		7,366		7,374		90.31
90.32	ELMWOOD PARK	5,835		5,857		5,863		90.32
91	EMERGENCY	19,156,753		19,228,821		19,249,377		91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT	671,311		673,836		674,556		92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES	387,265		388,722		389,138		95
97	DURABLE MEDICAL EQUIP-SOLD	463,745		465,490		465,988		97
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY	5,602,327		5,623,403		5,629,414		101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	KIDNEY ACQUISITION	3,346,594		3,359,184		3,362,775		105
106	HEART ACQUISITION	1,281,952		1,286,775		1,288,151		106
107	LIVER ACQUISITION	2,464,681		2,473,953		2,476,598		107
108	LUNG ACQUISITION	2,754,894		2,765,258		2,768,214		108
109	PANCREAS ACQUISITION	771,813		774,717		775,545		109
110	INTESTINAL ACQUISITION	469,473		471,239		471,743		110
111	ISLET ACQUISITION							111
112	OTHER ORGAN ACQUISITION (SPECIFY)	2,357,043		2,365,910		2,368,439		112
116	HOSPICE	1,023,892		1,027,744		1,028,843		116
118	SUBTOTALS (sum of lines 1-117)	868,308,274	-1,119,063	870,455,785	-1,417,979	869,968,323	-154,302,583	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	221,057		221,889		222,126		190
190.01	HINES RADIATION THERAPY	1,070,803		1,074,831		1,075,980		190.01
190.02	HOME INFUSION THERAPY	2,980,720		2,991,933		2,995,131		190.02



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	ACCOUNTING ACCUM COST	RECON- CILIATION	EMPLOYEE HEALTH SERVICES ACCUM COST	RECON- CILIATION	PASTORAL CARE ACCUM COST	RECON- CILIATION	
		5.08		5.09		5.10		
190.03	OP HOSPITAL PHARMACY	3,129,752		3,141,526		3,144,884		190.03
190.04	HOSPITALIST	2,451,519		2,460,742		2,463,373		190.04
190.05	STUDENT HEALTH	69,760		70,022		70,097		190.05
192	PHYSICIANS' PRIVATE OFFICES	227,770		228,627		228,871		192
192.01	FACUALTY CLINICAL OPERATIONS	165,080,767		165,701,317		165,878,971		192.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	3,925,313		1,119,063		1,417,979		202
203	UNIT COST MULT-WS B PT I	0.003762		0.001069		0.001356		203
204	COST TO BE ALLOC PER B PT II	156,084		61,770		288,768		204
205	UNIT COST MULT-WS B PT II	0.000150		0.000059		0.000276		205



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## COST ALLOCATION - STATISTICAL BASIS

## WORKSHEET B-1

	COST CENTER DESCRIPTIONS	HOSPITAL ADMINSTRN  ACCUM COST	RECON- CILIATION	AMBULATORY ADMIN  ACCUM COST	RECON- CILIATION	PRIMARY CARE ADMIN ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	
		5.11		5.12		5.14	6	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	COMMUNICATION							5.01
5.02	SYSTEM & COMPUTERS							5.02
5.03	PURCHASING							5.03
5.04	OPC STORES							5.04
5.05	PATIENT AFFAIRS							5.05
5.06	PATIENT ADMITTING							5.06
5.07	PATIENT ACCOUNTS							5.07
5.08	ACCOUNTING							5.08
5.09	EMPLOYEE HEALTH SERVICES							5.09
5.10	PASTORAL CARE							5.10
5.11	HOSPITAL ADMINISTRATION	893,163,152						5.11
5.12	AMBULATORY ADMINISTRATION	8,716,290	-10,222,116	1,037,243,619				5.12
5.14	PRIMARY CARE ADMINISTRATION	4,684,215		5,493,460	-5,547,598	1,041,918,137		5.14
6	MAINTENANCE & REPAIRS						1,367,892	6
7	OPERATION OF PLANT	31,906,502		37,418,669		37,787,430	22,828	7
7.01	SAFETY AND SECURITY	2,935,733		3,442,910		3,476,840	6,690	7.01
8	LAUNDRY & LINEN SERVICE	3,038,510		3,563,443		3,598,561	8,477	8
9	HOUSEKEEPING	241,502		283,224		286,015	11,689	9
10	DIETARY	6,778,316		7,949,338		8,027,679	26,898	10
11	CAFETERIA	418,228		490,481		495,315	12,220	11
12	MAINTENANCE OF PERSONNEL							12
12.01	PATIENT TRANSPORTATION	1,307,957		1,533,920		1,549,037	954	12.01
13	NURSING ADMINISTRATION	3,822,548		4,482,931		4,527,110	9,182	13
14	CENTRAL SERVICES & SUPPLY	3,098,082		3,633,307		3,669,113	14,459	14
14.01	CENTRAL PROCESSING	1,424,410		1,670,491		1,686,954	3,800	14.01
15	PHARMACY	11,996,268		14,068,743		14,207,390	17,927	15
16	MEDICAL RECORDS & LIBRARY	10,625,369		12,461,008		12,583,811	24,876	16
17	SOCIAL SERVICE	3,715,191		4,357,027		4,399,966	3,904	17
17.01	HOSPITAL MEDICAL ADMIN	7,799		9,146		9,236		17.01
19	NONPHYSICIAN ANESTHETISTS	582,586		683,234		689,967		19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD	50,655,521		59,406,769		59,992,223	7,655	21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMEDICAL ED-MICU	818,620		960,045		969,506	4,874	23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	65,381,402		76,676,693		77,432,342	182,635	30
31	INTENSIVE CARE UNIT	22,668,755		26,585,009		26,847,004	45,398	31
33	BURN INTENSIVE CARE UNIT	7,397,512		8,675,506		8,761,003	10,850	33
35	NEONATAL INTENSIVE CARE	11,298,862		13,250,853		13,381,440	24,604	35
35.01	PEDIATRIC ICU	4,357,534		5,110,342		5,160,704	4,582	35.01
35.03	HEART TRANSPLANT ICU	4,368,344		5,123,019		5,173,506	11,105	35.03
35.04	BONE INTENSIVE CARE	5,815,194		6,819,827		6,887,036	9,577	35.04
41	SUBPROVIDER - IRF	7,567,289		8,874,614		8,962,073	28,966	41
43	NURSERY	987,545		1,158,153		1,169,567		43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	59,280,538		69,521,844		70,206,982	155,284	50
50.01	AMBULATORY SURGERY CENTER	8,644,479		10,137,899		10,237,808	32,839	50.01
51	RECOVERY ROOM	5,313,715		6,231,712		6,293,126	34,749	51
52	DELIVERY ROOM & LABOR ROOM	4,058,480		4,759,623		4,806,529	8,653	52
53	ANESTHESIOLOGY	4,380,129		5,136,840		5,187,464	2,564	53
54	RADIOLOGY-DIAGNOSTIC	14,836,750		17,399,947		17,571,423	61,331	54
54.01	RADIOLOGY-ULTRASOUND	1,846,662		2,165,691		2,187,034	3,843	54.01
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE	5,812,875		6,817,107		6,884,290	14,011	56
57	CT SCAN	6,862,594		8,048,176		8,127,491	6,908	57
58	MRI	5,131,815		6,018,387		6,077,698	14,972	58
59	CARDIAC CATHETERIZATION	14,888,262		17,460,358		17,632,430	36,788	59
60	LABORATORY	26,362,040		30,916,346		31,221,027	33,071	60
60.01	LABORATORY-SURGICAL PATHOLOGY	3,896,668		4,569,856		4,614,892	24,574	60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA	113		133		134		60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	8,851,233		10,380,372		10,482,671	6,866	63
65	RESPIRATORY THERAPY	9,937,886		11,654,755		11,769,613	13,912	65
66	PHYSICAL THERAPY	5,287,231		6,200,653		6,261,760	6,014	66
67	OCCUPATIONAL THERAPY	1,645,162		1,929,380		1,948,394	1,123	67
68	SPEECH PATHOLOGY	1,099,920		1,289,942		1,302,654	33,945	68



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## COST ALLOCATION - STATISTICAL BASIS

## WORKSHEET B-1

	COST CENTER DESCRIPTIONS	HOSPITAL ADMINSTRN ACCUM COST	RECON- CILIATION	AMBULATORY ADMIN ACCUM COST	RECON- CILIATION	PRIMARY CARE ADMIN ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	
		5.11		5.12		5.14	6	
69	ELECTROCARDIOLOGY	16,102,521		18,884,393		19,070,499		69
70	ELECTROENCEPHALOGRAPHY	2,241,561		2,628,813		2,654,720	8,477	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,130,199		1,325,452		1,338,514		71
73	DRUGS CHARGED TO PATIENTS	30,678,466		35,978,478		36,333,046		73
74	RENAL DIALYSIS	6,417,021		7,525,626		7,599,791	11,733	74
75	ASC (NON-DISTINCT PART)							75
76	PULMONARY LABS	887,008		1,040,248		1,050,500	3,341	76
76.01	OCCUPATIONAL HEALTH	1,163,663		1,364,697		1,378,146	3,661	76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	1,190,869		1,396,604		1,410,368	1,312	76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	7,714,036		9,046,713		9,135,868	9,121	76.07
76.09	BONE MARROW PROCUREMENT	1,937,900		2,272,692		2,295,089		76.09
76.10	BIARIATRICS	730,273		856,435		864,875		76.10
76.11	HEPATOLOGY	700,863		821,944		830,044		76.11
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC	418,035		490,255		495,086	3,661	90
90.01	CARDIAC REHABILITATION	386,125		452,832		457,295		90.01
90.02	CANCER CENTER	24,997,207		29,315,724		29,604,630	52,505	90.02
90.03	PSYCH SOCIAL REHAB	673,923		790,350		798,139	9,945	90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	41,024,403		48,111,779		48,585,921	135,639	90.07
90.08	OBT OUTPATIENT CENTER	8,236,734		9,659,712		9,754,908	97	90.08
90.09	ELMHURST IMMEDIATE CARE	2,238,345		2,625,041		2,650,911		90.09
90.10	LAGRANGE FAMILY PCC	3,596,223		4,217,506		4,259,070		90.10
90.12	NORTH RIVERSIDE PCC	3,871,067		4,539,833		4,584,573		90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	2,766,769		3,244,756		3,276,733		90.14
90.15	OBT II PCC	2,901,217		3,402,431		3,435,962		90.15
90.16	HICKORY HILLS PCC	4,394,375		5,153,547		5,204,335		90.16
90.18	DARIEN PCC	1,543,293		1,809,912		1,827,749		90.18
90.20	ORLANAD PARK - FP	3,999,341		4,690,267		4,736,490		90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	1,513,993		1,775,550		1,793,048	3,211	90.21
90.22	HOMER GLEN PCC	6,680,955		7,835,157		7,912,372		90.22
90.23	OAK PARK PCC	2,114,664		2,479,993		2,504,433		90.23
90.24	PARK RIDGE PCC	1,352,346		1,585,977		1,601,607		90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	1,346,996		1,579,703		1,595,271		90.25
90.26	WOODRIDGE PCC	12,905		15,134		15,283		90.26
90.27	NEUROLOGY - NILES	225		264		267		90.27
90.28	MARJORIE WEINBERG CANCER CENTER	5,978,683		7,011,560		7,080,659		90.28
90.29	BURR RIDGE PCC	17,340,248		20,335,949		20,536,360	100,000	90.29
90.30	RIVER FOREST	2,792,767		3,275,245		3,307,523		90.30
90.31	NORRIDGE	7,384		8,660		8,745		90.31
90.32	ELMWOOD PARK	5,871		6,885		6,953		90.32
91	EMERGENCY	19,275,479		22,605,511		22,828,288	24,864	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT	675,471		792,165		799,972	1,599	92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES	389,666		456,985		461,489	729	95
97	DURABLE MEDICAL EQUIP-SOLD	466,620		547,233		552,626		97
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY	5,637,047		6,610,903		6,676,053	5,729	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	KIDNEY ACQUISITION	3,367,335		3,949,076		3,987,994	703	105
106	HEART ACQUISITION	1,289,898		1,512,741		1,527,649	2,657	106
107	LIVER ACQUISITION	2,479,956		2,908,393		2,937,055	317	107
108	LUNG ACQUISITION	2,771,968		3,250,853		3,282,890	2,389	108
109	PANCREAS ACQUISITION	776,597		910,762		919,738		109
110	INTESTINAL ACQUISITION	472,383		553,992		559,452		110
111	ISLET ACQUISITION							111
112	OTHER ORGAN ACQUISITION (SPECIFY)	2,371,651		2,781,377		2,808,787	160	112
116	HOSPICE	1,030,238		1,208,222		1,220,129	445	116
118	SUBTOTALS (sum of lines 1-117)	716,845,419	-10,222,116	830,465,513	-5,547,598	833,102,153	1,367,892	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	222,427		260,853		263,424		190
190.01	HINES RADIATION THERAPY	1,077,439		1,263,577		1,276,030		190.01
190.02	HOME INFUSION THERAPY	2,999,192		3,517,332		3,551,995		190.02



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	HOSPITAL ADMINSTRTN  ACCUM COST	RECON- CILIATION	AMBULATORY ADMIN  ACCUM COST	RECON- CILIATION	PRIMARY CARE ADMIN ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	
		5.11		5.12		5.14	6	
190.03	OP HOSPITAL PHARMACY	3,149,148		3,693,195		3,729,591		190.03
190.04	HOSPITALIST	2,466,713		2,892,862		2,921,371		190.04
190.05	STUDENT HEALTH	70,192		82,318		83,129		190.05
192	PHYSICIANS' PRIVATE OFFICES	229,181		268,774		271,423		192
192.01	FACUALTY CLINICAL OPERATIONS	166,103,441		194,799,195		196,719,021		192.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	154,302,583		10,222,116		5,547,598		202
203	UNIT COST MULT-WS B PT I	0.172760		0.009855		0.005324		203
204	COST TO BE ALLOC PER B PT II	2,470,213		104,560		15,796		204
205	UNIT COST MULT-WS B PT II	0.002766		0.000101		0.000015		205



LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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## COST ALLOCATION - STATISTICAL BASIS

## WORKSHEET B-1

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	SAFETY & SECURITY	LAUNDRY + LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		SQUARE FEET	SQUARE FEET	LAUNDRY COST	HOURS OF SERVICE	MEALS SERVED	PAID HOURS	
		7	7.01	8	9	10	11	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	COMMUNICATION							5.01
5.02	SYSTEM & COMPUTERS							5.02
5.03	PURCHASING							5.03
5.04	OPC STORES							5.04
5.05	PATIENT AFFAIRS							5.05
5.06	PATIENT ADMITTING							5.06
5.07	PATIENT ACCOUNTS							5.07
5.08	ACCOUNTING							5.08
5.09	EMPLOYEE HEALTH SERVICES							5.09
5.10	PASTORAL CARE							5.10
5.11	HOSPITAL ADMINISTRATION							5.11
5.12	AMBULATORY ADMINISTRATION							5.12
5.14	PRIMARY CARE ADMINISTRATION							5.14
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	1,345,064						7
7.01	SAFETY AND SECURITY	6,690	1,338,374					7.01
8	LAUNDRY & LINEN SERVICE	8,477	8,477	892,704				8
9	HOUSEKEEPING	11,689	11,689	140	402,474			9
10	DIETARY	26,898	26,898		16,785	251,632		10
11	CAFETERIA	12,220	12,220		1,459		9,153,820	11
12	MAINTENANCE OF PERSONNEL							12
12.01	PATIENT TRANSPORTATION	954	954	26	599		73,115	12.01
13	NURSING ADMINISTRATION	9,182	9,182		1,801		51,276	13
14	CENTRAL SERVICES & SUPPLY	14,459	14,459		7,698		72,600	14
14.01	CENTRAL PROCESSING	3,800	3,800		3,651		18,660	14.01
15	PHARMACY	17,927	17,927	454	5,147		204,007	15
16	MEDICAL RECORDS & LIBRARY	24,876	24,876		2,309		174,618	16
17	SOCIAL SERVICE	3,904	3,904		498		77,373	17
17.01	HOSPITAL MEDICAL ADMIN							17.01
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD	7,655	7,655	5,827	1,505		903,182	21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMEDICAL ED-MICU	4,874	4,874		843		18,870	23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	182,635	182,635	352,307	90,318	174,422	1,212,349	30
31	INTENSIVE CARE UNIT	45,398	45,398	73,709	12,483	21,738	327,748	31
33	BURN INTENSIVE CARE UNIT	10,850	10,850	25,014	4,563	8,757	108,963	33
35	NEONATAL INTENSIVE CARE	24,604	24,604	14,409	6,715		173,001	35
35.01	PEDIATRIC ICU	4,582	4,582	5,494	2,876		49,025	35.01
35.03	HEART TRANSPLANT ICU	11,105	11,105	14,541	3,055	7,028	65,990	35.03
35.04	BONE INTENSIVE CARE	9,577	9,577	6,590	6,011	7,442	102,086	35.04
41	SUBPROVIDER - IRF	28,966	28,966	23,468	17,628	23,940	122,705	41
43	NURSERY							43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	155,284	155,284	70,550	45,371		344,124	50
50.01	AMBULATORY SURGERY CENTER	32,839	32,839	27,772	7,749		84,576	50.01
51	RECOVERY ROOM	34,749	34,749	16,051	9,888		71,415	51
52	DELIVERY ROOM & LABOR ROOM	8,653	8,653	15,653	2,381		65,032	52
53	ANESTHESIOLOGY	2,564	2,564	4,307	725		24,778	53
54	RADIOLOGY-DIAGNOSTIC	61,331	61,331	12,744	17,915		212,611	54
54.01	RADIOLOGY-ULTRASOUND	3,843	3,843	7,221	1,016		24,977	54.01
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE	14,011	14,011	4,969	3,582		31,357	56
57	CT SCAN	6,908	6,908	11,441	1,775		58,152	57
58	MRI	14,972	14,972	10,050	4,054		35,353	58
59	CARDIAC CATHETERIZATION	36,788	36,788	15,588	10,982		91,132	59
60	LABORATORY	33,071	33,071		10,252		231,332	60
60.01	LABORATORY-SURGICAL PATHOLOGY	24,574	24,574		8,307		50,773	60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA							60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	6,866	6,866	940	3,307		36,993	63
65	RESPIRATORY THERAPY	13,912	13,912	2,347	2,868		183,832	65
66	PHYSICAL THERAPY	6,014	6,014	4,891	4,719		89,747	66
67	OCCUPATIONAL THERAPY	1,123	1,123		3,246		24,988	67
68	SPEECH PATHOLOGY	33,945	33,945		667		7,822	68



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## COST ALLOCATION - STATISTICAL BASIS

## WORKSHEET B-1

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	SAFETY & SECURITY	LAUNDRY + LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		SQUARE FEET	SQUARE FEET	LAUNDRY COST	HOURS OF SERVICE	MEALS SERVED	PAID HOURS	
		7	7.01	8	9	10	11	
69	ELECTROCARDIOLOGY			4,988	9,412		74,716	69
70	ELECTROENCEPHALOGRAPHY	8,477	8,477	1,448	5,321		42,328	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS	11,733	11,733	9,642	447		92,269	74
75	ASC (NON-DISTINCT PART)							75
76	PULMONARY LABS	3,341	3,341	507			9,318	76
76.01	OCCUPATIONAL HEALTH	3,661	3,661		2,097		16,809	76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	1,312	1,312	2,560	824		19,134	76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	9,121	9,121	7,996	2,510		82,571	76.07
76.09	BONE MARROW PROCUREMENT							76.09
76.10	BARIASTRICS						16,118	76.10
76.11	HEPATOLOGY						16,391	76.11
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC	3,661	3,661	328	2,160	7,128	7,126	90
90.01	CARDIAC REHABILITATION						4,463	90.01
90.02	CANCER CENTER	52,505	52,505	16,984	8,489	1,177	189,323	90.02
90.03	PSYCH SOCIAL REHAB	9,945	9,945		645		14,812	90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	135,639	135,639	22,312	44,354		660,103	90.07
90.08	OBT OUTPATIENT CENTER	97	97	8,555	23		141,628	90.08
90.09	ELMHURST IMMEDIATE CARE			226			36,636	90.09
90.10	LAGRANGE FAMILY PCC			2,249			64,600	90.10
90.12	NORTH RIVERSIDE PCC			1,897			56,718	90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC			444			33,701	90.14
90.15	OBT II PCC			2,527			44,551	90.15
90.16	HICKORY HILLS PCC			3,905			79,111	90.16
90.18	DARIEN PCC			582			26,610	90.18
90.20	ORLANAD PARK - FP			1,637			62,998	90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	3,211	3,211	5,801			32,700	90.21
90.22	HOMER GLEN PCC			4,983			88,661	90.22
90.23	OAK PARK PCC						38,868	90.23
90.24	PARK RIDGE PCC			1,054			20,484	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB			218			35,003	90.25
90.26	WOODRIDGE PCC						2,972	90.26
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER						19,108	90.28
90.29	BURR RIDGE PCC	100,000	100,000				225,584	90.29
90.30	RIVER FOREST						14,610	90.30
90.31	NORRIDGE						126	90.31
90.32	ELMWOOD PARK						8,156	90.32
91	EMERGENCY	24,864	24,864	62,609			261,234	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT	1,599	1,599	2,749	440		7,758	92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES	729	729					95
97	DURABLE MEDICAL EQUIP-SOLD				59		8,601	97
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY	5,729	5,729		378		103,968	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	KIDNEY ACQUISITION	703	703		45		9,193	105
106	HEART ACQUISITION	2,657	2,657		237		5,480	106
107	LIVER ACQUISITION	317	317		55		8,918	107
108	LUNG ACQUISITION	2,389	2,389		193		4,904	108
109	PANCREAS ACQUISITION						31,558	109
110	INTESTINAL ACQUISITION				14		10,196	110
111	ISLET ACQUISITION				23			111
112	OTHER ORGAN ACQUISITION (SPECIFY)	160	160				26,658	112
116	HOSPICE	445	445				17,794	116
118	SUBTOTALS (sum of lines 1-117)	1,345,064	1,338,374	892,704	402,474	251,632	8,199,130	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN						3,062	190
190.01	HINES RADIATION THERAPY						17,174	190.01
190.02	HOME INFUSION THERAPY						22,468	190.02



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	SAFETY & SECURITY	LAUNDRY + LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	
		SQUARE FEET	SQUARE FEET	LAUNDRY COST	HOURS OF SERVICE	MEALS SERVED	PAID HOURS	
		7	7.01	8	9	10	11	
190.03	OP HOSPITAL PHARMACY						7,001	190.03
190.04	HOSPITALIST						53,631	190.04
190.05	STUDENT HEALTH						816	190.05
192	PHYSICIANS' PRIVATE OFFICES							192
192.01	FACUALTY CLINICAL OPERATIONS						850,538	192.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	37,988,610	3,684,297	3,880,472	650,457	8,931,270	879,078	202
203	UNIT COST MULT-WS B PT I	28.242976	2.752816	4.346874	1.616147	35.493379	0.096034	203
204	COST TO BE ALLOC PER B PT II	899,000	272,513	163,479	227,442	565,969	227,718	204
205	UNIT COST MULT-WS B PT II	0.668370	0.203615	0.183128	0.565110	2.249193	0.024877	205



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PATIENT TRANSPORT NUMBER OF TRIPS	NURSING ADMINISTRATION RN FTES	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	CENTRAL PROCESSING NUMBER OF INSTRUMENT	PHARMACY COSTED REQUIS.	MEDICAL RECORDS + LIBRARY INPATIENT REVENUE	
		12.01	13	14	14.01	15	16	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	COMMUNICATION							5.01
5.02	SYSTEM & COMPUTERS							5.02
5.03	PURCHASING							5.03
5.04	OPC STORES							5.04
5.05	PATIENT AFFAIRS							5.05
5.06	PATIENT ADMITTING							5.06
5.07	PATIENT ACCOUNTS							5.07
5.08	ACCOUNTING							5.08
5.09	EMPLOYEE HEALTH SERVICES							5.09
5.10	PASTORAL CARE							5.10
5.11	HOSPITAL ADMINISTRATION							5.11
5.12	AMBULATORY ADMINISTRATION							5.12
5.14	PRIMARY CARE ADMINISTRATION							5.14
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
7.01	SAFETY AND SECURITY							7.01
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY							10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
12.01	PATIENT TRANSPORTATION	197,381						12.01
13	NURSING ADMINISTRATION		121,674					13
14	CENTRAL SERVICES & SUPPLY			12,075,287				14
14.01	CENTRAL PROCESSING			12,982	189,528			14.01
15	PHARMACY		19	14,713		61,900,851		15
16	MEDICAL RECORDS & LIBRARY			7			1,237,551,599	16
17	SOCIAL SERVICE			326				17
17.01	HOSPITAL MEDICAL ADMIN							17.01
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD			353				21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMEDICAL ED-MICU			507		715		23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICES	61,382	33,775	1,414,134	82,867	7,246	182,226,900	30
31	INTENSIVE CARE UNIT	11,924	14,196	646,550	19,365	3,244	55,228,190	31
33	BURN INTENSIVE CARE UNIT	404	3,701	278,563	4,489	152	23,294,170	33
35	NEONATAL INTENSIVE CARE	229	8,412	71,562	11,286	2,367	33,636,154	35
35.01	PEDIATRIC ICU	723	2,136	76,904	3,420	213	8,677,002	35.01
35.03	HEART TRANSPLANT ICU	1,543	2,370	159,328	4,205	874	11,764,724	35.03
35.04	BONE INTENSIVE CARE	743	2,490	87,861	3,615	753	17,312,829	35.04
41	SUBPROVIDER - IRF	1,391	2,207	61,261	4,992	32	14,619,458	41
43	NURSERY						2,059,606	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	29	8,280	159,179	929	186,844	116,775,897	50
50.01	AMBULATORY SURGERY CENTER	18	2,065	16,900	362	728,936	156,038	50.01
51	RECOVERY ROOM	16	2,428	49,432	2,665	20	25,127,065	51
52	DELIVERY ROOM & LABOR ROOM	156	2,052	105,880	24,394	1,119	8,868,005	52
53	ANESTHESIOLOGY		403	5,532	3,092	514	63,747,874	53
54	RADIOLOGY-DIAGNOSTIC	34,013	1,617	34,421	350	8,715	37,230,763	54
54.01	RADIOLOGY-ULTRASOUND	2,172		1,682	6	853	5,761,558	54.01
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE	969		3,213	99		3,871,935	56
57	CT SCAN	19,630		1,913	146	823	47,462,524	57
58	MRI	6,502		1,694	244	283	18,719,810	58
59	CARDIAC CATHETERIZATION	1,444	1,940	56,573	2,807	17,076	31,839,502	59
60	LABORATORY	1,941		64,762		10,150	152,712,355	60
60.01	LABORATORY-SURGICAL PATHOLOGY	677		14,033		13,319	9,651,317	60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA							60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	202	415	10,744	177	1,250	30,451,676	63
65	RESPIRATORY THERAPY	2,713		5,480		796,198	48,369,421	65
66	PHYSICAL THERAPY	3,455		4,299	18	1,023	8,937,400	66
67	OCCUPATIONAL THERAPY	3,588		129	59	1,546	6,166,036	67
68	SPEECH PATHOLOGY			7,309			2,159,573	68



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## COST ALLOCATION - STATISTICAL BASIS

## WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PATIENT TRANSPORT  NUMBER OF TRIPS	NURSING ADMINIS- TRATION RN FTES	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	CENTRAL PROCESSING  NUMBER OF INSTRUMENT	PHARMACY  COSTED REQUIS.	MEDICAL RECORDS + LIBRARY INPATIENT REVENUE	
		12.01	13	14	14.01	15	16	
69	ELECTROCARDIOLOGY	5,766	1,589	57,755	1,338	5,633	50,742,537	69
70	ELECTROENCEPHALOGRAPHY		1	631		23,625	4,287,227	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS			7,095,461			1,550,782	71
73	DRUGS CHARGED TO PATIENTS					24,068,143	120,933,643	73
74	RENAL DIALYSIS	8,121	1,827	398,678	236	1,782,252	5,341,586	74
75	ASC (NON-DISTINCT PART)							75
76	PULMONARY LABS		96	764	66	170	1,311,068	76
76.01	OCCUPATIONAL HEALTH		3	4,035		9,005		76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	6,180	102	698	14		4,844,346	76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	6,173	1,777	91,993	264	5,562	6,559,255	76.07
76.09	BONE MARROW PROCUREMENT						1,845,805	76.09
76.10	BARIASTRICS						181	76.10
76.11	HEPATOLOGY							76.11
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC	26	172			5,856	2,389	90
90.01	CARDIAC REHABILITATION			1,723			510,773	90.01
90.02	CANCER CENTER	2,358	2,437	395,383	7,121	20,133,790	624,948	90.02
90.03	PSYCH SOCIAL REHAB		100	116		1,133		90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	4	8,356	65,842	77	3,655,317	3,245,325	90.07
90.08	OBT OUTPATIENT CENTER		1,344	24,031		116,644	72,716	90.08
90.09	ELMHURST IMMEDIATE CARE		351	5,565		161,306	3,568	90.09
90.10	LAGRANGE FAMILY PCC		880	13,285		121,404	5,113	90.10
90.12	NORTH RIVERSIDE PCC		674	10,276		576,974	6,157	90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC		287	3,105	690	66,648	59,071	90.14
90.15	OBT II PCC		611	9,745		342,861	8,488	90.15
90.16	HICKORY HILLS PCC		724	15,092	613	341,169	10,023	90.16
90.18	DARIEN PCC		406	5,564		221,418	4,125	90.18
90.20	ORLANAD PARK - FP		482	12,344		565,309	3,221	90.20
90.21	FAMILY PRACTICE MAYWOOD PCC		258	5,741		82,677	2,388	90.21
90.22	HOMER GLEN PCC		1,140	25,944	703	2,567,554	28,525	90.22
90.23	OAK PARK PCC		220	5,018		148,295	2,739	90.23
90.24	PARK RIDGE PCC		240	3,914		10,081	27,313	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB		104	1,161		6,293	408	90.25
90.26	WOODRIDGE PCC							90.26
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER						18,411	90.28
90.29	BURR RIDGE PCC					2,525	153,026	90.29
90.30	RIVER FOREST						20,806	90.30
90.31	NORRIDGE							90.31
90.32	ELMWOOD PARK						214	90.32
91	EMERGENCY	12,513	5,457	441,214	8,742		43,195,091	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT	357	351	1,584	77	1,595	5,273	92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES					119		95
97	DURABLE MEDICAL EQUIP-SOLD						342,435	97
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY		2,522	3,519		5,078		101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	KIDNEY ACQUISITION		12	56			10,221,121	105
106	HEART ACQUISITION	19	23	38			1,798,082	106
107	LIVER ACQUISITION						5,477,928	107
108	LUNG ACQUISITION		29	85			6,019,672	108
109	PANCREAS ACQUISITION							109
110	INTESTINAL ACQUISITION							110
111	ISLET ACQUISITION							111
112	OTHER ORGAN ACQUISITION (SPECIFY)		2	2			1,438,038	112
116	HOSPICE		400	2,615		71,146		116
118	SUBTOTALS (sum of lines 1-117)	197,381	121,483	12,071,203	189,528	56,883,847	1,237,551,599	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
190.01	HINES RADIATION THERAPY							190.01
190.02	HOME INFUSION THERAPY		119	2,979		2,089,711		190.02



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PATIENT TRANSPORT  NUMBER OF TRIPS	NURSING ADMINIS- TRATION RN FTES	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	CENTRAL PROCESSING  NUMBER OF INSTRUMENT	PHARMACY  COSTED REQUIS.	MEDICAL RECORDS + LIBRARY INPATIENT REVENUE	
		12.01	13	14	14.01	15	16	
190.03	OP HOSPITAL PHARMACY					2,926,617		190.03
190.04	HOSPITALIST			723				190.04
190.05	STUDENT HEALTH							190.05
192	PHYSICIANS' PRIVATE OFFICES		72	334		676		192
192.01	FACUALTY CLINICAL OPERATIONS			48				192.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	1,594,957	4,843,650	4,156,228	1,825,880	14,874,395	13,442,361	202
203	UNIT COST MULT-WS B PT I	8.080600	39.808423	0.344193	9.633827	0.240294	0.010862	203
204	COST TO BE ALLOC PER B PT II	29.516	197.075	862,141	84,245	576,390	496,800	204
205	UNIT COST MULT-WS B PT II	0.149538	1.619697	0.071397	0.444499	0.009312	0.000401	205



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## COST ALLOCATION - STATISTICAL BASIS

## WORKSHEET B-1

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE TIME SPENT	HOSPITAL MEDICAL ADMIN MED ADMIN COMPENSATI	NONPHYSIC. ANESTHET. ASSIGNED TIME	NURSING SCHOOL PATIENT DAYS	I&R SALARY & FRINGES PATIENT DAYS	I&R PROGRAM COSTS ASSIGNED TIME	
		17	17.01	19	20	21	22	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	COMMUNICATION							5.01
5.02	SYSTEM & COMPUTERS							5.02
5.03	PURCHASING							5.03
5.04	OPC STORES							5.04
5.05	PATIENT AFFAIRS							5.05
5.06	PATIENT ADMITTING							5.06
5.07	PATIENT ACCOUNTS							5.07
5.08	ACCOUNTING							5.08
5.09	EMPLOYEE HEALTH SERVICES							5.09
5.10	PASTORAL CARE							5.10
5.11	HOSPITAL ADMINISTRATION							5.11
5.12	AMBULATORY ADMINISTRATION							5.12
5.14	PRIMARY CARE ADMINISTRATION							5.14
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
7.01	SAFETY AND SECURITY							7.01
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY							10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
12.01	PATIENT TRANSPORTATION							12.01
13	NURSING ADMINISTRATION							13
14	CENTRAL SERVICES & SUPPLY							14
14.01	CENTRAL PROCESSING							14.01
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY							16
17	SOCIAL SERVICE	41,302						17
17.01	HOSPITAL MEDICAL ADMIN		7,749,062					17.01
19	NONPHYSICIAN ANESTHETISTS			10,000				19
20	NURSING SCHOOL				131,744			20
21	I&R SERVICES-SALARY & FRINGES APPRVD		172,946			131,744		21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						33,380	22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMEDICAL ED-MICU							23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	12,169	168,723		83,976	83,976	7,494	30
31	INTENSIVE CARE UNIT	797	148,795		17,179	17,179	2,088	31
33	BURN INTENSIVE CARE UNIT	902			2,369	2,369	691	33
35	NEONATAL INTENSIVE CARE	1,627	204,900		9,813	9,813	327	35
35.01	PEDIATRIC ICU	873	70,400		2,086	2,086	319	35.01
35.03	HEART TRANSPLANT ICU	1,074	108,800		3,133	3,133	319	35.03
35.04	BONE INTENSIVE CARE	1,251	29,713		3,263	3,263	936	35.04
41	SUBPROVIDER - IRF	374	68,476		8,107	8,107	319	41
43	NURSERY				1,818	1,818		43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	1,070	217,600	10,000			4,019	50
50.01	AMBULATORY SURGERY CENTER	8	360,990				792	50.01
51	RECOVERY ROOM		15,360					51
52	DELIVERY ROOM & LABOR ROOM						329	52
53	ANESTHESIOLOGY		1,521,162				3,214	53
54	RADIOLOGY-DIAGNOSTIC		312,529				1,090	54
54.01	RADIOLOGY-ULTRASOUND		43,384				290	54.01
55	RADIOLOGY-THERAPEUTIC						403	55
56	RADIOISOTOPE		128,178				290	56
57	CT SCAN		297,312				469	57
58	MRI		152,578					58
59	CARDIAC CATHETERIZATION							59
60	LABORATORY	630	1,188,294					60
60.01	LABORATORY-SURGICAL PATHOLOGY		103,166				1,386	60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA							60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.		168,741					63
65	RESPIRATORY THERAPY		20,979					65
66	PHYSICAL THERAPY		16,000					66
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY	391						68



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## COST ALLOCATION - STATISTICAL BASIS

## WORKSHEET B-1

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE TIME SPENT	HOSPITAL MEDICAL ADMIN MED ADMIN COMPENSATI	NONPHYSIC. ANESTHET. ASSIGNED TIME	NURSING SCHOOL PATIENT DAYS	I&R SALARY & FRINGES PATIENT DAYS	I&R PROGRAM COSTS ASSIGNED TIME	
		17	17.01	19	20	21	22	
69	ELECTROCARDIOLOGY	1,974						69
70	ELECTROENCEPHALOGRAPHY		27,482					70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS	1,643	158,106					74
75	ASC (NON-DISTINCT PART)		123,904					75
76	PULMONARY LABS						234	76
76.01	OCCUPATIONAL HEALTH							76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR		4,393					76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	47	70,400					76.07
76.09	BONE MARROW PROCUREMENT							76.09
76.10	BIATRICS							76.10
76.11	HEPATOLOGY							76.11
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC	14						90
90.01	CARDIAC REHABILITATION	2						90.01
90.02	CANCER CENTER	29	165,018				35	90.02
90.03	PSYCH SOCIAL REHAB						465	90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	13,976	1,075,683				5,346	90.07
90.08	OBT OUTPATIENT CENTER		16,896				622	90.08
90.09	ELMHURST IMMEDIATE CARE							90.09
90.10	LAGRANGE FAMILY PCC		10,667					90.10
90.12	NORTH RIVERSIDE PCC							90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC						114	90.14
90.15	OBT II PCC							90.15
90.16	HICKORY HILLS PCC							90.16
90.18	DARIEN PCC							90.18
90.20	ORLANAD PARK - FP							90.20
90.21	FAMILY PRACTICE MAYWOOD PCC		16,800					90.21
90.22	HOMER GLEN PCC							90.22
90.23	OAK PARK PCC							90.23
90.24	PARK RIDGE PCC							90.24
90.25	LOYOLA CLINIC AT GOTTLIEB							90.25
90.26	WOODRIDGE PCC							90.26
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER							90.28
90.29	BURR RIDGE PCC	1,235	47,245					90.29
90.30	RIVER FOREST							90.30
90.31	NORRIDGE							90.31
90.32	ELMWOOD PARK							90.32
91	EMERGENCY						1,789	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES							95
97	DURABLE MEDICAL EQUIP-SOLD							97
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY		68,791					101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	KIDNEY ACQUISITION	783	162,092					105
106	HEART ACQUISITION		4,182					106
107	LIVER ACQUISITION		97,801					107
108	LUNG ACQUISITION	433	154,219					108
109	PANCREAS ACQUISITION							109
110	INTESTINAL ACQUISITION							110
111	ISLET ACQUISITION							111
112	OTHER ORGAN ACQUISITION (SPECIFY)		757					112
116	HOSPICE		25,600					116
118	SUBTOTALS (sum of lines 1-117)	41,302	7,749,062	10,000	131,744	131,744	33,380	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
190.01	HINES RADIATION THERAPY							190.01
190.02	HOME INFUSION THERAPY							190.02



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE TIME SPENT	HOSPITAL MEDICAL ADMIN MED ADMIN COMPENSATI	NONPHYSIC. ANESTHET. ASSIGNED TIME	NURSING SCHOOL PATIENT DAYS	I&R SALARY & FRINGES PATIENT DAYS	I&R PROGRAM COSTS ASSIGNED TIME	
		17	17.01	19	20	21	22	
190.03	OP HOSPITAL PHARMACY							190.03
190.04	HOSPITALIST							190.04
190.05	STUDENT HEALTH							190.05
192	PHYSICIANS' PRIVATE OFFICES							192
192.01	FACUALTY CLINICAL OPERATIONS							192.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	4,552,746	9,285	693,640		60,663,721		202
203	UNIT COST MULT-WS B PT I	110.230643	0.001198	69.364000		460.466670		203
204	COST TO BE ALLOC PER B PT II	89,208	190	3,115		348,179		204
205	UNIT COST MULT-WS B PT II	2.159895	0.000025	0.311500		2.642845		205



LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

COST CENTER DESCRIPTIONS	PARAMED EDUCATION  ASSIGNED TIME 23	PARAMED ED-MICU  TIME SPENT 23.01					

<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT						1
1.01	NEW CAPITAL-BLDG INTEREST						1.01
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
5.01	COMMUNICATION						5.01
5.02	SYSTEM & COMPUTERS						5.02
5.03	PURCHASING						5.03
5.04	OPC STORES						5.04
5.05	PATIENT AFFAIRS						5.05
5.06	PATIENT ADMITTING						5.06
5.07	PATIENT ACCOUNTS						5.07
5.08	ACCOUNTING						5.08
5.09	EMPLOYEE HEALTH SERVICES						5.09
5.10	PASTORAL CARE						5.10
5.11	HOSPITAL ADMINISTRATION						5.11
5.12	AMBULATORY ADMINISTRATION						5.12
5.14	PRIMARY CARE ADMINISTRATION						5.14
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
7.01	SAFETY AND SECURITY						7.01
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY						10
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
12.01	PATIENT TRANSPORTATION						12.01
13	NURSING ADMINISTRATION						13
14	CENTRAL SERVICES & SUPPLY						14
14.01	CENTRAL PROCESSING						14.01
15	PHARMACY						15
16	MEDICAL RECORDS & LIBRARY						16
17	SOCIAL SERVICE						17
17.01	HOSPITAL MEDICAL ADMIN						17.01
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)	1,000					23
23.01	PARAMEDICAL ED-MICU		1,000				23.01
23.02	PARAMEDICAL ED-SOCIAL WORK						23.02
<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS						30
31	INTENSIVE CARE UNIT						31
33	BURN INTENSIVE CARE UNIT						33
35	NEONATAL INTENSIVE CARE						35
35.01	PEDIATRIC ICU						35.01
35.03	HEART TRANSPLANT ICU						35.03
35.04	BONE INTENSIVE CARE						35.04
41	SUBPROVIDER - IRF						41
43	NURSERY						43
<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM						50
50.01	AMBULATORY SURGERY CENTER						50.01
51	RECOVERY ROOM						51
52	DELIVERY ROOM & LABOR ROOM						52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC						54
54.01	RADIOLOGY-ULTRASOUND						54.01
55	RADIOLOGY-THERAPEUTIC						55
56	RADIOISOTOPE						56
57	CT SCAN						57
58	MRI						58
59	CARDIAC CATHETERIZATION						59
60	LABORATORY						60
60.01	LABORATORY-SURGICAL PATHOLOGY						60.01
60.02	LABORATORY-NEUROSURGICAL						60.02
60.03	LABORATORY-HLA						60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.						63
65	RESPIRATORY THERAPY						65
66	PHYSICAL THERAPY						66



LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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## COST ALLOCATION - STATISTICAL BASIS

## WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PARAMED EDUCATION	PARAMED ED-MICU				
		ASSIGNED TIME	TIME SPENT				
		23	23.01				
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY						68
69	ELECTROCARDIOLOGY						69
70	ELECTROENCEPHALOGRAPHY						70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						71
73	DRUGS CHARGED TO PATIENTS						73
74	RENAL DIALYSIS						74
75	ASC (NON-DISTINCT PART)						75
76	PULMONARY LABS						76
76.01	OCCUPATIONAL HEALTH						76.01
76.03	HYPERALIMENTATION						76.03
76.04	PERIPHERAL VASCULAR						76.04
76.05	PEDIATRIC ENDO NUTRITION						76.05
76.07	GASTROINTESTINAL SERVICE						76.07
76.09	BONE MARROW PROCUREMENT						76.09
76.10	BIATRICS						76.10
76.11	HEPATOLOGY						76.11
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	CLINIC						90
90.01	CARDIAC REHABILITATION						90.01
90.02	CANCER CENTER						90.02
90.03	PSYCH SOCIAL REHAB						90.03
90.04	WELLNESS ASSESSMENT						90.04
90.06	HEART FAILURE CLINIC						90.06
90.07	LOC OUTPATIENT CENTER						90.07
90.08	OBT OUTPATIENT CENTER						90.08
90.09	ELMHURST IMMEDIATE CARE						90.09
90.10	LAGRANGE FAMILY PCC						90.10
90.12	NORTH RIVERSIDE PCC						90.12
90.13	GLENDALE HEIGHTS PCC						90.13
90.14	WHEATON PCC						90.14
90.15	OBT II PCC						90.15
90.16	HICKORY HILLS PCC						90.16
90.18	DARIEN PCC						90.18
90.20	ORLANAD PARK - FP						90.20
90.21	FAMILY PRACTICE MAYWOOD PCC						90.21
90.22	HOMER GLEN PCC						90.22
90.23	OAK PARK PCC						90.23
90.24	PARK RIDGE PCC						90.24
90.25	LOYOLA CLINIC AT GOTTLIEB						90.25
90.26	WOODRIDGE PCC						90.26
90.27	NEUROLOGY - NILES						90.27
90.28	MARJORIE WEINBERG CANCER CENTER						90.28
90.29	BURR RIDGE PCC						90.29
90.30	RIVER FOREST						90.30
90.31	NORRIDGE						90.31
90.32	ELMWOOD PARK						90.32
91	EMERGENCY	1,000	1,000				91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01	OBSERVATION BEDS-DISTINCT						92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
95	AMBULANCE SERVICES						95
97	DURABLE MEDICAL EQUIP-SOLD						97
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	HOME HEALTH AGENCY						101
	<b>SPECIAL PURPOSE COST CENTERS</b>						
105	KIDNEY ACQUISITION						105
106	HEART ACQUISITION						106
107	LIVER ACQUISITION						107
108	LUNG ACQUISITION						108
109	PANCREAS ACQUISITION						109
110	INTESTINAL ACQUISITION						110
111	ISLET ACQUISITION						111
112	OTHER ORGAN ACQUISITION (SPECIFY)						112
116	HOSPICE						116
118	SUBTOTALS (sum of lines 1-117)	1,000	1,000				118
	<b>NONREIMBURSABLE COST CENTERS</b>						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PARAMED EDUCATION  ASSIGNED TIME	PARAMED ED-MICU  TIME SPENT					
		23	23.01					
190.01	HINES RADIATION THERAPY							190.01
190.02	HOME INFUSION THERAPY							190.02
190.03	OP HOSPITAL PHARMACY							190.03
190.04	HOSPITALIST							190.04
190.05	STUDENT HEALTH							190.05
192	PHYSICIANS' PRIVATE OFFICES							192
192.01	FACUALTY CLINICAL OPERATIONS							192.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I		1,129,262					202
203	UNIT COST MULT-WS B PT I		1,129,262000					203
204	COST TO BE ALLOC PER B PT II		96,097					204
205	UNIT COST MULT-WS B PT II		96.097000					205



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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

		WORKSHEET			
DESCRIPTION		PART	LINE NO.	AMOUNT	
	1	2	3	4	
1					1
2					2
3					3
4					4
5	ADJ FOR ESA COSTS IN RENAL DIALYSIS	1	74	-1,982,480	5



COMPU-MAX

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## COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
PART I

	COST CENTER DESCRIPTIONS	TOTAL COST	THERAPY	TOTAL COSTS	RCE	TOTAL COSTS	
		(from Wkst. B, Part I, col. 26)	LIMIT ADJ.		DISALLOW- ANCE		
		1	2	3	4	5	
<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	97,938,521		97,938,521		97,938,521	30
31	INTENSIVE CARE UNIT	31,299,963		31,299,963		31,299,963	31
33	BURN INTENSIVE CARE UNIT	10,223,545		10,223,545		10,223,545	33
35	NEONATAL INTENSIVE CARE	15,320,994		15,320,994		15,320,994	35
35.01	PEDIATRIC ICU	5,704,347		5,704,347		5,704,347	35.01
35.03	HEART TRANSPLANT ICU	6,317,867		6,317,867		6,317,867	35.03
35.04	BONE INTENSIVE CARE	8,029,219		8,029,219		8,029,219	35.04
41	SUBPROVIDER - IRF	11,267,995		11,267,995		11,267,995	41
43	NURSERY	1,198,165		1,198,165		1,198,165	43
<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	78,325,711		78,325,711		78,325,711	50
50.01	AMBULATORY SURGERY CENTER	11,721,373		11,721,373		11,721,373	50.01
51	RECOVERY ROOM	7,908,739		7,908,739		7,908,739	51
52	DELIVERY ROOM & LABOR ROOM	5,629,452		5,629,452		5,629,452	52
53	ANESTHESIOLOGY	6,058,943		6,058,943		6,058,943	53
54	RADIOLOGY-DIAGNOSTIC	20,432,047		20,432,047		20,432,047	54
54.01	RADIOLOGY-ULTRASOUND	2,434,252		2,434,252		2,434,252	54.01
55	RADIOLOGY-THERAPEUTIC						55
56	RADIOISOTOPE	7,437,725		7,437,725		7,437,725	56
57	CT SCAN	9,119,846		9,119,846		9,119,846	57
58	MRI	6,886,818		6,886,818		6,886,818	58
59	CARDIAC CATHETERIZATION	19,446,193		19,446,193		19,446,193	59
60	LABORATORY	34,221,139		34,221,139		34,221,139	60
60.01	LABORATORY-SURGICAL PATHOLOGY	5,537,912		5,537,912		5,537,912	60.01
60.02	LABORATORY-NEUROSURGICAL						60.02
60.03	LABORATORY-HLA	135		135		135	60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.	11,119,105		11,119,105		11,119,105	63
65	RESPIRATORY THERAPY	13,036,523		13,036,523		13,036,523	65
66	PHYSICAL THERAPY	6,645,927		6,645,927		6,645,927	66
67	OCCUPATIONAL THERAPY	2,098,172		2,098,172		2,098,172	67
68	SPEECH PATHOLOGY	2,432,643		2,432,643		2,432,643	68
69	ELECTROCARDIOLOGY	20,128,830		20,128,830		20,128,830	69
70	ELECTROENCEPHALOGRAPHY	3,003,100		3,003,100		3,003,100	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,804,693		3,804,693		3,804,693	71
73	DRUGS CHARGED TO PATIENTS	43,623,486		43,623,486		43,623,486	73
74	RENAL DIALYSIS	7,018,373		7,018,373		7,018,373	74
75	ASC (NON-DISTINCT PART)	148		148		148	75
76	PULMONARY LABS	1,181,752		1,181,752		1,181,752	76
76.01	OCCUPATIONAL HEALTH	1,507,634		1,507,634		1,507,634	76.01
76.03	HYPERALIMENTATION						76.03
76.04	PERIPHERAL VASCULAR	1,579,839		1,579,839		1,579,839	76.04
76.05	PEDIATRIC ENDO NUTRITION						76.05
76.07	GASTROINTESTINAL SERVICE	9,746,641		9,746,641		9,746,641	76.07
76.09	BONE MARROW PROCUREMENT	2,327,357		2,327,357		2,327,357	76.09
76.10	BIARITICS	871,030		871,030		871,030	76.10
76.11	HEPATOLOGY	836,037		836,037		836,037	76.11
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC	879,829		879,829		879,829	90
90.01	CARDIAC REHABILITATION	466,520		466,520		466,520	90.01
90.02	CANCER CENTER	36,706,151		36,706,151		36,706,151	90.02
90.03	PSYCH SOCIAL REHAB	1,117,398		1,117,398		1,117,398	90.03
90.04	WELLNESS ASSESSMENT						90.04
90.06	HEART FAILURE CLINIC						90.06
90.07	LOC OUTPATIENT CENTER	56,092,441		56,092,441		56,092,441	90.07
90.08	OBT OUTPATIENT CENTER	9,951,289		9,951,289		9,951,289	90.08
90.09	ELMHURST IMMEDIATE CARE	2,724,212		2,724,212		2,724,212	90.09
90.10	LAGRANGE FAMILY PCC	4,366,571		4,366,571		4,366,571	90.10
90.12	NORTH RIVERSIDE PCC	4,791,752		4,791,752		4,791,752	90.12
90.13	GLENDALE HEIGHTS PCC						90.13
90.14	WHEATON PCC	3,335,142		3,335,142		3,335,142	90.14
90.15	OBT II PCC	3,579,674		3,579,674		3,579,674	90.15
90.16	HICKORY HILLS PCC	5,378,627		5,378,627		5,378,627	90.16
90.18	DARIEN PCC	1,913,892		1,913,892		1,913,892	90.18
90.20	ORLANAD PARK - FP	4,934,185		4,934,185		4,934,185	90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	1,962,637		1,962,637		1,962,637	90.21
90.22	HOMER GLEN PCC	8,663,034		8,663,034		8,663,034	90.22
90.23	OAK PARK PCC	2,567,649		2,567,649		2,567,649	90.23
90.24	PARK RIDGE PCC	1,630,303		1,630,303		1,630,303	90.24



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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	
90.25	LOYOLA CLINIC AT GOTTLIEB	1,614,129		1,614,129		1,614,129	90.25
90.26	WOODRIDGE PCC	15,649		15,649		15,649	90.26
90.27	NEUROLOGY - NILES	268		268		268	90.27
90.28	MARJORIE WEINBERG CANCER CENTER	7,120,391		7,120,391		7,120,391	90.28
90.29	BURR RIDGE PCC	23,905,401		23,905,401		23,905,401	90.29
90.30	RIVER FOREST	3,326,761		3,326,761		3,326,761	90.30
90.31	NORRIDGE	8,804		8,804		8,804	90.31
90.32	ELMWOOD PARK	7,775		7,775		7,775	90.32
91	EMERGENCY	26,170,622		26,170,622		26,170,622	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	8,177,009		8,177,009		8,177,009	92
92.01	OBSERVATION BEDS-DISTINCT	885,785		885,785		885,785	92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
95	AMBULANCE SERVICES	486,571		486,571		486,571	95
97	DURABLE MEDICAL EQUIP-SOLD	560,209		560,209		560,209	97
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	HOME HEALTH AGENCY	7,002,676		7,002,676		7,002,676	101
105	KIDNEY ACQUISITION	4,229,996		4,229,996		4,229,996	105
106	HEART ACQUISITION	1,639,666		1,639,666		1,639,666	106
107	LIVER ACQUISITION	3,023,081		3,023,081		3,023,081	107
108	LUNG ACQUISITION	3,489,683		3,489,683		3,489,683	108
109	PANCREAS ACQUISITION	927,666		927,666		927,666	109
110	INTESTINAL ACQUISITION	563,433		563,433		563,433	110
111	ISLET ACQUISITION	37		37		37	111
112	OTHER ORGAN ACQUISITION (SPECIFY)	2,846,962		2,846,962		2,846,962	112
116	HOSPICE	1,276,077		1,276,077		1,276,077	116
200	SUBTOTAL (SEE INSTRUCTIONS)	781,762,148		781,762,148		781,762,148	200
201	LESS OBSERVATION BEDS	8,177,009		8,177,009		8,177,009	201
202	TOTAL (SEE INSTRUCTIONS)	773,585,139		773,585,139		773,585,139	202



LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 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	
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	182,226,900		182,226,900				30
31	INTENSIVE CARE UNIT	55,228,190		55,228,190				31
33	BURN INTENSIVE CARE UNIT	23,294,170		23,294,170				33
35	NEONATAL INTENSIVE CARE	33,636,154		33,636,154				35
35.01	PEDIATRIC ICU	8,677,002		8,677,002				35.01
35.03	HEART TRANSPLANT ICU	11,764,724		11,764,724				35.03
35.04	BONE INTENSIVE CARE	17,312,829		17,312,829				35.04
41	SUBPROVIDER - IRF	14,619,458		14,619,458				41
43	NURSERY	2,059,606		2,059,606				43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	116,775,897	30,439,729	147,215,626	0.532048	0.532048	0.532048	50
50.01	AMBULATORY SURGERY CENTER	156,038	46,199,505	46,355,543	0.252858	0.252858	0.252858	50.01
51	RECOVERY ROOM	25,127,065	18,885,014	44,012,079	0.179695	0.179695	0.179695	51
52	DELIVERY ROOM & LABOR ROOM	8,868,005	1,127,576	9,995,581	0.563194	0.563194	0.563194	52
53	ANESTHESIOLOGY	63,747,874	20,475,251	84,223,125	0.071939	0.071939	0.071939	53
54	RADIOLOGY-DIAGNOSTIC	37,230,763	47,092,892	84,323,655	0.242305	0.242305	0.242305	54
54.01	RADIOLOGY-ULTRASOUND	5,761,558	16,395,813	22,157,371	0.109862	0.109862	0.109862	54.01
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE	3,871,935	32,623,331	36,495,266	0.203800	0.203800	0.203800	56
57	CT SCAN	47,462,524	76,208,444	123,670,968	0.073743	0.073743	0.073743	57
58	MRI	18,719,810	50,071,158	68,790,968	0.100112	0.100112	0.100112	58
59	CARDIAC CATHETERIZATION	31,839,502	42,991,716	74,831,218	0.259867	0.259867	0.259867	59
60	LABORATORY	152,712,355	185,377,798	338,090,153	0.101219	0.101219	0.101219	60
60.01	LABORATORY-SURGICAL PATHOLOGY	9,651,317	21,024,646	30,675,963	0.180529	0.180529	0.180529	60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA		122	122	1.106557	1.106557	1.106557	60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	30,451,676	8,813,482	39,265,158	0.283180	0.283180	0.283180	63
65	RESPIRATORY THERAPY	48,369,421	971,033	49,340,454	0.264216	0.264216	0.264216	65
66	PHYSICAL THERAPY	8,937,400	12,651,755	21,589,155	0.307836	0.307836	0.307836	66
67	OCCUPATIONAL THERAPY	6,166,036	1,857,189	8,023,225	0.261512	0.261512	0.261512	67
68	SPEECH PATHOLOGY	2,159,573	31,313	2,190,886	1.110347	1.110347	1.110347	68
69	ELECTROCARDIOLOGY	50,742,537	61,592,944	112,335,481	0.179185	0.179185	0.179185	69
70	ELECTROENCEPHALOGRAPHY	4,287,227	3,771,014	8,058,241	0.372674	0.372674	0.372674	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,550,782	152,219	1,703,001	2.234111	2.234111	2.234111	71
73	DRUGS CHARGED TO PATIENTS	120,933,643	12,538,287	133,471,930	0.326836	0.326836	0.326836	73
74	RENAL DIALYSIS	5,341,586	25,503,500	30,845,086	0.227536	0.227536	0.227536	74
75	ASC (NON-DISTINCT PART)							75
76	PULMONARY LABS	1,311,068	2,029,142	3,340,210	0.353796	0.353796	0.353796	76
76.01	OCCUPATIONAL HEALTH		545,333	545,333	2.764612	2.764612	2.764612	76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	4,844,346	6,902,239	11,746,585	0.134493	0.134493	0.134493	76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	6,559,255	27,202,781	33,762,036	0.288686	0.288686	0.288686	76.07
76.09	BONE MARROW PROCUREMENT	1,845,805	490,110	2,335,915	0.996336	0.996336	0.996336	76.09
76.10	BIATRICES	181	284,545	284,726	3.059187	3.059187	3.059187	76.10
76.11	HEPATOLOGY		115	115	7.269886957	7.269886957	7.269886957	76.11
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC	2,389	1,027,475	1,029,864	0.854316	0.854316	0.854316	90
90.01	CARDIAC REHABILITATION	510,773	441	511,214	0.912573	0.912573	0.912573	90.01
90.02	CANCER CENTER	624,948	72,791,458	73,416,406	0.499972	0.499972	0.499972	90.02
90.03	PSYCH SOCIAL REHAB		154,005	154,005	7.255596	7.255596	7.255596	90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	3,245,325	129,470,473	132,715,798	0.422651	0.422651	0.422651	90.07
90.08	OBT OUTPATIENT CENTER	72,716	26,510,242	26,582,958	0.374348	0.374348	0.374348	90.08
90.09	ELMHURST IMMEDIATE CARE	3,568	2,964,797	2,968,365	0.917748	0.917748	0.917748	90.09
90.10	LAGRANGE FAMILY PCC	5,113	9,464,718	9,469,831	0.461103	0.461103	0.461103	90.10
90.12	NORTH RIVERSIDE PCC	6,157	5,592,570	5,598,727	0.855865	0.855865	0.855865	90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	59,071	5,559,777	5,618,848	0.593563	0.593563	0.593563	90.14
90.15	OBT II PCC	8,488	4,909,832	4,918,320	0.727825	0.727825	0.727825	90.15
90.16	HICKORY HILLS PCC	10,023	9,328,489	9,338,512	0.575962	0.575962	0.575962	90.16
90.18	DARIEN PCC	4,125	1,892,494	1,896,619	1.009107	1.009107	1.009107	90.18
90.20	ORLANAD PARK - FP	3,221	5,523,220	5,526,441	0.892832	0.892832	0.892832	90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	2,388	2,995,843	2,998,231	0.654598	0.654598	0.654598	90.21
90.22	HOMER GLEN PCC	28,525	18,629,841	18,658,366	0.464298	0.464298	0.464298	90.22
90.23	OAK PARK PCC	2,739	1,958,016	1,960,755	1.309521	1.309521	1.309521	90.23
90.24	PARK RIDGE PCC	27,313	4,256,462	4,283,775	0.380576	0.380576	0.380576	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	408	1,691,714	1,692,122	0.953908	0.953908	0.953908	90.25



## COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 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	
90.26	WOODRIDGE PCC		511,547	511,547	0.030592	0.030592	0.030592	90.26
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER	18,411	19,034,652	19,053,063	0.373714	0.373714	0.373714	90.28
90.29	BURR RIDGE PCC	153,026	64,235,599	64,388,625	0.371267	0.371267	0.371267	90.29
90.30	RIVER FOREST	20,806	9,116,296	9,137,102	0.364094	0.364094	0.364094	90.30
90.31	NORRIDGE		129,355	129,355	0.068061	0.068061	0.068061	90.31
90.32	ELMWOOD PARK	214	85,762	85,976	0.090432	0.090432	0.090432	90.32
91	EMERGENCY	43,195,091	62,310,891	105,505,982	0.248049	0.248049	0.248049	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT	5,273	19,059,412	19,064,685	0.046462	0.046462	0.046462	92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES							95
97	DURABLE MEDICAL EQUIP-SOLD	342,435	1,793,382	2,135,817	0.262293	0.262293	0.262293	97
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY		5,325,165	5,325,165				101
105	KIDNEY ACQUISITION	10,221,121		10,221,121				105
106	HEART ACQUISITION	1,798,082		1,798,082				106
107	LIVER ACQUISITION	5,477,928		5,477,928				107
108	LUNG ACQUISITION	6,019,672		6,019,672				108
109	PANCREAS ACQUISITION							109
110	INTESTINAL ACQUISITION							110
111	ISLET ACQUISITION							111
112	OTHER ORGAN ACQUISITION (SPECIFY)	1,438,038	797,931	2,235,969				112
116	HOSPICE		2,434,743	2,434,743				116
200	SUBTOTAL (SEE INSTRUCTIONS)	1,237,551,599	1,243,806,598	2,481,358,197				200
201	LESS OBSERVATION BEDS							201
202	TOTAL (SEE INSTRUCTIONS)	1,237,551,599	1,243,806,598	2,481,358,197				202



LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 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)	
	INPATIENT ROUTINE SERV COST CENTERS	1	2	3	4	5	6	7	
30	ADULTS & PEDIATRICS (General Routine Care)	5,387,044		5,387,044	91,626	58.79	35,379	2,079,931	30
31	INTENSIVE CARE UNIT	1,607,002		1,607,002	17,179	93.54	9,060	847,472	31
32	CORONARY CARE UNIT								32
33	BURN INTENSIVE CARE UNIT	409,059		409,059	2,369	172.67	1,416	244,501	33
34	SURGICAL INTENSIVE CARE UNIT								34
35	NEONATAL INTENSIVE CARE	962,099		962,099	9,813	98.04			35
35.01	PEDIATRIC ICU	235,930		235,930	2,086	113.10			35.01
35.03	HEART TRANSPLANT ICU	346,333		346,333	3,133	110.54	1,860	205,604	35.03
35.04	BONE INTENSIVE CARE	382,454		382,454	3,263	117.21	1,902	222,933	35.04
40	SUBPROVIDER - IPF								40
41	SUBPROVIDER - IRF	672,633		672,633	8,107	82.97	5,504	456,667	41
42	SUBPROVIDER I								42
43	NURSERY	5,336		5,336	1,818	2.94			43
44	SKILLED NURSING FACILITY								44
45	NURSING FACILITY								45
200	TOTAL (lines 30-199)	10,007,890		10,007,890	139,394		55,121	4,057,108	200

(A) Worksheet A line numbers



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0276

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)	
	ANCILLARY SERVICE COST CENTERS	1	2	3	4	5	
50	OPERATING ROOM	7,176,383	147,215,626	0.048747	54,845,764	2,673,566	50
50.01	AMBULATORY SURGERY CENTER	1,081,288	46,355,543	0.023326	62,333	1,454	50.01
51	RECOVERY ROOM	732,703	44,012,079	0.016648	10,268,304	170,947	51
52	DELIVERY ROOM & LABOR ROOM	536,648	9,995,581	0.053689	217,823	11,695	52
53	ANESTHESIOLOGY	602,009	84,223,125	0.007148	28,629,766	204,646	53
54	RADIOLOGY-DIAGNOSTIC	2,592,221	84,323,655	0.030741	17,857,162	548,947	54
54.01	RADIOLOGY-ULTRASOUND	191,754	22,157,371	0.008654	2,599,670	22,498	54.01
55	RADIOLOGY-THERAPEUTIC						55
56	RADIOISOTOPE	850,614	36,495,266	0.023308	2,274,658	53,018	56
57	CT SCAN	711,691	123,670,968	0.005755	23,053,235	132,671	57
58	MRI	1,527,288	68,790,968	0.022202	8,528,539	189,351	58
59	CARDIAC CATHETERIZATION	2,036,082	74,831,218	0.027209	17,432,805	474,329	59
60	LABORATORY	1,164,942	338,090,153	0.003446	77,911,645	268,484	60
60.01	LABORATORY-SURGICAL PATHOLOGY	588,187	30,675,963	0.019174	4,082,992	78,287	60.01
60.02	LABORATORY-NEUROSURGICAL						60.02
60.03	LABORATORY-HLA		122				60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.	275,294	39,265,158	0.007011	14,200,553	99,560	63
65	RESPIRATORY THERAPY	599,973	49,340,454	0.012160	23,076,143	280,606	65
66	PHYSICAL THERAPY	155,975	21,589,155	0.007225	4,045,844	29,231	66
67	OCCUPATIONAL THERAPY	37,003	8,023,225	0.004612	2,559,454	11,804	67
68	SPEECH PATHOLOGY	610,378	2,190,886	0.278599	1,051,260	292,880	68
69	ELECTROCARDIOLOGY	1,876,211	112,335,481	0.016702	26,944,633	450,029	69
70	ELECTROENCEPHALOGRAPHY	286,641	8,058,241	0.035571	1,565,664	55,692	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	511,820	1,703,001	0.300540			71
73	DRUGS CHARGED TO PATIENTS	437,194	133,471,930	0.003276			73
74	RENAL DIALYSIS	343,059	30,845,086	0.011122	3,527,533	39,233	74
75	ASC (NON-DISTINCT PART)	3					75
76	PULMONARY LABS	198,668	3,340,210	0.059478	873,898	51,978	76
76.01	OCCUPATIONAL HEALTH	73,962	545,333	0.135627			76.01
76.03	HYPERALIMENTATION						76.03
76.04	PERIPHERAL VASCULAR	92,864	11,746,585	0.007906	2,977,624	23,541	76.04
76.05	PEDIATRIC ENDO NUTRITION						76.05
76.07	GASTROINTESTINAL SERVICE	1,371,115	33,762,036	0.040611	3,581,669	145,455	76.07
76.09	BONE MARROW PROCUREMENT	8,346	2,335,915	0.003573	412,074	1,472	76.09
76.10	BIATRICS	3,129	284,726	0.010990	181	2	76.10
76.11	HEPATOLOGY	2,988	115	25.982609			76.11
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	86,920	1,029,864	0.084399	2,389	202	90
90.01	CARDIAC REHABILITATION	18,840	511,214	0.036853	314,622	11,595	90.01
90.02	CANCER CENTER	1,365,885	73,416,406	0.018605	624,948	11,627	90.02
90.03	PSYCH SOCIAL REHAB	181,841	154,005	1.180747			90.03
90.04	WELLNESS ASSESSMENT						90.04
90.06	HEART FAILURE CLINIC						90.06
90.07	LOC OUTPATIENT CENTER	5,205,949	132,715,798	0.039226	1,432,204	56,180	90.07
90.08	OBT OUTPATIENT CENTER	311,597	26,582,958	0.011722	72,716	852	90.08
90.09	ELMHURST IMMEDIATE CARE	84,711	2,968,365	0.028538	3,568	102	90.09
90.10	LAGRANGE FAMILY PCC	100,310	9,469,831	0.010593	5,113	54	90.10
90.12	NORTH RIVERSIDE PCC	124,781	5,598,727	0.022287	6,099	136	90.12
90.13	GLENDALE HEIGHTS PCC						90.13
90.14	WHEATON PCC	62,191	5,618,848	0.011068	59,071	654	90.14
90.15	OBT II PCC	60,114	4,918,320	0.012222	7,548	92	90.15
90.16	HICKORY HILLS PCC	68,025	9,338,512	0.007284	10,023	73	90.16
90.18	DARIEN PCC	67,012	1,896,619	0.035332	3,987	141	90.18
90.20	ORLANAD PARK - FP	83,226	5,526,441	0.015060	3,196	48	90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	78,044	2,998,231	0.026030	2,278	59	90.21
90.22	HOMER GLEN PCC	190,786	18,658,366	0.010225	26,549	271	90.22
90.23	OAK PARK PCC	27,470	1,960,755	0.014010	2,739	38	90.23
90.24	PARK RIDGE PCC	69,675	4,283,775	0.016265			90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	52,157	1,692,122	0.030823	408	13	90.25
90.26	WOODRIDGE PCC	1,403	511,547	0.002743			90.26
90.27	NEUROLOGY - NILES	1					90.27



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0276

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	1	2	3	4	5	
		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)	
90.28	MARJORIE WEINBERG CANCER CENTER	53,165	19,053,063	0.002790	18,411	51	90.28
90.29	BURR RIDGE PCC	2,570,858	64,388,625	0.039927	153,026	6,110	90.29
90.30	RIVER FOREST	15,869	9,137,102	0.001737	17,872	31	90.30
90.31	NORRIDGE	78	129,355	0.000603			90.31
90.32	ELMWOOD PARK	258	85,976	0.003001	214	1	90.32
91	EMERGENCY	794,222	105,505,982	0.007528	20,929,365	157,556	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	449,768					92
92.01	OBSERVATION BEDS-DISTINCT	40,645	19,064,685	0.002132	5,273	11	92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
95	AMBULANCE SERVICES						95
97	DURABLE MEDICAL EQUIP-SOLD	2,965	2,135,817	0.001388			97
200	TOTAL (sum of lines 50-199)	38,845,199	2,099,026,484		356,282,845	6,557,273	200

(A) Worksheet A line numbers



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 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

		NURSING SCHOOL	ALLIED HEALTH COST	ALL OTHER MEDICAL EDUCATION COST	SWING-BED ADJUSTMENT AMOUNT (see instructions)	TOTAL COSTS (sum of cols. 1 through 3 minus col 4.)	
(A)	COST CENTER DESCRIPTION	1	2	3	4	5	
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	ADULTS & PEDIATRICS (General Routine Care)						30
31	INTENSIVE CARE UNIT						31
32	CORONARY CARE UNIT						32
33	BURN INTENSIVE CARE UNIT						33
34	SURGICAL INTENSIVE CARE UNIT						34
35	NEONATAL INTENSIVE CARE						35
35.01	PEDIATRIC ICU						35.01
35.03	HEART TRANSPLANT ICU						35.03
35.04	BONE INTENSIVE CARE						35.04
40	SUBPROVIDER - IPF						40
41	SUBPROVIDER - IRF						41
42	SUBPROVIDER I						42
43	NURSERY						43
44	SKILLED NURSING FACILITY						44
45	NURSING FACILITY						45
200	TOTAL (lines 30-199)						200

(A) Worksheet A line numbers



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 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	
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>					
30	ADULTS & PEDIATRICS (General Routine Care)	91,626		35,379		30
31	INTENSIVE CARE UNIT	17,179		9,060		31
32	CORONARY CARE UNIT					32
33	BURN INTENSIVE CARE UNIT	2,369		1,416		33
34	SURGICAL INTENSIVE CARE UNIT					34
35	NEONATAL INTENSIVE CARE	9,813				35
35.01	PEDIATRIC ICU	2,086				35.01
35.03	HEART TRANSPLANT ICU	3,133		1,860		35.03
35.04	BONE INTENSIVE CARE	3,263		1,902		35.04
40	SUBPROVIDER - IPF					40
41	SUBPROVIDER - IRF	8,107		5,504		41
42	SUBPROVIDER I					42
43	NURSERY	1,818				43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)	139,394		55,121		200

(A) Worksheet A line numbers



LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0276

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	1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM							50
50.01	AMBULATORY SURGERY CENTER							50.01
51	RECOVERY ROOM							51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
54.01	RADIOLOGY-ULTRASOUND							54.01
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE							56
57	CT SCAN							57
58	MRI							58
59	CARDIAC CATHETERIZATION							59
60	LABORATORY							60
60.01	LABORATORY-SURGICAL PATHOLOGY							60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA							60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.							63
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY							69
70	ELECTROENCEPHALOGRAPHY							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS							74
75	ASC (NON-DISTINCT PART)							75
76	PULMONARY LABS							76
76.01	OCCUPATIONAL HEALTH							76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR							76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE							76.07
76.09	BONE MARROW PROCUREMENT							76.09
76.10	BIATRICS							76.10
76.11	HEPATOLOGY							76.11
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC							90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER							90.02
90.03	PSYCH SOCIAL REHAB							90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER							90.07
90.08	OBT OUTPATIENT CENTER							90.08
90.09	ELMHURST IMMEDIATE CARE							90.09
90.10	LAGRANGE FAMILY PCC							90.10
90.12	NORTH RIVERSIDE PCC							90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC							90.14
90.15	OBT II PCC							90.15
90.16	HICKORY HILLS PCC							90.16
90.18	DARIEN PCC							90.18
90.20	ORLANAD PARK - FP							90.20
90.21	FAMILY PRACTICE MAYWOOD PCC							90.21
90.22	HOMER GLEN PCC							90.22
90.23	OAK PARK PCC							90.23
90.24	PARK RIDGE PCC							90.24
90.25	LOYOLA CLINIC AT GOTTLIEB							90.25
90.26	WOODRIDGE PCC							90.26
90.27	NEUROLOGY - NILES							90.27



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0276

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)	
90.28	MARJORIE WEINBERG CANCER CENTER							90.28
90.29	BURR RIDGE PCC							90.29
90.30	RIVER FOREST							90.30
90.31	NORRIDGE							90.31
90.32	ELMWOOD PARK							90.32
91	EMERGENCY			1,129,262		1,129,262	1,129,262	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES							95
97	DURABLE MEDICAL EQUIP-SOLD							97
200	TOTAL (sum of lines 50-199)			1,129,262		1,129,262	1,129,262	200

(A) Worksheet A line numbers



LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0276

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)
<b>ANCILLARY SERVICE COST CENTERS</b>								
50	OPERATING ROOM	147,215,626			54,845,764		6,786,130	50
50.01	AMBULATORY SURGERY CENTER	46,355,543			62,333		8,117,840	50.01
51	RECOVERY ROOM	44,012,079			10,268,304		4,217,195	51
52	DELIVERY ROOM & LABOR ROOM	9,995,581			217,823		16,921	52
53	ANESTHESIOLOGY	84,223,125			28,629,766		4,714,639	53
54	RADIOLOGY-DIAGNOSTIC	84,323,655			17,857,162		12,809,844	54
54.01	RADIOLOGY-ULTRASOUND	22,157,371			2,599,670		3,101,240	54.01
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE	36,495,266			2,274,658		12,755,186	56
57	CT SCAN	123,670,968			23,053,235		23,327,787	57
58	MRI	68,790,968			8,528,539		11,254,688	58
59	CARDIAC CATHETERIZATION	74,831,218			17,432,805		18,272,882	59
60	LABORATORY	338,090,153			77,911,645		53,678,020	60
60.01	LABORATORY-SURGICAL PATHOLOGY	30,675,963			4,082,992		5,542,783	60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA	122					122	60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	39,265,158			14,200,553		2,922,473	63
65	RESPIRATORY THERAPY	49,340,454			23,076,143		269,106	65
66	PHYSICAL THERAPY	21,589,155			4,045,844		2,993,161	66
67	OCCUPATIONAL THERAPY	8,023,225			2,559,454		318,059	67
68	SPEECH PATHOLOGY	2,190,886			1,051,260		15,550	68
69	ELECTROCARDIOLOGY	112,335,481			26,944,633		22,627,699	69
70	ELECTROENCEPHALOGRAPHY	8,058,241			1,565,664		669,333	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,703,001					13,864	71
73	DRUGS CHARGED TO PATIENTS	133,471,930					36,838	73
74	RENAL DIALYSIS	30,845,086			3,527,533		16,438,622	74
75	ASC (NON-DISTINCT PART)							75
76	PULMONARY LABS	3,340,210			873,898		832,834	76
76.01	OCCUPATIONAL HEALTH	545,333					742	76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	11,746,585			2,977,624		2,955,891	76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	33,762,036			3,581,669		7,684,611	76.07
76.09	BONE MARROW PROCUREMENT	2,335,915			412,074		88,930	76.09
76.10	BIARITICS	284,726			181		25,994	76.10
76.11	HEPATOLOGY	115					89	76.11
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	CLINIC	1,029,864			2,389		174,449	90
90.01	CARDIAC REHABILITATION	511,214			314,622		114	90.01
90.02	CANCER CENTER	73,416,406			624,948		26,054,889	90.02
90.03	PSYCH SOCIAL REHAB	154,005					35,258	90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	132,715,798			1,432,204		42,141,464	90.07
90.08	OBT OUTPATIENT CENTER	26,582,958			72,716		5,979,190	90.08
90.09	ELMHURST IMMEDIATE CARE	2,968,365			3,568		648,299	90.09
90.10	LAGRANGE FAMILY PCC	9,469,831			5,113		3,002,727	90.10
90.12	NORTH RIVERSIDE PCC	5,598,727			6,099		594,814	90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	5,618,848			59,071		1,787,630	90.14
90.15	OBT II PCC	4,918,320			7,548		726,337	90.15
90.16	HICKORY HILLS PCC	9,338,512			10,023		1,963,264	90.16
90.18	DARIEN PCC	1,896,619			3,987		290,371	90.18
90.20	ORLANAD PARK - FP	5,526,441			3,196		1,232,806	90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	2,998,231			2,278		431,532	90.21
90.22	HOMER GLEN PCC	18,658,366			26,549		5,783,946	90.22
90.23	OAK PARK PCC	1,960,755			2,739		468,668	90.23
90.24	PARK RIDGE PCC	4,283,775					1,608,945	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	1,692,122			408		434,146	90.25
90.26	WOODRIDGE PCC	511,547					84,683	90.26



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0276

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	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	
90.27	NEUROLOGY - NILES								90.27
90.28	MARJORIE WEINBERG CANCER CENTER	19,053,063			18,411		8,099,112		90.28
90.29	BURR RIDGE PCC	64,388,625			153,026		16,558,114		90.29
90.30	RIVER FOREST	9,137,102			17,872		1,734,015		90.30
90.31	NORRIDGE	129,355					11,153		90.31
90.32	ELMWOOD PARK	85,976			214		79,234		90.32
91	EMERGENCY	105,505,982	0.010703	0.010703	20,929,365	224,007	11,020,742	117,955	91
92	OBSERVATION BEDS (NON-DISTINCT PART)								92
92.01	OBSERVATION BEDS-DISTINCT	19,064,685			5,273		20,770		92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
95	AMBULANCE SERVICES								95
97	DURABLE MEDICAL EQUIP-SOLD	2,135,817							97
200	TOTAL (sum of lines 50-199)	2,099,026,484			356,282,845	224,007	353,455,745	117,955	200

(A) Worksheet A line numbers



LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0276

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	PROGRAM CHARGES				PROGRAM COST		
		COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	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.)
		1	2	3	4	5	6	7
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	0.532048	6,786,130			3,610,547		50
50.01	AMBULATORY SURGERY CENTER	0.252858	8,117,840			2,052,661		50.01
51	RECOVERY ROOM	0.179695	4,217,195			757,809		51
52	DELIVERY ROOM & LABOR ROOM	0.563194	16,921			9,530		52
53	ANESTHESIOLOGY	0.071939	4,714,639			339,166		53
54	RADIOLOGY-DIAGNOSTIC	0.242305	12,809,844			3,103,889		54
54.01	RADIOLOGY-ULTRASOUND	0.109862	3,101,240			340,708		54.01
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE	0.203800	12,755,186			2,599,507		56
57	CT SCAN	0.073743	23,327,787			1,720,261		57
58	MRI	0.100112	11,254,688			1,126,729		58
59	CARDIAC CATHETERIZATION	0.259867	18,272,882			4,748,519		59
60	LABORATORY	0.101219	53,678,020			5,433,236		60
60.01	LABORATORY-SURGICAL PATHOLOGY	0.180529	5,542,783			1,000,633		60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA	1.106557	122			135		60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.283180	2,922,473			827,586		63
65	RESPIRATORY THERAPY	0.264216	269,106			71,102		65
66	PHYSICAL THERAPY	0.307836	2,993,161			921,403		66
67	OCCUPATIONAL THERAPY	0.261512	318,059			83,176		67
68	SPEECH PATHOLOGY	1.110347	15,550			17,266		68
69	ELECTROCARDIOLOGY	0.179185	22,627,699			4,054,544		69
70	ELECTROENCEPHALOGRAPHY	0.372674	669,333			249,443		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	2.234111	13,864			30,974		71
73	DRUGS CHARGED TO PATIENTS	0.326836	36,838			12,040		73
74	RENAL DIALYSIS	0.227536	16,438,622			3,740,378		74
75	ASC (NON-DISTINCT PART)							75
76	PULMONARY LABS	0.353796	832,834			294,653		76
76.01	OCCUPATIONAL HEALTH	2.764612	742			2,051		76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	0.134493	2,955,891			397,547		76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	0.288686	7,684,611			2,218,440		76.07
76.09	BONE MARROW PROCUREMENT	0.996336	88,930			88,604		76.09
76.10	BARIATRICS	3.059187	25,994			79,521		76.10
76.11	HEPATOLOGY	7,269,886957	89			647,020		76.11
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC	0.854316	174,449			149,035		90
90.01	CARDIAC REHABILITATION	0.912573	114			104		90.01
90.02	CANCER CENTER	0.499972	26,054,889			13,026,715		90.02
90.03	PSYCH SOCIAL REHAB	7.255596	35,258			255,818		90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	0.422651	42,141,464			17,811,132		90.07
90.08	OBT OUTPATIENT CENTER	0.374348	5,979,190			2,238,298		90.08
90.09	ELMHURST IMMEDIATE CARE	0.917748	648,299			594,975		90.09
90.10	LAGRANGE FAMILY PCC	0.461103	3,002,727			1,384,566		90.10
90.12	NORTH RIVERSIDE PCC	0.855865	594,814			509,080		90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	0.593563	1,787,630			1,061,071		90.14
90.15	OBT II PCC	0.727825	726,337			528,646		90.15
90.16	HICKORY HILLS PCC	0.575962	1,963,264			1,130,765		90.16
90.18	DARIEN PCC	1.009107	290,371			293,015		90.18
90.20	ORLANAD PARK - FP	0.892832	1,232,806			1,100,689		90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	0.654598	431,532			282,480		90.21
90.22	HOMER GLEN PCC	0.464298	5,783,946			2,685,475		90.22
90.23	OAK PARK PCC	1.309521	468,668			613,731		90.23
90.24	PARK RIDGE PCC	0.380576	1,608,945			612,326		90.24



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0276

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.)	
		1	2	3	4	5	6	7	
90.25	LOYOLA CLINIC AT GOTTLIEB	0.953908	434,146			414,135			90.25
90.26	WOODRIDGE PCC	0.030592	84,683			2,591			90.26
90.27	NEUROLOGY - NILES								90.27
90.28	MARJORIE WEINBERG CANCER CENTER	0.373714	8,099,112			3,026,752			90.28
90.29	BURR RIDGE PCC	0.371267	16,558,114			6,147,481			90.29
90.30	RIVER FOREST	0.364094	1,734,015			631,344			90.30
90.31	NORRIDGE	0.068061	11,153			759			90.31
90.32	ELMWOOD PARK	0.090432	79,234			7,165			90.32
91	EMERGENCY	0.248049	11,020,742			2,733,684			91
92	OBSERVATION BEDS (NON-DISTINCT PART)								92
92.01	OBSERVATION BEDS-DISTINCT	0.046462	20,770			965			92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
95	AMBULANCE SERVICES								95
97	DURABLE MEDICAL EQUIP-SOLD	0.262293							97
200	SUBTOTAL (see instructions)		353,455,745			97,821,875			200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES								201
202	NET CHARGES (line 200 - line 201)		353,455,745			97,821,875			202

(A) Worksheet A line numbers



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-T276

WORKSHEET D  
PART II

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII, PART A [ ] IPF [ ] TEFRA  
 BOXES: [ ] TITLE XIX [XX] 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)	
	ANCILLARY SERVICE COST CENTERS	1	2	3	4	5	
50	OPERATING ROOM	7,176,383	147,215,626	0.048747	46,788	2,281	50
50.01	AMBULATORY SURGERY CENTER	1,081,288	46,355,543	0.023326			50.01
51	RECOVERY ROOM	732,703	44,012,079	0.016648	30,037	500	51
52	DELIVERY ROOM & LABOR ROOM	536,648	9,995,581	0.053689			52
53	ANESTHESIOLOGY	602,009	84,223,125	0.007148	29,308	209	53
54	RADIOLOGY-DIAGNOSTIC	2,592,221	84,323,655	0.030741	360,129	11,071	54
54.01	RADIOLOGY-ULTRASOUND	191,754	22,157,371	0.008654	48,324	418	54.01
55	RADIOLOGY-THERAPEUTIC						55
56	RADIOISOTOPE	850,614	36,495,266	0.023308	94,586	2,205	56
57	CT SCAN	711,691	123,670,968	0.005755	426,412	2,454	57
58	MRI	1,527,288	68,790,968	0.022202	202,795	4,502	58
59	CARDIAC CATHETERIZATION	2,036,082	74,831,218	0.027209	45,400	1,235	59
60	LABORATORY	1,164,942	338,090,153	0.003446	2,733,964	9,421	60
60.01	LABORATORY-SURGICAL PATHOLOGY	588,187	30,675,963	0.019174	30,554	586	60.01
60.02	LABORATORY-NEUROSURGICAL						60.02
60.03	LABORATORY-HLA		122				60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.	275,294	39,265,158	0.007011	135,269	948	63
65	RESPIRATORY THERAPY	599,973	49,340,454	0.012160	933,810	11,355	65
66	PHYSICAL THERAPY	155,975	21,589,155	0.007225	35,865	259	66
67	OCCUPATIONAL THERAPY	37,003	8,023,225	0.004612	508,971	2,347	67
68	SPEECH PATHOLOGY	610,378	2,190,886	0.278599	148,815	41,460	68
69	ELECTROCARDIOLOGY	1,876,211	112,335,481	0.016702	133,775	2,234	69
70	ELECTROENCEPHALOGRAPHY	286,641	8,058,241	0.035571	17,375	618	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	511,820	1,703,001	0.300540	56,809	17,073	71
73	DRUGS CHARGED TO PATIENTS	437,194	133,471,930	0.003276	3,030,122	9,927	73
74	RENAL DIALYSIS	343,059	30,845,086	0.011122	201,766	2,244	74
75	ASC (NON-DISTINCT PART)	3					75
76	PULMONARY LABS	198,668	3,340,210	0.059478	19,880	1,182	76
76.01	OCCUPATIONAL HEALTH	73,962	545,333	0.135627			76.01
76.03	HYPERALIMENTATION						76.03
76.04	PERIPHERAL VASCULAR	92,864	11,746,585	0.007906	180,285	1,425	76.04
76.05	PEDIATRIC ENDO NUTRITION						76.05
76.07	GASTROINTESTINAL SERVICE	1,371,115	33,762,036	0.040611	31,621	1,284	76.07
76.09	BONE MARROW PROCUREMENT	8,346	2,335,915	0.003573			76.09
76.10	BIATRICS	3,129	284,726	0.010990			76.10
76.11	HEPATOLOGY	2,988	115	25.982609			76.11
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	86,920	1,029,864	0.084399			90
90.01	CARDIAC REHABILITATION	18,840	511,214	0.036853			90.01
90.02	CANCER CENTER	1,365,885	73,416,406	0.018605			90.02
90.03	PSYCH SOCIAL REHAB	181,841	154,005	1.180747			90.03
90.04	WELLNESS ASSESSMENT						90.04
90.06	HEART FAILURE CLINIC						90.06
90.07	LOC OUTPATIENT CENTER	5,205,949	132,715,798	0.039226	112,989	4,432	90.07
90.08	OBT OUTPATIENT CENTER	311,597	26,582,958	0.011722			90.08
90.09	ELMHURST IMMEDIATE CARE	84,711	2,968,365	0.028538			90.09
90.10	LAGRANGE FAMILY PCC	100,310	9,469,831	0.010593			90.10
90.12	NORTH RIVERSIDE PCC	124,781	5,598,727	0.022287			90.12
90.13	GLENDALE HEIGHTS PCC						90.13
90.14	WHEATON PCC	62,191	5,618,848	0.011068			90.14
90.15	OBT II PCC	60,114	4,918,320	0.012222			90.15
90.16	HICKORY HILLS PCC	68,025	9,338,512	0.007284			90.16
90.18	DARIEN PCC	67,012	1,896,619	0.035332			90.18
90.20	ORLANAD PARK - FP	83,226	5,526,441	0.015060			90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	78,044	2,998,231	0.026030			90.21
90.22	HOMER GLEN PCC	190,786	18,658,366	0.010225			90.22
90.23	OAK PARK PCC	27,470	1,960,755	0.014010			90.23
90.24	PARK RIDGE PCC	69,675	4,283,775	0.016265			90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	52,157	1,692,122	0.030823			90.25
90.26	WOODRIDGE PCC	1,403	511,547	0.002743			90.26
90.27	NEUROLOGY - NILES	1					90.27



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-T276

WORKSHEET D  
PART II

CHECK  TITLE V  HOSPITAL  SUB (OTHER)  PPS  
 APPLICABLE  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	
90.28	MARJORIE WEINBERG CANCER CENTER	53,165	19,053,063	0.002790			90.28
90.29	BURR RIDGE PCC	2,570,858	64,388,625	0.039927			90.29
90.30	RIVER FOREST	15,869	9,137,102	0.001737			90.30
90.31	NORRIDGE	78	129,355	0.000603			90.31
90.32	ELMWOOD PARK	258	85,976	0.003001			90.32
91	EMERGENCY	794,222	105,505,982	0.007528	154,157	1,160	91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01	OBSERVATION BEDS-DISTINCT	40,645	19,064,685	0.002132			92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
95	AMBULANCE SERVICES						95
97	DURABLE MEDICAL EQUIP-SOLD	2,965	2,135,817	0.001388			97
200	TOTAL (sum of lines 50-199)	38,395,431	2,099,026,484		9,749,806	132,830	200

(A) Worksheet A line numbers



LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-T276

WORKSHEET D  
PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII, PART A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES: [ ] TITLE XIX [XX] 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)	
	ANCILLARY SERVICE COST CENTERS	1	2	3	4	5	6	
50	OPERATING ROOM							50
50.01	AMBULATORY SURGERY CENTER							50.01
51	RECOVERY ROOM							51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
54.01	RADIOLOGY-ULTRASOUND							54.01
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE							56
57	CT SCAN							57
58	MRI							58
59	CARDIAC CATHETERIZATION							59
60	LABORATORY							60
60.01	LABORATORY-SURGICAL PATHOLOGY							60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA							60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.							63
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY							69
70	ELECTROENCEPHALOGRAPHY							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS							74
75	ASC (NON-DISTINCT PART)							75
76	PULMONARY LABS							76
76.01	OCCUPATIONAL HEALTH							76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR							76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE							76.07
76.09	BONE MARROW PROCUREMENT							76.09
76.10	BIATRICS							76.10
76.11	HEPATOLOGY							76.11
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC							90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER							90.02
90.03	PSYCH SOCIAL REHAB							90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER							90.07
90.08	OBT OUTPATIENT CENTER							90.08
90.09	ELMHURST IMMEDIATE CARE							90.09
90.10	LAGRANGE FAMILY PCC							90.10
90.12	NORTH RIVERSIDE PCC							90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC							90.14
90.15	OBT II PCC							90.15
90.16	HICKORY HILLS PCC							90.16
90.18	DARIEN PCC							90.18
90.20	ORLANAD PARK - FP							90.20
90.21	FAMILY PRACTICE MAYWOOD PCC							90.21
90.22	HOMER GLEN PCC							90.22
90.23	OAK PARK PCC							90.23
90.24	PARK RIDGE PCC							90.24
90.25	LOYOLA CLINIC AT GOTTLIEB							90.25
90.26	WOODRIDGE PCC							90.26
90.27	NEUROLOGY - NILES							90.27



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-T276

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	
90.28	MARJORIE WEINBERG CANCER CENTER							90.28
90.29	BURR RIDGE PCC							90.29
90.30	RIVER FOREST							90.30
90.31	NORRIDGE							90.31
90.32	ELMWOOD PARK							90.32
91	EMERGENCY			1,129,262		1,129,262	1,129,262	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES							95
97	DURABLE MEDICAL EQUIP-SOLD							97
200	TOTAL (sum of lines 50-199)			1,129,262		1,129,262	1,129,262	200

(A) Worksheet A line numbers



LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-T276

WORKSHEET D  
PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII, PART A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES: [ ] TITLE XIX [XX] 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)
<b>ANCILLARY SERVICE COST CENTERS</b>								
50	OPERATING ROOM	147,215,626			46,788			50
50.01	AMBULATORY SURGERY CENTER	46,355,543						50.01
51	RECOVERY ROOM	44,012,079			30,037			51
52	DELIVERY ROOM & LABOR ROOM	9,995,581						52
53	ANESTHESIOLOGY	84,223,125			29,308			53
54	RADIOLOGY-DIAGNOSTIC	84,323,655			360,129			54
54.01	RADIOLOGY-ULTRASOUND	22,157,371			48,324			54.01
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE	36,495,266			94,586			56
57	CT SCAN	123,670,968			426,412			57
58	MRI	68,790,968			202,795			58
59	CARDIAC CATHETERIZATION	74,831,218			45,400			59
60	LABORATORY	338,090,153			2,733,964			60
60.01	LABORATORY-SURGICAL PATHOLOGY	30,675,963			30,554			60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA	122						60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	39,265,158			135,269			63
65	RESPIRATORY THERAPY	49,340,454			933,810			65
66	PHYSICAL THERAPY	21,589,155			35,865			66
67	OCCUPATIONAL THERAPY	8,023,225			508,971			67
68	SPEECH PATHOLOGY	2,190,886			148,815			68
69	ELECTROCARDIOLOGY	112,335,481			133,775			69
70	ELECTROENCEPHALOGRAPHY	8,058,241			17,375			70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,703,001			56,809			71
73	DRUGS CHARGED TO PATIENTS	133,471,930			3,030,122			73
74	RENAL DIALYSIS	30,845,086			201,766			74
75	ASC (NON-DISTINCT PART)							75
76	PULMONARY LABS	3,340,210			19,880			76
76.01	OCCUPATIONAL HEALTH	545,333						76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	11,746,585			180,285			76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	33,762,036			31,621			76.07
76.09	BONE MARROW PROCUREMENT	2,335,915						76.09
76.10	BIARIATRICS	284,726						76.10
76.11	HEPATOLOGY	115						76.11
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	CLINIC	1,029,864						90
90.01	CARDIAC REHABILITATION	511,214						90.01
90.02	CANCER CENTER	73,416,406						90.02
90.03	PSYCH SOCIAL REHAB	154,005						90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	132,715,798			112,989			90.07
90.08	OBT OUTPATIENT CENTER	26,582,958						90.08
90.09	ELMHURST IMMEDIATE CARE	2,968,365						90.09
90.10	LAGRANGE FAMILY PCC	9,469,831						90.10
90.12	NORTH RIVERSIDE PCC	5,598,727						90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	5,618,848						90.14
90.15	OBT II PCC	4,918,320						90.15
90.16	HICKORY HILLS PCC	9,338,512						90.16
90.18	DARIEN PCC	1,896,619						90.18
90.20	ORLANAD PARK - FP	5,526,441						90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	2,998,231						90.21
90.22	HOMER GLEN PCC	18,658,366						90.22
90.23	OAK PARK PCC	1,960,755						90.23
90.24	PARK RIDGE PCC	4,283,775						90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	1,692,122						90.25
90.26	WOODRIDGE PCC	511,547						90.26



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-T276

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	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)	
90.27	NEUROLOGY - NILES								90.27
90.28	MARJORIE WEINBERG CANCER CENTER	19,053,063							90.28
90.29	BURR RIDGE PCC	64,388,625							90.29
90.30	RIVER FOREST	9,137,102							90.30
90.31	NORRIDGE	129,355							90.31
90.32	ELMWOOD PARK	85,976							90.32
91	EMERGENCY	105,505,982	0.010703	0.010703	154,157	1,650			91
92	OBSERVATION BEDS (NON-DISTINCT PART)								92
92.01	OBSERVATION BEDS-DISTINCT	19,064,685							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
95	AMBULANCE SERVICES								95
97	DURABLE MEDICAL EQUIP-SOLD	2,135,817							97
200	TOTAL (sum of lines 50-199)	2,099,026,484			9,749,806	1,650			200

(A) Worksheet A line numbers



LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-T276

WORKSHEET D  
PART V

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

(A)	COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COST			
		COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	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.)	
		1	2	3	4	5	6	7	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	OPERATING ROOM	0.532048							50
50.01	AMBULATORY SURGERY CENTER	0.252858							50.01
51	RECOVERY ROOM	0.179695							51
52	DELIVERY ROOM & LABOR ROOM	0.563194							52
53	ANESTHESIOLOGY	0.071939							53
54	RADIOLOGY-DIAGNOSTIC	0.242305							54
54.01	RADIOLOGY-ULTRASOUND	0.109862							54.01
55	RADIOLOGY-THERAPEUTIC								55
56	RADIOISOTOPE	0.203800							56
57	CT SCAN	0.073743							57
58	MRI	0.100112							58
59	CARDIAC CATHETERIZATION	0.259867							59
60	LABORATORY	0.101219							60
60.01	LABORATORY-SURGICAL PATHOLOGY	0.180529							60.01
60.02	LABORATORY-NEUROSURGICAL								60.02
60.03	LABORATORY-HLA	1.106557							60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.283180							63
65	RESPIRATORY THERAPY	0.264216							65
66	PHYSICAL THERAPY	0.307836							66
67	OCCUPATIONAL THERAPY	0.261512							67
68	SPEECH PATHOLOGY	1.110347							68
69	ELECTROCARDIOLOGY	0.179185							69
70	ELECTROENCEPHALOGRAPHY	0.372674							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	2.234111							71
73	DRUGS CHARGED TO PATIENTS	0.326836							73
74	RENAL DIALYSIS	0.227536							74
75	ASC (NON-DISTINCT PART)								75
76	PULMONARY LABS	0.353796							76
76.01	OCCUPATIONAL HEALTH	2.764612							76.01
76.03	HYPERALIMENTATION								76.03
76.04	PERIPHERAL VASCULAR	0.134493							76.04
76.05	PEDIATRIC ENDO NUTRITION								76.05
76.07	GASTROINTESTINAL SERVICE	0.288686							76.07
76.09	BONE MARROW PROCUREMENT	0.996336							76.09
76.10	BARIASTRICS	3.059187							76.10
76.11	HEPATOLOGY	7,269.886957							76.11
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	CLINIC	0.854316							90
90.01	CARDIAC REHABILITATION	0.912573							90.01
90.02	CANCER CENTER	0.499972							90.02
90.03	PSYCH SOCIAL REHAB	7.255596							90.03
90.04	WELLNESS ASSESSMENT								90.04
90.06	HEART FAILURE CLINIC								90.06
90.07	LOC OUTPATIENT CENTER	0.422651							90.07
90.08	OBT OUTPATIENT CENTER	0.374348							90.08
90.09	ELMHURST IMMEDIATE CARE	0.917748							90.09
90.10	LAGRANGE FAMILY PCC	0.461103							90.10
90.12	NORTH RIVERSIDE PCC	0.855865							90.12
90.13	GLENDALE HEIGHTS PCC								90.13
90.14	WHEATON PCC	0.593563							90.14
90.15	OBT II PCC	0.727825							90.15
90.16	HICKORY HILLS PCC	0.575962							90.16
90.18	DARIEN PCC	1.009107							90.18
90.20	ORLANAD PARK - FP	0.892832							90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	0.654598							90.21
90.22	HOMER GLEN PCC	0.464298							90.22
90.23	OAK PARK PCC	1.309521							90.23
90.24	PARK RIDGE PCC	0.380576							90.24



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-T276

WORKSHEET D  
PART V

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SUB (OTHER) [ ] SWING BED SNF  
 APPLICABLE [XX] TITLE XVIII, PART B [ ] IPF [ ] SNF [ ] SWING BED NF  
 BOXES: [ ] TITLE XIX - O/P [XX] 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.)	
		1	2	3	4	5	6	7	
90.25	LOYOLA CLINIC AT GOTTLIEB	0.953908							90.25
90.26	WOODRIDGE PCC	0.030592							90.26
90.27	NEUROLOGY - NILES								90.27
90.28	MARJORIE WEINBERG CANCER CENTER	0.373714							90.28
90.29	BURR RIDGE PCC	0.371267							90.29
90.30	RIVER FOREST	0.364094							90.30
90.31	NORRIDGE	0.068061							90.31
90.32	ELMWOOD PARK	0.090432							90.32
91	EMERGENCY	0.248049							91
92	OBSERVATION BEDS (NON-DISTINCT PART)								92
92.01	OBSERVATION BEDS-DISTINCT	0.046462							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
95	AMBULANCE SERVICES								95
97	DURABLE MEDICAL EQUIP-SOLD	0.262293							97
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

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 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)	
	INPATIENT ROUTINE SERV COST CENTERS	1	2	3	4	5	6	7	
30	ADULTS & PEDIATRICS (General Routine Care)	5,387,044		5,387,044	91,626	58.79	16,361	961,863	30
31	INTENSIVE CARE UNIT	1,607,002		1,607,002	17,179	93.54	3,236	302,695	31
32	CORONARY CARE UNIT								32
33	BURN INTENSIVE CARE UNIT	409,059		409,059	2,369	172.67	929	160,410	33
34	SURGICAL INTENSIVE CARE UNIT								34
35	NEONATAL INTENSIVE CARE	962,099		962,099	9,813	98.04	6,450	632,358	35
35.01	PEDIATRIC ICU	235,930		235,930	2,086	113.10	1,300	147,030	35.01
35.03	HEART TRANSPLANT ICU	346,333		346,333	3,133	110.54	428	47,311	35.03
35.04	BONE INTENSIVE CARE	382,454		382,454	3,263	117.21	403	47,236	35.04
40	SUBPROVIDER - IPF								40
41	SUBPROVIDER - IRF	672,633		672,633	8,107	82.97	696	57,747	41
42	SUBPROVIDER I								42
43	NURSERY	5,336		5,336	1,818	2.94			43
44	SKILLED NURSING FACILITY								44
45	NURSING FACILITY								45
200	TOTAL (lines 30-199)	10,007,890		10,007,890	139,394		29,803	2,356,650	200

(A) Worksheet A line numbers



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0276

WORKSHEET D  
PART II

CHECK [ ] TITLE V [XX] HOSPITAL [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [ ] TITLE XVIII, PART A [ ] IPF [ ] TEFRA  
 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
	<b>ANCILLARY SERVICE COST CENTERS</b>					
50	OPERATING ROOM	7,176,383	147,215,626	0.048747		50
50.01	AMBULATORY SURGERY CENTER	1,081,288	46,355,543	0.023326		50.01
51	RECOVERY ROOM	732,703	44,012,079	0.016648		51
52	DELIVERY ROOM & LABOR ROOM	536,648	9,995,581	0.053689		52
53	ANESTHESIOLOGY	602,009	84,223,125	0.007148		53
54	RADIOLOGY-DIAGNOSTIC	2,592,221	84,323,655	0.030741		54
54.01	RADIOLOGY-ULTRASOUND	191,754	22,157,371	0.008654		54.01
55	RADIOLOGY-THERAPEUTIC					55
56	RADIOISOTOPE	850,614	36,495,266	0.023308		56
57	CT SCAN	711,691	123,670,968	0.005755		57
58	MRI	1,527,288	68,790,968	0.022202		58
59	CARDIAC CATHETERIZATION	2,036,082	74,831,218	0.027209		59
60	LABORATORY	1,164,942	338,090,153	0.003446		60
60.01	LABORATORY-SURGICAL PATHOLOGY	588,187	30,675,963	0.019174		60.01
60.02	LABORATORY-NEUROSURGICAL					60.02
60.03	LABORATORY-HLA		122			60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63	BLOOD STORING, PROCESSING & TRANS.	275,294	39,265,158	0.007011		63
65	RESPIRATORY THERAPY	599,973	49,340,454	0.012160		65
66	PHYSICAL THERAPY	155,975	21,589,155	0.007225		66
67	OCCUPATIONAL THERAPY	37,003	8,023,225	0.004612		67
68	SPEECH PATHOLOGY	610,378	2,190,886	0.278599		68
69	ELECTROCARDIOLOGY	1,876,211	112,335,481	0.016702		69
70	ELECTROENCEPHALOGRAPHY	286,641	8,058,241	0.035571		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	511,820	1,703,001	0.300540		71
73	DRUGS CHARGED TO PATIENTS	437,194	133,471,930	0.003276		73
74	RENAL DIALYSIS	343,059	30,845,086	0.011122		74
75	ASC (NON-DISTINCT PART)	3				75
76	PULMONARY LABS	198,668	3,340,210	0.059478		76
76.01	OCCUPATIONAL HEALTH	73,962	545,333	0.135627		76.01
76.03	HYPERALIMENTATION					76.03
76.04	PERIPHERAL VASCULAR	92,864	11,746,585	0.007906		76.04
76.05	PEDIATRIC ENDO NUTRITION					76.05
76.07	GASTROINTESTINAL SERVICE	1,371,115	33,762,036	0.040611		76.07
76.09	BONE MARROW PROCUREMENT	8,346	2,335,915	0.003573		76.09
76.10	BIATRICS	3,129	284,726	0.010990		76.10
76.11	HEPATOLOGY	2,988	115	25.982609		76.11
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>					
90	CLINIC	86,920	1,029,864	0.084399		90
90.01	CARDIAC REHABILITATION	18,840	511,214	0.036853		90.01
90.02	CANCER CENTER	1,365,885	73,416,406	0.018605		90.02
90.03	PSYCH SOCIAL REHAB	181,841	154,005	1.180747		90.03
90.04	WELLNESS ASSESSMENT					90.04
90.06	HEART FAILURE CLINIC					90.06
90.07	LOC OUTPATIENT CENTER	5,205,949	132,715,798	0.039226		90.07
90.08	OBT OUTPATIENT CENTER	311,597	26,582,958	0.011722		90.08
90.09	ELMHURST IMMEDIATE CARE	84,711	2,968,365	0.028538		90.09
90.10	LAGRANGE FAMILY PCC	100,310	9,469,831	0.010593		90.10
90.12	NORTH RIVERSIDE PCC	124,781	5,598,727	0.022287		90.12
90.13	GLENDALE HEIGHTS PCC					90.13
90.14	WHEATON PCC	62,191	5,618,848	0.011068		90.14
90.15	OBT II PCC	60,114	4,918,320	0.012222		90.15
90.16	HICKORY HILLS PCC	68,025	9,338,512	0.007284		90.16
90.18	DARIEN PCC	67,012	1,896,619	0.035332		90.18
90.20	ORLANAD PARK - FP	83,226	5,526,441	0.015060		90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	78,044	2,998,231	0.026030		90.21
90.22	HOMER GLEN PCC	190,786	18,658,366	0.010225		90.22
90.23	OAK PARK PCC	27,470	1,960,755	0.014010		90.23
90.24	PARK RIDGE PCC	69,675	4,283,775	0.016265		90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	52,157	1,692,122	0.030823		90.25
90.26	WOODRIDGE PCC	1,403	511,547	0.002743		90.26
90.27	NEUROLOGY - NILES	1				90.27



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0276

WORKSHEET D  
PART II

CHECK  TITLE V  HOSPITAL  SUB (OTHER)  PPS  
 APPLICABLE  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	
90.28	MARJORIE WEINBERG CANCER CENTER	53,165	19,053,063	0.002790			90.28
90.29	BURR RIDGE PCC	2,570,858	64,388,625	0.039927			90.29
90.30	RIVER FOREST	15,869	9,137,102	0.001737			90.30
90.31	NORRIDGE	78	129,355	0.000603			90.31
90.32	ELMWOOD PARK	258	85,976	0.003001			90.32
91	EMERGENCY	794,222	105,505,982	0.007528			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	449,768					92
92.01	OBSERVATION BEDS-DISTINCT	40,645	19,064,685	0.002132			92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
95	AMBULANCE SERVICES						95
97	DURABLE MEDICAL EQUIP-SOLD	2,965	2,135,817	0.001388			97
200	TOTAL (sum of lines 50-199)	38,845,199	2,099,026,484				200

(A) Worksheet A line numbers



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 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

		NURSING SCHOOL	ALLIED HEALTH COST	ALL OTHER MEDICAL EDUCATION COST	SWING-BED ADJUSTMENT AMOUNT (see instructions)	TOTAL COSTS (sum of cols. 1 through 3 minus col 4.)	
(A)	COST CENTER DESCRIPTION	1	2	3	4	5	
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	ADULTS & PEDIATRICS (General Routine Care)						30
31	INTENSIVE CARE UNIT						31
32	CORONARY CARE UNIT						32
33	BURN INTENSIVE CARE UNIT						33
34	SURGICAL INTENSIVE CARE UNIT						34
35	NEONATAL INTENSIVE CARE						35
35.01	PEDIATRIC ICU						35.01
35.03	HEART TRANSPLANT ICU						35.03
35.04	BONE INTENSIVE CARE						35.04
40	SUBPROVIDER - IPF						40
41	SUBPROVIDER - IRF						41
42	SUBPROVIDER I						42
43	NURSERY						43
44	SKILLED NURSING FACILITY						44
45	NURSING FACILITY						45
200	TOTAL (lines 30-199)						200

(A) Worksheet A line numbers



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 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	
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>					
30	ADULTS & PEDIATRICS (General Routine Care)	91,626		16,361		30
31	INTENSIVE CARE UNIT	17,179		3,236		31
32	CORONARY CARE UNIT					32
33	BURN INTENSIVE CARE UNIT	2,369		929		33
34	SURGICAL INTENSIVE CARE UNIT					34
35	NEONATAL INTENSIVE CARE	9,813		6,450		35
35.01	PEDIATRIC ICU	2,086		1,300		35.01
35.03	HEART TRANSPLANT ICU	3,133		428		35.03
35.04	BONE INTENSIVE CARE	3,263		403		35.04
40	SUBPROVIDER - IPF					40
41	SUBPROVIDER - IRF	8,107		696		41
42	SUBPROVIDER I					42
43	NURSERY	1,818				43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)	139,394		29,803		200

(A) Worksheet A line numbers



LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0276

WORKSHEET D  
PART IV

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

(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM							50
50.01	AMBULATORY SURGERY CENTER							50.01
51	RECOVERY ROOM							51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
54.01	RADIOLOGY-ULTRASOUND							54.01
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE							56
57	CT SCAN							57
58	MRI							58
59	CARDIAC CATHETERIZATION							59
60	LABORATORY							60
60.01	LABORATORY-SURGICAL PATHOLOGY							60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA							60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.							63
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY							69
70	ELECTROENCEPHALOGRAPHY							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS							74
75	ASC (NON-DISTINCT PART)							75
76	PULMONARY LABS							76
76.01	OCCUPATIONAL HEALTH							76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR							76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE							76.07
76.09	BONE MARROW PROCUREMENT							76.09
76.10	BIATRICS							76.10
76.11	HEPATOLOGY							76.11
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC							90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER							90.02
90.03	PSYCH SOCIAL REHAB							90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER							90.07
90.08	OBT OUTPATIENT CENTER							90.08
90.09	ELMHURST IMMEDIATE CARE							90.09
90.10	LAGRANGE FAMILY PCC							90.10
90.12	NORTH RIVERSIDE PCC							90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC							90.14
90.15	OBT II PCC							90.15
90.16	HICKORY HILLS PCC							90.16
90.18	DARIEN PCC							90.18
90.20	ORLANAD PARK - FP							90.20
90.21	FAMILY PRACTICE MAYWOOD PCC							90.21
90.22	HOMER GLEN PCC							90.22
90.23	OAK PARK PCC							90.23
90.24	PARK RIDGE PCC							90.24
90.25	LOYOLA CLINIC AT GOTTLIEB							90.25
90.26	WOODRIDGE PCC							90.26
90.27	NEUROLOGY - NILES							90.27



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0276

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 NON PHYSICIAN ANESTH- ETIST COST	2 NURSING SCHOOL	3 ALLIED HEALTH	4 ALL OTHER MEDICAL EDUCATION COST	5 TOTAL COST (sum of col. 1 through col. 4)	6 TOTAL OUTPAT- IENT COST (sum of col. 2, 3, and 4)	
90.28	MARJORIE WEINBERG CANCER CENTER							90.28
90.29	BURR RIDGE PCC							90.29
90.30	RIVER FOREST							90.30
90.31	NORRIDGE							90.31
90.32	ELMWOOD PARK							90.32
91	EMERGENCY			1,129,262		1,129,262	1,129,262	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES							95
97	DURABLE MEDICAL EQUIP-SOLD							97
200	TOTAL (sum of lines 50-199)			1,129,262		1,129,262	1,129,262	200

(A) Worksheet A line numbers



LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0276

WORKSHEET D  
PART IV

CHECK [ ] TITLE V [XX] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [ ] TITLE XVIII, PART A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES: [XX] 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)
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	147,215,626						50
50.01	AMBULATORY SURGERY CENTER	46,355,543						50.01
51	RECOVERY ROOM	44,012,079						51
52	DELIVERY ROOM & LABOR ROOM	9,995,581						52
53	ANESTHESIOLOGY	84,223,125						53
54	RADIOLOGY-DIAGNOSTIC	84,323,655						54
54.01	RADIOLOGY-ULTRASOUND	22,157,371						54.01
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE	36,495,266						56
57	CT SCAN	123,670,968						57
58	MRI	68,790,968						58
59	CARDIAC CATHETERIZATION	74,831,218						59
60	LABORATORY	338,090,153						60
60.01	LABORATORY-SURGICAL PATHOLOGY	30,675,963						60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA	122						60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	39,265,158						63
65	RESPIRATORY THERAPY	49,340,454						65
66	PHYSICAL THERAPY	21,589,155						66
67	OCCUPATIONAL THERAPY	8,023,225						67
68	SPEECH PATHOLOGY	2,190,886						68
69	ELECTROCARDIOLOGY	112,335,481						69
70	ELECTROENCEPHALOGRAPHY	8,058,241						70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,703,001						71
73	DRUGS CHARGED TO PATIENTS	133,471,930						73
74	RENAL DIALYSIS	30,845,086						74
75	ASC (NON-DISTINCT PART)							75
76	PULMONARY LABS	3,340,210						76
76.01	OCCUPATIONAL HEALTH	545,333						76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	11,746,585						76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	33,762,036						76.07
76.09	BONE MARROW PROCUREMENT	2,335,915						76.09
76.10	BIARIATRICS	284,726						76.10
76.11	HEPATOLOGY	115						76.11
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC	1,029,864						90
90.01	CARDIAC REHABILITATION	511,214						90.01
90.02	CANCER CENTER	73,416,406						90.02
90.03	PSYCH SOCIAL REHAB	154,005						90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	132,715,798						90.07
90.08	OBT OUTPATIENT CENTER	26,582,958						90.08
90.09	ELMHURST IMMEDIATE CARE	2,968,365						90.09
90.10	LAGRANGE FAMILY PCC	9,469,831						90.10
90.12	NORTH RIVERSIDE PCC	5,598,727						90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	5,618,848						90.14
90.15	OBT II PCC	4,918,320						90.15
90.16	HICKORY HILLS PCC	9,338,512						90.16
90.18	DARIEN PCC	1,896,619						90.18
90.20	ORLANAD PARK - FP	5,526,441						90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	2,998,231						90.21
90.22	HOMER GLEN PCC	18,658,366						90.22
90.23	OAK PARK PCC	1,960,755						90.23
90.24	PARK RIDGE PCC	4,283,775						90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	1,692,122						90.25
90.26	WOODRIDGE PCC	511,547						90.26



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0276

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	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	
90.27	NEUROLOGY - NILES								90.27
90.28	MARJORIE WEINBERG CANCER CENTER	19,053,063							90.28
90.29	BURR RIDGE PCC	64,388,625							90.29
90.30	RIVER FOREST	9,137,102							90.30
90.31	NORRIDGE	129,355							90.31
90.32	ELMWOOD PARK	85,976							90.32
91	EMERGENCY	105,505,982	0.010703	0.010703					91
92	OBSERVATION BEDS (NON-DISTINCT PART)								92
92.01	OBSERVATION BEDS-DISTINCT	19,064,685							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
95	AMBULANCE SERVICES								95
97	DURABLE MEDICAL EQUIP-SOLD	2,135,817							97
200	TOTAL (sum of lines 50-199)	2,099,026,484							200

(A) Worksheet A line numbers



LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0276

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	PROGRAM CHARGES				PROGRAM COST			
		COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	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.)	
		1	2	3	4	5	6	7	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	OPERATING ROOM	0.532048							50
50.01	AMBULATORY SURGERY CENTER	0.252858							50.01
51	RECOVERY ROOM	0.179695							51
52	DELIVERY ROOM & LABOR ROOM	0.563194							52
53	ANESTHESIOLOGY	0.071939							53
54	RADIOLOGY-DIAGNOSTIC	0.242305							54
54.01	RADIOLOGY-ULTRASOUND	0.109862							54.01
55	RADIOLOGY-THERAPEUTIC								55
56	RADIOISOTOPE	0.203800							56
57	CT SCAN	0.073743							57
58	MRI	0.100112							58
59	CARDIAC CATHETERIZATION	0.259867							59
60	LABORATORY	0.101219							60
60.01	LABORATORY-SURGICAL PATHOLOGY	0.180529							60.01
60.02	LABORATORY-NEUROSURGICAL								60.02
60.03	LABORATORY-HLA	1.106557							60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.283180							63
65	RESPIRATORY THERAPY	0.264216							65
66	PHYSICAL THERAPY	0.307836							66
67	OCCUPATIONAL THERAPY	0.261512							67
68	SPEECH PATHOLOGY	1.110347							68
69	ELECTROCARDIOLOGY	0.179185							69
70	ELECTROENCEPHALOGRAPHY	0.372674							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	2.234111							71
73	DRUGS CHARGED TO PATIENTS	0.326836							73
74	RENAL DIALYSIS	0.227536							74
75	ASC (NON-DISTINCT PART)								75
76	PULMONARY LABS	0.353796							76
76.01	OCCUPATIONAL HEALTH	2.764612							76.01
76.03	HYPERALIMENTATION								76.03
76.04	PERIPHERAL VASCULAR	0.134493							76.04
76.05	PEDIATRIC ENDO NUTRITION								76.05
76.07	GASTROINTESTINAL SERVICE	0.288686							76.07
76.09	BONE MARROW PROCUREMENT	0.996336							76.09
76.10	BARIASTRICS	3.059187							76.10
76.11	HEPATOLOGY	7,269.886957							76.11
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	CLINIC	0.854316							90
90.01	CARDIAC REHABILITATION	0.912573							90.01
90.02	CANCER CENTER	0.499972							90.02
90.03	PSYCH SOCIAL REHAB	7.255596							90.03
90.04	WELLNESS ASSESSMENT								90.04
90.06	HEART FAILURE CLINIC								90.06
90.07	LOC OUTPATIENT CENTER	0.422651							90.07
90.08	OBT OUTPATIENT CENTER	0.374348							90.08
90.09	ELMHURST IMMEDIATE CARE	0.917748							90.09
90.10	LAGRANGE FAMILY PCC	0.461103							90.10
90.12	NORTH RIVERSIDE PCC	0.855865							90.12
90.13	GLENDALE HEIGHTS PCC								90.13
90.14	WHEATON PCC	0.593563							90.14
90.15	OBT II PCC	0.727825							90.15
90.16	HICKORY HILLS PCC	0.575962							90.16
90.18	DARIEN PCC	1.009107							90.18
90.20	ORLANAD PARK - FP	0.892832							90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	0.654598							90.21
90.22	HOMER GLEN PCC	0.464298							90.22
90.23	OAK PARK PCC	1.309521							90.23
90.24	PARK RIDGE PCC	0.380576							90.24



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0276

WORKSHEET D  
PART V

CHECK  TITLE V - O/P  HOSPITAL  SUB (OTHER)  SWING BED SNF  
 APPLICABLE  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.)	
		1	2	3	4	5	6	7	
90.25	LOYOLA CLINIC AT GOTTLIEB	0.953908							90.25
90.26	WOODRIDGE PCC	0.030592							90.26
90.27	NEUROLOGY - NILES								90.27
90.28	MARJORIE WEINBERG CANCER CENTER	0.373714							90.28
90.29	BURR RIDGE PCC	0.371267							90.29
90.30	RIVER FOREST	0.364094							90.30
90.31	NORRIDGE	0.068061							90.31
90.32	ELMWOOD PARK	0.090432							90.32
91	EMERGENCY	0.248049							91
92	OBSERVATION BEDS (NON-DISTINCT PART)								92
92.01	OBSERVATION BEDS-DISTINCT	0.046462							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
95	AMBULANCE SERVICES								95
97	DURABLE MEDICAL EQUIP-SOLD	0.262293							97
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

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-T276

WORKSHEET D  
PART II

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER)  
 APPLICABLE [ ] TITLE XVIII, PART A [ ] IPF  
 BOXES: [XX] TITLE XIX [XX] 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
	<b>ANCILLARY SERVICE COST CENTERS</b>					
50	OPERATING ROOM	7,176,383	147,215,626	0.048747		50
50.01	AMBULATORY SURGERY CENTER	1,081,288	46,355,543	0.023326		50.01
51	RECOVERY ROOM	732,703	44,012,079	0.016648		51
52	DELIVERY ROOM & LABOR ROOM	536,648	9,995,581	0.053689		52
53	ANESTHESIOLOGY	602,009	84,223,125	0.007148		53
54	RADIOLOGY-DIAGNOSTIC	2,592,221	84,323,655	0.030741		54
54.01	RADIOLOGY-ULTRASOUND	191,754	22,157,371	0.008654		54.01
55	RADIOLOGY-THERAPEUTIC					55
56	RADIOISOTOPE	850,614	36,495,266	0.023308		56
57	CT SCAN	711,691	123,670,968	0.005755		57
58	MRI	1,527,288	68,790,968	0.022202		58
59	CARDIAC CATHETERIZATION	2,036,082	74,831,218	0.027209		59
60	LABORATORY	1,164,942	338,090,153	0.003446		60
60.01	LABORATORY-SURGICAL PATHOLOGY	588,187	30,675,963	0.019174		60.01
60.02	LABORATORY-NEUROSURGICAL					60.02
60.03	LABORATORY-HLA		122			60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63	BLOOD STORING, PROCESSING & TRANS.	275,294	39,265,158	0.007011		63
65	RESPIRATORY THERAPY	599,973	49,340,454	0.012160		65
66	PHYSICAL THERAPY	155,975	21,589,155	0.007225		66
67	OCCUPATIONAL THERAPY	37,003	8,023,225	0.004612		67
68	SPEECH PATHOLOGY	610,378	2,190,886	0.278599		68
69	ELECTROCARDIOLOGY	1,876,211	112,335,481	0.016702		69
70	ELECTROENCEPHALOGRAPHY	286,641	8,058,241	0.035571		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	511,820	1,703,001	0.300540		71
73	DRUGS CHARGED TO PATIENTS	437,194	133,471,930	0.003276		73
74	RENAL DIALYSIS	343,059	30,845,086	0.011122		74
75	ASC (NON-DISTINCT PART)	3				75
76	PULMONARY LABS	198,668	3,340,210	0.059478		76
76.01	OCCUPATIONAL HEALTH	73,962	545,333	0.135627		76.01
76.03	HYPERALIMENTATION					76.03
76.04	PERIPHERAL VASCULAR	92,864	11,746,585	0.007906		76.04
76.05	PEDIATRIC ENDO NUTRITION					76.05
76.07	GASTROINTESTINAL SERVICE	1,371,115	33,762,036	0.040611		76.07
76.09	BONE MARROW PROCUREMENT	8,346	2,335,915	0.003573		76.09
76.10	BIATRICS	3,129	284,726	0.010990		76.10
76.11	HEPATOLOGY	2,988	115	25.982609		76.11
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>					
90	CLINIC	86,920	1,029,864	0.084399		90
90.01	CARDIAC REHABILITATION	18,840	511,214	0.036853		90.01
90.02	CANCER CENTER	1,365,885	73,416,406	0.018605		90.02
90.03	PSYCH SOCIAL REHAB	181,841	154,005	1.180747		90.03
90.04	WELLNESS ASSESSMENT					90.04
90.06	HEART FAILURE CLINIC					90.06
90.07	LOC OUTPATIENT CENTER	5,205,949	132,715,798	0.039226		90.07
90.08	OBT OUTPATIENT CENTER	311,597	26,582,958	0.011722		90.08
90.09	ELMHURST IMMEDIATE CARE	84,711	2,968,365	0.028538		90.09
90.10	LAGRANGE FAMILY PCC	100,310	9,469,831	0.010593		90.10
90.12	NORTH RIVERSIDE PCC	124,781	5,598,727	0.022287		90.12
90.13	GLENDALE HEIGHTS PCC					90.13
90.14	WHEATON PCC	62,191	5,618,848	0.011068		90.14
90.15	OBT II PCC	60,114	4,918,320	0.012222		90.15
90.16	HICKORY HILLS PCC	68,025	9,338,512	0.007284		90.16
90.18	DARIEN PCC	67,012	1,896,619	0.035332		90.18
90.20	ORLANAD PARK - FP	83,226	5,526,441	0.015060		90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	78,044	2,998,231	0.026030		90.21
90.22	HOMER GLEN PCC	190,786	18,658,366	0.010225		90.22
90.23	OAK PARK PCC	27,470	1,960,755	0.014010		90.23
90.24	PARK RIDGE PCC	69,675	4,283,775	0.016265		90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	52,157	1,692,122	0.030823		90.25
90.26	WOODRIDGE PCC	1,403	511,547	0.002743		90.26
90.27	NEUROLOGY - NILES	1				90.27



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-T276

WORKSHEET D  
PART II

CHECK  TITLE V  HOSPITAL  SUB (OTHER)  
 APPLICABLE  TITLE XVIII, PART A  IPF  
 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	
90.28	MARJORIE WEINBERG CANCER CENTER	53,165	19,053,063	0.002790			90.28
90.29	BURR RIDGE PCC	2,570,858	64,388,625	0.039927			90.29
90.30	RIVER FOREST	15,869	9,137,102	0.001737			90.30
90.31	NORRIDGE	78	129,355	0.000603			90.31
90.32	ELMWOOD PARK	258	85,976	0.003001			90.32
91	EMERGENCY	794,222	105,505,982	0.007528			91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01	OBSERVATION BEDS-DISTINCT	40,645	19,064,685	0.002132			92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
95	AMBULANCE SERVICES						95
97	DURABLE MEDICAL EQUIP-SOLD	2,965	2,135,817	0.001388			97
200	TOTAL (sum of lines 50-199)	38,395,431	2,099,026,484				200

(A) Worksheet A line numbers



LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-T276

WORKSHEET D  
PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR  
 APPLICABLE [ ] TITLE XVIII, PART A [ ] IPF [ ] SNF  
 BOXES: [XX] TITLE XIX [XX] 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)	
	ANCILLARY SERVICE COST CENTERS	1	2	3	4	5	6	
50	OPERATING ROOM							50
50.01	AMBULATORY SURGERY CENTER							50.01
51	RECOVERY ROOM							51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
54.01	RADIOLOGY-ULTRASOUND							54.01
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE							56
57	CT SCAN							57
58	MRI							58
59	CARDIAC CATHETERIZATION							59
60	LABORATORY							60
60.01	LABORATORY-SURGICAL PATHOLOGY							60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA							60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.							63
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY							69
70	ELECTROENCEPHALOGRAPHY							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS							74
75	ASC (NON-DISTINCT PART)							75
76	PULMONARY LABS							76
76.01	OCCUPATIONAL HEALTH							76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR							76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE							76.07
76.09	BONE MARROW PROCUREMENT							76.09
76.10	BIATRICS							76.10
76.11	HEPATOLOGY							76.11
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC							90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER							90.02
90.03	PSYCH SOCIAL REHAB							90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER							90.07
90.08	OBT OUTPATIENT CENTER							90.08
90.09	ELMHURST IMMEDIATE CARE							90.09
90.10	LAGRANGE FAMILY PCC							90.10
90.12	NORTH RIVERSIDE PCC							90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC							90.14
90.15	OBT II PCC							90.15
90.16	HICKORY HILLS PCC							90.16
90.18	DARIEN PCC							90.18
90.20	ORLANAD PARK - FP							90.20
90.21	FAMILY PRACTICE MAYWOOD PCC							90.21
90.22	HOMER GLEN PCC							90.22
90.23	OAK PARK PCC							90.23
90.24	PARK RIDGE PCC							90.24
90.25	LOYOLA CLINIC AT GOTTLIEB							90.25
90.26	WOODRIDGE PCC							90.26
90.27	NEUROLOGY - NILES							90.27



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-T276

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	1 NON PHYSICIAN ANESTH- ETIST COST	2 NURSING SCHOOL	3 ALLIED HEALTH	4 ALL OTHER MEDICAL EDUCATION COST	5 TOTAL COST (sum of col. 1 through col. 4)	6 TOTAL OUTPAT- IENT COST (sum of col. 2, 3, and 4)	
90.28	MARJORIE WEINBERG CANCER CENTER							90.28
90.29	BURR RIDGE PCC							90.29
90.30	RIVER FOREST							90.30
90.31	NORRIDGE							90.31
90.32	ELMWOOD PARK							90.32
91	EMERGENCY			1,129,262		1,129,262	1,129,262	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES							95
97	DURABLE MEDICAL EQUIP-SOLD							97
200	TOTAL (sum of lines 50-199)			1,129,262		1,129,262	1,129,262	200

(A) Worksheet A line numbers



LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-T276

WORKSHEET D  
PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR  
 APPLICABLE [ ] TITLE XVIII, PART A [ ] IPF [ ] SNF  
 BOXES: [XX] TITLE XIX [XX] 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)
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	147,215,626						50
50.01	AMBULATORY SURGERY CENTER	46,355,543						50.01
51	RECOVERY ROOM	44,012,079						51
52	DELIVERY ROOM & LABOR ROOM	9,995,581						52
53	ANESTHESIOLOGY	84,223,125						53
54	RADIOLOGY-DIAGNOSTIC	84,323,655						54
54.01	RADIOLOGY-ULTRASOUND	22,157,371						54.01
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE	36,495,266						56
57	CT SCAN	123,670,968						57
58	MRI	68,790,968						58
59	CARDIAC CATHETERIZATION	74,831,218						59
60	LABORATORY	338,090,153						60
60.01	LABORATORY-SURGICAL PATHOLOGY	30,675,963						60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA	122						60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	39,265,158						63
65	RESPIRATORY THERAPY	49,340,454						65
66	PHYSICAL THERAPY	21,589,155						66
67	OCCUPATIONAL THERAPY	8,023,225						67
68	SPEECH PATHOLOGY	2,190,886						68
69	ELECTROCARDIOLOGY	112,335,481						69
70	ELECTROENCEPHALOGRAPHY	8,058,241						70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,703,001						71
73	DRUGS CHARGED TO PATIENTS	133,471,930						73
74	RENAL DIALYSIS	30,845,086						74
75	ASC (NON-DISTINCT PART)							75
76	PULMONARY LABS	3,340,210						76
76.01	OCCUPATIONAL HEALTH	545,333						76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	11,746,585						76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	33,762,036						76.07
76.09	BONE MARROW PROCUREMENT	2,335,915						76.09
76.10	BIARIATRICS	284,726						76.10
76.11	HEPATOLOGY	115						76.11
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC	1,029,864						90
90.01	CARDIAC REHABILITATION	511,214						90.01
90.02	CANCER CENTER	73,416,406						90.02
90.03	PSYCH SOCIAL REHAB	154,005						90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	132,715,798						90.07
90.08	OBT OUTPATIENT CENTER	26,582,958						90.08
90.09	ELMHURST IMMEDIATE CARE	2,968,365						90.09
90.10	LAGRANGE FAMILY PCC	9,469,831						90.10
90.12	NORTH RIVERSIDE PCC	5,598,727						90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	5,618,848						90.14
90.15	OBT II PCC	4,918,320						90.15
90.16	HICKORY HILLS PCC	9,338,512						90.16
90.18	DARIEN PCC	1,896,619						90.18
90.20	ORLANAD PARK - FP	5,526,441						90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	2,998,231						90.21
90.22	HOMER GLEN PCC	18,658,366						90.22
90.23	OAK PARK PCC	1,960,755						90.23
90.24	PARK RIDGE PCC	4,283,775						90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	1,692,122						90.25
90.26	WOODRIDGE PCC	511,547						90.26



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-T276

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	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	
90.27	NEUROLOGY - NILES								90.27
90.28	MARJORIE WEINBERG CANCER CENTER	19,053,063							90.28
90.29	BURR RIDGE PCC	64,388,625							90.29
90.30	RIVER FOREST	9,137,102							90.30
90.31	NORRIDGE	129,355							90.31
90.32	ELMWOOD PARK	85,976							90.32
91	EMERGENCY	105,505,982	0.010703	0.010703					91
92	OBSERVATION BEDS (NON-DISTINCT PART)								92
92.01	OBSERVATION BEDS-DISTINCT	19,064,685							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
95	AMBULANCE SERVICES								95
97	DURABLE MEDICAL EQUIP-SOLD	2,135,817							97
200	TOTAL (sum of lines 50-199)	2,099,026,484							200

(A) Worksheet A line numbers



LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-T276

WORKSHEET D  
PART V

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SUB (OTHER) [ ] SWING BED SNF  
 APPLICABLE [ ] TITLE XVIII, PART B [ ] IPF [ ] SNF [ ] SWING BED NF  
 BOXES: [XX] TITLE XIX - O/P [XX] 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.)
		1	2	3	4	5	6	7
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	0.532048						50
50.01	AMBULATORY SURGERY CENTER	0.252858						50.01
51	RECOVERY ROOM	0.179695						51
52	DELIVERY ROOM & LABOR ROOM	0.563194						52
53	ANESTHESIOLOGY	0.071939						53
54	RADIOLOGY-DIAGNOSTIC	0.242305						54
54.01	RADIOLOGY-ULTRASOUND	0.109862						54.01
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE	0.203800						56
57	CT SCAN	0.073743						57
58	MRI	0.100112						58
59	CARDIAC CATHETERIZATION	0.259867						59
60	LABORATORY	0.101219						60
60.01	LABORATORY-SURGICAL PATHOLOGY	0.180529						60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA	1.106557						60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.283180						63
65	RESPIRATORY THERAPY	0.264216						65
66	PHYSICAL THERAPY	0.307836						66
67	OCCUPATIONAL THERAPY	0.261512						67
68	SPEECH PATHOLOGY	1.110347						68
69	ELECTROCARDIOLOGY	0.179185						69
70	ELECTROENCEPHALOGRAPHY	0.372674						70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	2.234111						71
73	DRUGS CHARGED TO PATIENTS	0.326836						73
74	RENAL DIALYSIS	0.227536						74
75	ASC (NON-DISTINCT PART)							75
76	PULMONARY LABS	0.353796						76
76.01	OCCUPATIONAL HEALTH	2.764612						76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	0.134493						76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	0.288686						76.07
76.09	BONE MARROW PROCUREMENT	0.996336						76.09
76.10	BARIASTRICS	3.059187						76.10
76.11	HEPATOLOGY	7,269.886957						76.11
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC	0.854316						90
90.01	CARDIAC REHABILITATION	0.912573						90.01
90.02	CANCER CENTER	0.499972						90.02
90.03	PSYCH SOCIAL REHAB	7.255596						90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	0.422651						90.07
90.08	OBT OUTPATIENT CENTER	0.374348						90.08
90.09	ELMHURST IMMEDIATE CARE	0.917748						90.09
90.10	LAGRANGE FAMILY PCC	0.461103						90.10
90.12	NORTH RIVERSIDE PCC	0.855865						90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	0.593563						90.14
90.15	OBT II PCC	0.727825						90.15
90.16	HICKORY HILLS PCC	0.575962						90.16
90.18	DARIEN PCC	1.009107						90.18
90.20	ORLANAD PARK - FP	0.892832						90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	0.654598						90.21
90.22	HOMER GLEN PCC	0.464298						90.22
90.23	OAK PARK PCC	1.309521						90.23
90.24	PARK RIDGE PCC	0.380576						90.24



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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-T276

WORKSHEET D  
PART V

CHECK  TITLE V - O/P  HOSPITAL  SUB (OTHER)  SWING BED SNF  
 APPLICABLE  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.)	
		1	2	3	4	5	6	7	
90.25	LOYOLA CLINIC AT GOTTLIEB	0.953908							90.25
90.26	WOODRIDGE PCC	0.030592							90.26
90.27	NEUROLOGY - NILES								90.27
90.28	MARJORIE WEINBERG CANCER CENTER	0.373714							90.28
90.29	BURR RIDGE PCC	0.371267							90.29
90.30	RIVER FOREST	0.364094							90.30
90.31	NORRIDGE	0.068061							90.31
90.32	ELMWOOD PARK	0.090432							90.32
91	EMERGENCY	0.248049							91
92	OBSERVATION BEDS (NON-DISTINCT PART)								92
92.01	OBSERVATION BEDS-DISTINCT	0.046462							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
95	AMBULANCE SERVICES								95
97	DURABLE MEDICAL EQUIP-SOLD	0.262293							97
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

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0276

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)	91,626	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	91,626	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)	83,976	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)	35,379	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)	97,938,521	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	97,938,521	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)	97,938,521	37



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LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0276

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

							1
		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	
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)					1,068.89	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)					37,816,259	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)					37,816,259	41
42	NURSERY (Titles V and XIX only)						42
	<b>INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS</b>						
43	INTENSIVE CARE UNIT	31,299,963	17,179	1,821.99	9,060	16,507,229	43
44	CORONARY CARE UNIT						44
45	BURN INTENSIVE CARE UNIT	10,223,545	2,369	4,315.55	1,416	6,110,819	45
46	SURGICAL INTENSIVE CARE UNIT						46
47	NEONATAL INTENSIVE CARE	15,320,994	9,813	1,561.30			47
47.01	PEDIATRIC ICU	5,704,347	2,086	2,734.59			47.01
47.03	HEART TRANSPLANT ICU	6,317,867	3,133	2,016.56	1,860	3,750,802	47.03
47.04	BONE INTENSIVE CARE	8,029,219	3,263	2,460.69	1,902	4,680,232	47.04

							1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)					82,154,482	48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)					151,019,823	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)					3,600,441	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)					6,781,280	51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)					10,381,721	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)					140,638,102	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

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0276

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)	7,650	87				
88	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (line 27 ÷ line 2)	1,068.89	88				
89	OBSERVATION BED COST (line 87 x line 88) (see instructions)	8,177,009	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	5,387,044	97,938,521	0.055004	8,177,009	449,768	90
91	NURSING SCHOOL COST						91
92	ALLIED HEALTH COST						92
93	ALL OTHER MEDICAL EDUCATION						93



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T276

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)	8,107	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	8,107	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)	8,107	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)	5,504	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)	11,267,995	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	11,267,995	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)	11,267,995	37



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T276

WORKSHEET D-1  
PART II

CHECK [ ] TITLE V - I/P [ ] HOSPITAL [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII, PART A [ ] IPF [ ] TEFRA  
 BOXES: [ ] TITLE XIX - I/P [XX] 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)	1,389.91	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)	7,650,065	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)	7,650,065	41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)	2,404,474	48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)	10,054,539	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)	456,667	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)	134,480	51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)	591,147	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)	9,463,392	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



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LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0276

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)	91,626	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	91,626	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)	83,976	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)	16,361	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed days)		14
15	TOTAL NURSERY DAYS (Title V or Title XIX only)	1,818	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)	97,938,521	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	97,938,521	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)	97,938,521	37



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LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0276

WORKSHEET D-1  
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

	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	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)					1,068.89	38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)					17,488,109	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)					17,488,109	41
42 NURSERY (Titles V and XIX only)	1,198,165	1,818	659.06			42
<b>INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS</b>						
43 INTENSIVE CARE UNIT	31,299,963	17,179	1,821.99	3,236	5,895,960	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT	10,223,545	2,369	4,315.55	929	4,009,146	45
46 SURGICAL INTENSIVE CARE UNIT						46
47 NEONATAL INTENSIVE CARE	15,320,994	9,813	1,561.30	6,450	10,070,385	47
47.01 PEDIATRIC ICU	5,704,347	2,086	2,734.59	1,300	3,554,967	47.01
47.03 HEART TRANSPLANT ICU	6,317,867	3,133	2,016.56	428	863,088	47.03
47.04 BONE INTENSIVE CARE	8,029,219	3,263	2,460.69	403	991,658	47.04

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)					42,873,313	49

PASS-THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)					2,298,903	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)					2,298,903	52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)					40,574,410	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



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LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0276

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)	7,650	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



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LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T276

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)	8,107	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	8,107	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)	8,107	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)	696	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)	11,267,995	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	11,267,995	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)	11,267,995	37



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LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T276

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)	1,389.91	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)	967,377	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)	967,377	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)	967,377	49

**PASS-THROUGH COST ADJUSTMENTS**

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)	57,747	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)	57,747	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



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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0276

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			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30	ADULTS & PEDIATRICS		72,758,909		30
31	INTENSIVE CARE UNIT		29,567,376		31
33	BURN INTENSIVE CARE UNIT		4,412,083		33
35	NEONATAL INTENSIVE CARE				35
35.01	PEDIATRIC ICU				35.01
35.03	HEART TRANSPLANT ICU		6,030,775		35.03
35.04	BONE INTENSIVE CARE		4,190,254		35.04
41	SUBPROVIDER - IRF				41
<b>ANCILLARY SERVICE COST CENTERS</b>					
50	OPERATING ROOM	0.532048	54,845,764	29,180,579	50
50.01	AMBULATORY SURGERY CENTER	0.252858	62,333	15,761	50.01
51	RECOVERY ROOM	0.179695	10,268,304	1,845,163	51
52	DELIVERY ROOM & LABOR ROOM	0.563194	217,823	122,677	52
53	ANESTHESIOLOGY	0.071939	28,629,766	2,059,597	53
54	RADIOLOGY-DIAGNOSTIC	0.242305	17,857,162	4,326,880	54
54.01	RADIOLOGY-ULTRASOUND	0.109862	2,599,670	285,605	54.01
55	RADIOLOGY-THERAPEUTIC				55
56	RADIOISOTOPE	0.203800	2,274,658	463,575	56
57	CT SCAN	0.073743	23,053,235	1,700,015	57
58	MRI	0.100112	8,528,539	853,809	58
59	CARDIAC CATHETERIZATION	0.259867	17,432,805	4,530,211	59
60	LABORATORY	0.101219	77,911,645	7,886,139	60
60.01	LABORATORY-SURGICAL PATHOLOGY	0.180529	4,082,992	737,098	60.01
60.02	LABORATORY-NEUROSURGICAL				60.02
60.03	LABORATORY-HLA	1.106557			60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.283180	14,200,553	4,021,313	63
65	RESPIRATORY THERAPY	0.264216	23,076,143	6,097,086	65
66	PHYSICAL THERAPY	0.307836	4,045,844	1,245,456	66
67	OCCUPATIONAL THERAPY	0.261512	2,559,454	669,328	67
68	SPEECH PATHOLOGY	1.110347	1,051,260	1,167,263	68
69	ELECTROCARDIOLOGY	0.179185	26,944,633	4,828,074	69
70	ELECTROENCEPHALOGRAPHY	0.372674	1,565,664	583,482	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	2.234111			71
73	DRUGS CHARGED TO PATIENTS	0.326836			73
74	RENAL DIALYSIS	0.227536	3,527,533	802,641	74
75	ASC (NON-DISTINCT PART)				75
76	PULMONARY LABS	0.353796	873,898	309,182	76
76.01	OCCUPATIONAL HEALTH	2.764612			76.01
76.03	HYPERALIMENTATION				76.03
76.04	PERIPHERAL VASCULAR	0.134493	2,977,624	400,470	76.04
76.05	PEDIATRIC ENDO NUTRITION				76.05
76.07	GASTROINTESTINAL SERVICE	0.288686	3,581,669	1,033,978	76.07
76.09	BONE MARROW PROCUREMENT	0.996336	412,074	410,564	76.09
76.10	BARIATRICS	3.059187	181	554	76.10
76.11	HEPATOLOGY	7.269.886957			76.11
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90	CLINIC	0.854316	2,389	2,041	90
90.01	CARDIAC REHABILITATION	0.912573	314,622	287,116	90.01
90.02	CANCER CENTER	0.499972	624,948	312,457	90.02
90.03	PSYCH SOCIAL REHAB	7.255596			90.03
90.04	WELLNESS ASSESSMENT				90.04
90.06	HEART FAILURE CLINIC				90.06
90.07	LOC OUTPATIENT CENTER	0.422651	1,432,204	605,322	90.07
90.08	OBT OUTPATIENT CENTER	0.374348	72,716	27,221	90.08
90.09	ELMHURST IMMEDIATE CARE	0.917748	3,568	3,275	90.09
90.10	LAGRANGE FAMILY PCC	0.461103	5,113	2,358	90.10
90.12	NORTH RIVERSIDE PCC	0.855865	6,099	5,220	90.12
90.13	GLENDALE HEIGHTS PCC				90.13
90.14	WHEATON PCC	0.593563	59,071	35,062	90.14
90.15	OBT II PCC	0.727825	7,548	5,494	90.15
90.16	HICKORY HILLS PCC	0.575962	10,023	5,773	90.16
90.18	DARIEN PCC	1.009107	3,987	4,023	90.18
90.20	ORLANAD PARK - FP	0.892832	3,196	2,853	90.20



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0276

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	
90.21	FAMILY PRACTICE MAYWOOD PCC	0.654598	2,278	1,491	90.21
90.22	HOMER GLEN PCC	0.464298	26,549	12,327	90.22
90.23	OAK PARK PCC	1.309521	2,739	3,587	90.23
90.24	PARK RIDGE PCC	0.380576			90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	0.953908	408	389	90.25
90.26	WOODRIDGE PCC	0.030592			90.26
90.27	NEUROLOGY - NILES				90.27
90.28	MARJORIE WEINBERG CANCER CENTER	0.373714	18,411	6,880	90.28
90.29	BURR RIDGE PCC	0.371267	153,026	56,814	90.29
90.30	RIVER FOREST	0.364094	17,872	6,507	90.30
90.31	NORRIDGE	0.068061			90.31
90.32	ELMWOOD PARK	0.090432	214	19	90.32
91	EMERGENCY	0.248049	20,929,365	5,191,508	91
92	OBSERVATION BEDS (NON-DISTINCT PART)				92
92.01	OBSERVATION BEDS-DISTINCT	0.046462	5,273	245	92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
95	AMBULANCE SERVICES				95
97	DURABLE MEDICAL EQUIP-SOLD	0.262293			97
200	TOTAL (sum of lines 50-94, and 96-98)		356,282,845	82,154,482	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		356,282,845		202

(A) Worksheet A line numbers



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-T276

WORKSHEET D-3

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] SWING BED SNF [XX] PPS  
 APPLICABLE [XX] TITLE XVIII, PART A [ ] IPF [ ] SNF [ ] SWING BED NF [ ] TEFRA  
 BOXES: [ ] TITLE XIX [XX] 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			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30	ADULTS & PEDIATRICS				30
31	INTENSIVE CARE UNIT				31
33	BURN INTENSIVE CARE UNIT				33
35	NEONATAL INTENSIVE CARE				35
35.01	PEDIATRIC ICU				35.01
35.03	HEART TRANSPLANT ICU				35.03
35.04	BONE INTENSIVE CARE				35.04
41	SUBPROVIDER - IRF		6,822,488		41
<b>ANCILLARY SERVICE COST CENTERS</b>					
50	OPERATING ROOM	0.532048	46,788	24,893	50
50.01	AMBULATORY SURGERY CENTER	0.252858			50.01
51	RECOVERY ROOM	0.179695	30,037	5,397	51
52	DELIVERY ROOM & LABOR ROOM	0.563194			52
53	ANESTHESIOLOGY	0.071939	29,308	2,108	53
54	RADIOLOGY-DIAGNOSTIC	0.242305	360,129	87,261	54
54.01	RADIOLOGY-ULTRASOUND	0.109862	48,324	5,309	54.01
55	RADIOLOGY-THERAPEUTIC				55
56	RADIOISOTOPE	0.203800	94,586	19,277	56
57	CT SCAN	0.073743	426,412	31,445	57
58	MRI	0.100112	202,795	20,302	58
59	CARDIAC CATHETERIZATION	0.259867	45,400	11,798	59
60	LABORATORY	0.101219	2,733,964	276,729	60
60.01	LABORATORY-SURGICAL PATHOLOGY	0.180529	30,554	5,516	60.01
60.02	LABORATORY-NEUROSURGICAL				60.02
60.03	LABORATORY-HLA	1.106557			60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.283180	135,269	38,305	63
65	RESPIRATORY THERAPY	0.264216	933,810	246,728	65
66	PHYSICAL THERAPY	0.307836	35,865	11,041	66
67	OCCUPATIONAL THERAPY	0.261512	508,971	133,102	67
68	SPEECH PATHOLOGY	1.110347	148,815	165,236	68
69	ELECTROCARDIOLOGY	0.179185	133,775	23,970	69
70	ELECTROENCEPHALOGRAPHY	0.372674	17,375	6,475	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	2.234111	56,809	126,918	71
73	DRUGS CHARGED TO PATIENTS	0.326836	3,030,122	990,353	73
74	RENAL DIALYSIS	0.227536	201,766	45,909	74
75	ASC (NON-DISTINCT PART)				75
76	PULMONARY LABS	0.353796	19,880	7,033	76
76.01	OCCUPATIONAL HEALTH	2.764612			76.01
76.03	HYPERALIMENTATION				76.03
76.04	PERIPHERAL VASCULAR	0.134493	180,285	24,247	76.04
76.05	PEDIATRIC ENDO NUTRITION				76.05
76.07	GASTROINTESTINAL SERVICE	0.288686	31,621	9,129	76.07
76.09	BONE MARROW PROCUREMENT	0.996336			76.09
76.10	BARIATRICS	3.059187			76.10
76.11	HEPATOLOGY	7.269.886957			76.11
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90	CLINIC	0.854316			90
90.01	CARDIAC REHABILITATION	0.912573			90.01
90.02	CANCER CENTER	0.499972			90.02
90.03	PSYCH SOCIAL REHAB	7.255596			90.03
90.04	WELLNESS ASSESSMENT				90.04
90.06	HEART FAILURE CLINIC				90.06
90.07	LOC OUTPATIENT CENTER	0.422651	112,989	47,755	90.07
90.08	OBT OUTPATIENT CENTER	0.374348			90.08
90.09	ELMHURST IMMEDIATE CARE	0.917748			90.09
90.10	LAGRANGE FAMILY PCC	0.461103			90.10
90.12	NORTH RIVERSIDE PCC	0.855865			90.12
90.13	GLENDALE HEIGHTS PCC				90.13
90.14	WHEATON PCC	0.593563			90.14
90.15	OBT II PCC	0.727825			90.15
90.16	HICKORY HILLS PCC	0.575962			90.16
90.18	DARIEN PCC	1.009107			90.18
90.20	ORLANAD PARK - FP	0.892832			90.20



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-T276

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	
90.21	FAMILY PRACTICE MAYWOOD PCC	0.654598			90.21
90.22	HOMER GLEN PCC	0.464298			90.22
90.23	OAK PARK PCC	1.309521			90.23
90.24	PARK RIDGE PCC	0.380576			90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	0.953908			90.25
90.26	WOODRIDGE PCC	0.030592			90.26
90.27	NEUROLOGY - NILES				90.27
90.28	MARJORIE WEINBERG CANCER CENTER	0.373714			90.28
90.29	BURR RIDGE PCC	0.371267			90.29
90.30	RIVER FOREST	0.364094			90.30
90.31	NORRIDGE	0.068061			90.31
90.32	ELMWOOD PARK	0.090432			90.32
91	EMERGENCY	0.248049	154,157	38,238	91
92	OBSERVATION BEDS (NON-DISTINCT PART)				92
92.01	OBSERVATION BEDS-DISTINCT	0.046462			92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
95	AMBULANCE SERVICES				95
97	DURABLE MEDICAL EQUIP-SOLD	0.262293			97
200	TOTAL (sum of lines 50-94, and 96-98)		9,749,806	2,404,474	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		9,749,806		202

(A) Worksheet A line numbers



LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0276

WORKSHEET D-3

CHECK [ ] TITLE V [XX] HOSPITAL [ ] SUB (OTHER) [ ] SWING BED SNF [XX] PPS  
 APPLICABLE [ ] TITLE XVIII, PART A [ ] IPF [ ] SNF [ ] SWING BED NF [ ] TEFRA  
 BOXES: [XX] 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30	ADULTS & PEDIATRICS				30
31	INTENSIVE CARE UNIT				31
33	BURN INTENSIVE CARE UNIT				33
35	NEONATAL INTENSIVE CARE				35
35.01	PEDIATRIC ICU				35.01
35.03	HEART TRANSPLANT ICU				35.03
35.04	BONE INTENSIVE CARE				35.04
41	SUBPROVIDER - IRF				41
43	NURSERY				43
<b>ANCILLARY SERVICE COST CENTERS</b>					
50	OPERATING ROOM	0.532048			50
50.01	AMBULATORY SURGERY CENTER	0.252858			50.01
51	RECOVERY ROOM	0.179695			51
52	DELIVERY ROOM & LABOR ROOM	0.563194			52
53	ANESTHESIOLOGY	0.071939			53
54	RADIOLOGY-DIAGNOSTIC	0.242305			54
54.01	RADIOLOGY-ULTRASOUND	0.109862			54.01
55	RADIOLOGY-THERAPEUTIC				55
56	RADIOISOTOPE	0.203800			56
57	CT SCAN	0.073743			57
58	MRI	0.100112			58
59	CARDIAC CATHETERIZATION	0.259867			59
60	LABORATORY	0.101219			60
60.01	LABORATORY-SURGICAL PATHOLOGY	0.180529			60.01
60.02	LABORATORY-NEUROSURGICAL				60.02
60.03	LABORATORY-HLA	1.106557			60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.283180			63
65	RESPIRATORY THERAPY	0.264216			65
66	PHYSICAL THERAPY	0.307836			66
67	OCCUPATIONAL THERAPY	0.261512			67
68	SPEECH PATHOLOGY	1.110347			68
69	ELECTROCARDIOLOGY	0.179185			69
70	ELECTROENCEPHALOGRAPHY	0.372674			70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	2.234111			71
73	DRUGS CHARGED TO PATIENTS	0.326836			73
74	RENAL DIALYSIS	0.227536			74
75	ASC (NON-DISTINCT PART)				75
76	PULMONARY LABS	0.353796			76
76.01	OCCUPATIONAL HEALTH	2.764612			76.01
76.03	HYPERALIMENTATION				76.03
76.04	PERIPHERAL VASCULAR	0.134493			76.04
76.05	PEDIATRIC ENDO NUTRITION				76.05
76.07	GASTROINTESTINAL SERVICE	0.288686			76.07
76.09	BONE MARROW PROCUREMENT	0.996336			76.09
76.10	BARIATRICS	3.059187			76.10
76.11	HEPATOLOGY	7,269.886957			76.11
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90	CLINIC	0.854316			90
90.01	CARDIAC REHABILITATION	0.912573			90.01
90.02	CANCER CENTER	0.499972			90.02
90.03	PSYCH SOCIAL REHAB	7.255596			90.03
90.04	WELLNESS ASSESSMENT				90.04
90.06	HEART FAILURE CLINIC				90.06
90.07	LOC OUTPATIENT CENTER	0.422651			90.07
90.08	OBT OUTPATIENT CENTER	0.374348			90.08
90.09	ELMHURST IMMEDIATE CARE	0.917748			90.09
90.10	LAGRANGE FAMILY PCC	0.461103			90.10
90.12	NORTH RIVERSIDE PCC	0.855865			90.12
90.13	GLENDALE HEIGHTS PCC				90.13
90.14	WHEATON PCC	0.593563			90.14
90.15	OBT II PCC	0.727825			90.15
90.16	HICKORY HILLS PCC	0.575962			90.16
90.18	DARIEN PCC	1.009107			90.18



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0276

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	
90.20	ORLANAD PARK - FP	0.892832			90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	0.654598			90.21
90.22	HOMER GLEN PCC	0.464298			90.22
90.23	OAK PARK PCC	1.309521			90.23
90.24	PARK RIDGE PCC	0.380576			90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	0.953908			90.25
90.26	WOODRIDGE PCC	0.030592			90.26
90.27	NEUROLOGY - NILES				90.27
90.28	MARJORIE WEINBERG CANCER CENTER	0.373714			90.28
90.29	BURR RIDGE PCC	0.371267			90.29
90.30	RIVER FOREST	0.364094			90.30
90.31	NORRIDGE	0.068061			90.31
90.32	ELMWOOD PARK	0.090432			90.32
91	EMERGENCY	0.248049			91
92	OBSERVATION BEDS (NON-DISTINCT PART)				92
92.01	OBSERVATION BEDS-DISTINCT	0.046462			92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
95	AMBULANCE SERVICES				95
97	DURABLE MEDICAL EQUIP-SOLD	0.262293			97
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

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-T276

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: [XX] TITLE XIX [XX] IRF [ ] NF [ ] ICF/MR [XX] OTHER

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
1	2	3			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30	ADULTS & PEDIATRICS				30
31	INTENSIVE CARE UNIT				31
33	BURN INTENSIVE CARE UNIT				33
35	NEONATAL INTENSIVE CARE				35
35.01	PEDIATRIC ICU				35.01
35.03	HEART TRANSPLANT ICU				35.03
35.04	BONE INTENSIVE CARE				35.04
41	SUBPROVIDER - IRF				41
<b>ANCILLARY SERVICE COST CENTERS</b>					
50	OPERATING ROOM	0.532048			50
50.01	AMBULATORY SURGERY CENTER	0.252858			50.01
51	RECOVERY ROOM	0.179695			51
52	DELIVERY ROOM & LABOR ROOM	0.563194			52
53	ANESTHESIOLOGY	0.071939			53
54	RADIOLOGY-DIAGNOSTIC	0.242305			54
54.01	RADIOLOGY-ULTRASOUND	0.109862			54.01
55	RADIOLOGY-THERAPEUTIC				55
56	RADIOISOTOPE	0.203800			56
57	CT SCAN	0.073743			57
58	MRI	0.100112			58
59	CARDIAC CATHETERIZATION	0.259867			59
60	LABORATORY	0.101219			60
60.01	LABORATORY-SURGICAL PATHOLOGY	0.180529			60.01
60.02	LABORATORY-NEUROSURGICAL				60.02
60.03	LABORATORY-HLA	1.106557			60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.283180			63
65	RESPIRATORY THERAPY	0.264216			65
66	PHYSICAL THERAPY	0.307836			66
67	OCCUPATIONAL THERAPY	0.261512			67
68	SPEECH PATHOLOGY	1.110347			68
69	ELECTROCARDIOLOGY	0.179185			69
70	ELECTROENCEPHALOGRAPHY	0.372674			70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	2.234111			71
73	DRUGS CHARGED TO PATIENTS	0.326836			73
74	RENAL DIALYSIS	0.227536			74
75	ASC (NON-DISTINCT PART)				75
76	PULMONARY LABS	0.353796			76
76.01	OCCUPATIONAL HEALTH	2.764612			76.01
76.03	HYPERALIMENTATION				76.03
76.04	PERIPHERAL VASCULAR	0.134493			76.04
76.05	PEDIATRIC ENDO NUTRITION				76.05
76.07	GASTROINTESTINAL SERVICE	0.288686			76.07
76.09	BONE MARROW PROCUREMENT	0.996336			76.09
76.10	BARIATRICS	3.059187			76.10
76.11	HEPATOLOGY	7.269.886957			76.11
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90	CLINIC	0.854316			90
90.01	CARDIAC REHABILITATION	0.912573			90.01
90.02	CANCER CENTER	0.499972			90.02
90.03	PSYCH SOCIAL REHAB	7.255596			90.03
90.04	WELLNESS ASSESSMENT				90.04
90.06	HEART FAILURE CLINIC				90.06
90.07	LOC OUTPATIENT CENTER	0.422651			90.07
90.08	OBT OUTPATIENT CENTER	0.374348			90.08
90.09	ELMHURST IMMEDIATE CARE	0.917748			90.09
90.10	LAGRANGE FAMILY PCC	0.461103			90.10
90.12	NORTH RIVERSIDE PCC	0.855865			90.12
90.13	GLENDALE HEIGHTS PCC				90.13
90.14	WHEATON PCC	0.593563			90.14
90.15	OBT II PCC	0.727825			90.15
90.16	HICKORY HILLS PCC	0.575962			90.16
90.18	DARIEN PCC	1.009107			90.18
90.20	ORLANAD PARK - FP	0.892832			90.20



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-T276

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	
90.21	FAMILY PRACTICE MAYWOOD PCC	0.654598			90.21
90.22	HOMER GLEN PCC	0.464298			90.22
90.23	OAK PARK PCC	1.309521			90.23
90.24	PARK RIDGE PCC	0.380576			90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	0.953908			90.25
90.26	WOODRIDGE PCC	0.030592			90.26
90.27	NEUROLOGY - NILES				90.27
90.28	MARJORIE WEINBERG CANCER CENTER	0.373714			90.28
90.29	BURR RIDGE PCC	0.371267			90.29
90.30	RIVER FOREST	0.364094			90.30
90.31	NORRIDGE	0.068061			90.31
90.32	ELMWOOD PARK	0.090432			90.32
91	EMERGENCY	0.248049			91
92	OBSERVATION BEDS (NON-DISTINCT PART)				92
92.01	OBSERVATION BEDS-DISTINCT	0.046462			92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
95	AMBULANCE SERVICES				95
97	DURABLE MEDICAL EQUIP-SOLD	0.262293			97
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



LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 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)	
		I	D	2	3	4	
1	ADULTS & PEDIATRICS	69,955	38	1,068.89	37	39,549	1
2	INTENSIVE CARE UNIT	7,379	43	1,821.99	10	18,220	2
3	CORONARY CARE UNIT		44				3
4	BURN INTENSIVE CARE UNIT		45	4,315.55			4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	NEONATAL INTENSIVE CARE		47	1,561.30			6
6.01	PEDIATRIC ICU		47.01	2,734.59			6.01
6.03	HEART TRANSPLANT ICU		47.03	2,016.56			6.03
6.04	BONE INTENSIVE CARE		47.04	2,460.69			6.04
7	TOTAL (sum of lines 1-6)	77,334			47	57,769	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	0.532048	508,673	270,638	8
8.01	AMBULATORY SURGERY CENTER	50.01	0.252858	51,186	12,943	8.01
9	RECOVERY ROOM	51	0.179695	211,364	37,981	9
10	DELIVERY ROOM & LABOR ROOM	52	0.563194			10
11	ANESTHESIOLOGY	53	0.071939	399,390	28,732	11
12	RADIOLOGY-DIAGNOSTIC	54	0.242305	276,630	67,029	12
12.01	RADIOLOGY-ULTRASOUND	54.01	0.109862	19,894	2,186	12.01
13	RADIOLOGY-THERAPEUTIC	55				13
14	RADIOISOTOPE	56	0.203800	236,682	48,236	14
15	CT SCAN	57	0.073743	647,732	47,766	15
16	MRI	58	0.100112	24,700	2,473	16
17	CARDIAC CATHETERIZATION	59	0.259867	588,958	153,051	17
18	LABORATORY	60	0.101219	1,872,207	189,503	18
18.01	LABORATORY-SURGICAL PATHOLOGY	60.01	0.180529	49,122	8,868	18.01
18.02	LABORATORY-NEUROSURGICAL	60.02				18.02
18.03	LABORATORY-HLA	60.03	1.106557			18.03
19	PBP CLINICAL LAB SERVICES-PRGM ONLY	61				19
20	WHOLE BLOOD & PACKED RED BLOOD CELLS	62				20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30				20.30
21	BLOOD STORING, PROCESSING & TRANS.	63	0.283180	91,370	25,874	21
22	INTRAVENOUS THERAPY	64				22
23	RESPIRATORY THERAPY	65	0.264216	10,008	2,644	23
24	PHYSICAL THERAPY	66	0.307836			24
25	OCCUPATIONAL THERAPY	67	0.261512	535	140	25
26	SPEECH PATHOLOGY	68	1.110347			26
27	ELECTROCARDIOLOGY	69	0.179185	417,856	74,874	27
28	ELECTROENCEPHALOGRAPHY	70	0.372674			28
29	MEDICAL SUPPLIES CHARGED TO PATIENTS	71	2.234111			29
30	IMPL. DEV. CHARGED TO PATIENTS	72				30
31	DRUGS CHARGED TO PATIENTS	73	0.326836	168,008	54,911	31
32	RENAL DIALYSIS	74	0.227536	1,470,681	334,633	32
33	ASC (NON-DISTINCT PART)	75				33
34	PULMONARY LABS	76	0.353796			34
34.01	OCCUPATIONAL HEALTH	76.01	2.764612			34.01
34.03	HYPERALIMENTATION	76.03				34.03
34.04	PERIPHERAL VASCULAR	76.04	0.134493	115,787	15,573	34.04
34.05	PEDIATRIC ENDO NUTRITION	76.05				34.05
34.07	GASTROINTESTINAL SERVICE	76.07	0.288686	141,183	40,758	34.07
34.09	BONE MARROW PROCUREMENT	76.09	0.996336			34.09
34.10	BARIATRICS	76.10	3.059187	1,387	4,243	34.10
34.11	HEPATOLOGY	76.11	7,269.886957			34.11
34.97	CARDIAC REHABILITATION	76.97				34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98				34.98
34.99	LITHOTRIPSY	76.99				34.99
35	RURAL HEALTH CLINIC	88				35
36	FEDERALLY QUALIFIED HEALTH CENTER	89				36
37	CLINIC	90	0.854316	87	74	37
37.01	CARDIAC REHABILITATION	90.01	0.912573			37.01
37.02	CANCER CENTER	90.02	0.499972	2,968	1,484	37.02
37.03	PSYCH SOCIAL REHAB	90.03	7.255596	173	1,255	37.03



## COMPU-MAX

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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	2	3	
37.04	WELLNESS ASSESSMENT	90.04				37.04
37.06	HEART FAILURE CLINIC	90.06				37.06
37.07	LOC OUTPATIENT CENTER	90.07	0.422651	186,811	78,956	37.07
37.08	OBT OUTPATIENT CENTER	90.08	0.374348	8,613	3,224	37.08
37.09	ELMHURST IMMEDIATE CARE	90.09	0.917748	440	404	37.09
37.10	LAGRANGE FAMILY PCC	90.10	0.461103	2,352	1,085	37.10
37.12	NORTH RIVERSIDE PCC	90.12	0.855865	5,573	4,770	37.12
37.13	GLENDALE HEIGHTS PCC	90.13				37.13
37.14	WHEATON PCC	90.14	0.593563	578	343	37.14
37.15	OBT II PCC	90.15	0.727825	2,254	1,641	37.15
37.16	HICKORY HILLS PCC	90.16	0.575962	2,762	1,591	37.16
37.18	DARIEN PCC	90.18	1.009107	1,723	1,739	37.18
37.20	ORLANAD PARK - FP	90.20	0.892832	398	355	37.20
37.21	FAMILY PRACTICE MAYWOOD PCC	90.21	0.654598	824	539	37.21
37.22	HOMER GLEN PCC	90.22	0.464298	2,963	1,376	37.22
37.23	OAK PARK PCC	90.23	1.309521	560	733	37.23
37.24	PARK RIDGE PCC	90.24	0.380576	3,119	1,187	37.24
37.25	LOYOLA CLINIC AT GOTTLIEB	90.25	0.953908	2,132	2,034	37.25
37.26	WOODRIDGE PCC	90.26	0.030592			37.26
37.27	NEUROLOGY - NILES	90.27				37.27
37.28	MARJORIE WEINBERG CANCER CENTER	90.28	0.373714			37.28
37.29	BURR RIDGE PCC	90.29	0.371267	39,522	14,673	37.29
37.30	RIVER FOREST	90.30	0.364094	1,528	556	37.30
37.31	NORRIDGE	90.31	0.068061			37.31
37.32	ELMWOOD PARK	90.32	0.090432	1,875	170	37.32
38	EMERGENCY	91	0.248049	54,617	13,548	38
39	OBSERVATION BEDS (NON-DISTINCT PART)	92				39
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.046462	50,200	2,332	39.01
40	OTHER OUTPATIENT SERVICE (SPECIFY)	93				40
41	TOTAL (sum of lines 8-40)			7,675,425	1,557,125	41

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



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 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		
42	ADULTS & PEDIATRICS	2		37	42
43	INTENSIVE CARE UNIT	3		10	43
44	CORONARY CARE UNIT	4			44
45	BURN INTENSIVE CARE UNIT	5			45
46	SURGICAL INTENSIVE CARE UNIT	6			46
47	NEONATAL INTENSIVE CARE	7			47
47.01	PEDIATRIC ICU	7.01			47.01
47.03	HEART TRANSPLANT ICU	7.03			47.03
47.04	BONE INTENSIVE CARE	7.04			47.04
48	TOTAL (sum of lines 42-47)			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)
		I	D		
49	RURAL HEALTH CLINIC		21		49
50	FEDERALLY QUALIFIED HEALTH CENTER		22		50
51	CLINIC	87	23		51
51.01	CARDIAC REHABILITATION		23.01		51.01
51.02	CANCER CENTER	2,968	23.02		51.02
51.03	PSYCH SOCIAL REHAB	173	23.03		51.03
51.04	WELLNESS ASSESSMENT		23.04		51.04
51.06	HEART FAILURE CLINIC		23.06		51.06
51.07	LOC OUTPATIENT CENTER	186,811	23.07		51.07
51.08	OBT OUTPATIENT CENTER	8,613	23.08		51.08
51.09	ELMHURST IMMEDIATE CARE	440	23.09		51.09
51.10	LAGRANGE FAMILY PCC	2,352	23.10		51.10
51.12	NORTH RIVERSIDE PCC	5,573	23.12		51.12
51.13	GLENDALE HEIGHTS PCC		23.13		51.13
51.14	WHEATON PCC	578	23.14		51.14
51.15	OBT II PCC	2,254	23.15		51.15
51.16	HICKORY HILLS PCC	2,762	23.16		51.16
51.18	DARIEN PCC	1,723	23.18		51.18
51.20	ORLANAD PARK - FP	398	23.20		51.20
51.21	FAMILY PRACTICE MAYWOOD PCC	824	23.21		51.21
51.22	HOMER GLEN PCC	2,963	23.22		51.22
51.23	OAK PARK PCC	560	23.23		51.23
51.24	PARK RIDGE PCC	3,119	23.24		51.24
51.25	LOYOLA CLINIC AT GOTTLIEB	2,132	23.25		51.25
51.26	WOODRIDGE PCC		23.26		51.26
51.27	NEUROLOGY - NILES		23.27		51.27
51.28	MARJORIE WEINBERG CANCER CENTER		23.28		51.28
51.29	BURR RIDGE PCC	39,522	23.29		51.29
51.30	RIVER FOREST	1,528	23.30		51.30
51.31	NORRIDGE		23.31		51.31
51.32	ELMWOOD PARK	1,875	23.32		51.32
52	EMERGENCY	54,617	24		52
53	OBSERVATION BEDS (NON-DISTINCT PART)		25		53
53.01	OBSERVATION BEDS-DISTINCT	50,200	25.01		53.01
54	OTHER OUTPATIENT SERVICE (SPECIFY)		26		54
55	TOTAL (sum of lines 49-54)	372,072			55

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



## COMPU-MAX

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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	PART B	PART A	PART B	
		1	2	3	4	
56	ROUTINE & ANCILLARY FROM PART I	1,614,894		7,752,759		56
57	INTERNS & RESIDENTS (inpatient)					57
58	INTERNS & RESIDENTS (outpatient)					58
59	DIRECT ORGAN ACQUISITION (see instructions)	4,229,996		4,229,996		59
60	COST OF SERVICES OF TEACHING PHYSICIANS (Wkst. D-5, Part II)					60
61	TOTAL (sum of lines 56 thru 60)	5,844,890		11,982,755		61
62	TOTAL USABLE ORGANS (see instructions)		115			62
63	MEDICARE USABLE ORGANS (see instructions)		87			63
64	RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (line 63 ÷ line 62)		0.756522			64
65	MEDICARE COST/CHARGES (see instructions)	4,421,788		9,065,218		65
66	REVENUE FOR ORGANS SOLD	87,547				66
67	SUBTOTAL (line 65 minus line 66)	4,334,241		9,065,218		67
68	ORGANS FURNISHED PART B					68
69	NET ORGAN ACQUISITION COST AND CHARGES (see instructions)	4,334,241		9,065,218		69

## PART IV - STATISTICS

		LIVING RELATED	CADAVERIC	REVENUE	
		1	2	3	
70	ORGANS EXCISED IN PROVIDER (1)	30	31		70
71	ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS (2)				71
72	ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73	ORGANS PURCHASED FROM OPOs		54		73
74	TOTAL (sum of lines 70 thru 73)	30	85		74
75	ORGANS TRANSPLANTED	28	54		75
76	ORGANS SOLD TO OTHER HOSPITALS		2		76
77	ORGANS SOLD TO OPOs		31	87,547	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)	28	87		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.



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 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)	
		I	D	2	3	4	
1	ADULTS & PEDIATRICS	1,964	38	1,068.89	1	1,069	1
2	INTENSIVE CARE UNIT	3,806	43	1,821.99	1	1,822	2
3	CORONARY CARE UNIT		44				3
4	BURN INTENSIVE CARE UNIT		45	4,315.55			4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	NEONATAL INTENSIVE CARE		47	1,561.30			6
6.01	PEDIATRIC ICU		47.01	2,734.59			6.01
6.03	HEART TRANSPLANT ICU		47.03	2,016.56			6.03
6.04	BONE INTENSIVE CARE		47.04	2,460.69			6.04
7	TOTAL (sum of lines 1-6)	5,770			2	2,891	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	0.532048	9,144	4,865	8
8.01	AMBULATORY SURGERY CENTER	50.01	0.252858			8.01
9	RECOVERY ROOM	51	0.179695			9
10	DELIVERY ROOM & LABOR ROOM	52	0.563194			10
11	ANESTHESIOLOGY	53	0.071939	8,290	596	11
12	RADIOLOGY-DIAGNOSTIC	54	0.242305	14,894	3,609	12
12.01	RADIOLOGY-ULTRASOUND	54.01	0.109862			12.01
13	RADIOLOGY-THERAPEUTIC	55				13
14	RADIOISOTOPE	56	0.203800	26,474	5,395	14
15	CT SCAN	57	0.073743	103,996	7,669	15
16	MRI	58	0.100112			16
17	CARDIAC CATHETERIZATION	59	0.259867	86,581	22,500	17
18	LABORATORY	60	0.101219	134,316	13,595	18
18.01	LABORATORY-SURGICAL PATHOLOGY	60.01	0.180529	2,516	454	18.01
18.02	LABORATORY-NEUROSURGICAL	60.02				18.02
18.03	LABORATORY-HLA	60.03	1.106557			18.03
19	PBP CLINICAL LAB SERVICES-PRGM ONLY	61				19
20	WHOLE BLOOD & PACKED RED BLOOD CELLS	62				20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30				20.30
21	BLOOD STORING, PROCESSING & TRANS.	63	0.283180	6,768	1,917	21
22	INTRAVENOUS THERAPY	64		1,179		22
23	RESPIRATORY THERAPY	65	0.264216			23
24	PHYSICAL THERAPY	66	0.307836			24
25	OCCUPATIONAL THERAPY	67	0.261512			25
26	SPEECH PATHOLOGY	68	1.110347			26
27	ELECTROCARDIOLOGY	69	0.179185	195,811	35,086	27
28	ELECTROENCEPHALOGRAPHY	70	0.372674	728	271	28
29	MEDICAL SUPPLIES CHARGED TO PATIENTS	71	2.234111			29
30	IMPL. DEV. CHARGED TO PATIENTS	72				30
31	DRUGS CHARGED TO PATIENTS	73	0.326836	11,640	3,804	31
32	RENAL DIALYSIS	74	0.227536			32
33	ASC (NON-DISTINCT PART)	75				33
34	PULMONARY LABS	76	0.353796			34
34.01	OCCUPATIONAL HEALTH	76.01	2.764612			34.01
34.03	HYPERALIMENTATION	76.03				34.03
34.04	PERIPHERAL VASCULAR	76.04	0.134493	16,733	2,250	34.04
34.05	PEDIATRIC ENDO NUTRITION	76.05				34.05
34.07	GASTROINTESTINAL SERVICE	76.07	0.288686			34.07
34.09	BONE MARROW PROCUREMENT	76.09	0.996336	13,217	13,169	34.09
34.10	BARIATRICS	76.10	3.059187			34.10
34.11	HEPATOLOGY	76.11	7,269.886957			34.11
34.97	CARDIAC REHABILITATION	76.97				34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98				34.98
34.99	LITHOTRIPSY	76.99				34.99
35	RURAL HEALTH CLINIC	88				35
36	FEDERALLY QUALIFIED HEALTH CENTER	89				36
37	CLINIC	90	0.854316			37
37.01	CARDIAC REHABILITATION	90.01	0.912573			37.01
37.02	CANCER CENTER	90.02	0.499972			37.02
37.03	PSYCH SOCIAL REHAB	90.03	7.255596	95	689	37.03



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 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	2	3	
37.04	WELLNESS ASSESSMENT	90.04				37.04
37.06	HEART FAILURE CLINIC	90.06				37.06
37.07	LOC OUTPATIENT CENTER	90.07	0.422651	31,936	13,498	37.07
37.08	OBT OUTPATIENT CENTER	90.08	0.374348			37.08
37.09	ELMHURST IMMEDIATE CARE	90.09	0.917748			37.09
37.10	LAGRANGE FAMILY PCC	90.10	0.461103			37.10
37.12	NORTH RIVERSIDE PCC	90.12	0.855865	140	120	37.12
37.13	GLENDALE HEIGHTS PCC	90.13				37.13
37.14	WHEATON PCC	90.14	0.593563			37.14
37.15	OBT II PCC	90.15	0.727825			37.15
37.16	HICKORY HILLS PCC	90.16	0.575962			37.16
37.18	DARIEN PCC	90.18	1.009107			37.18
37.20	ORLANAD PARK - FP	90.20	0.892832			37.20
37.21	FAMILY PRACTICE MAYWOOD PCC	90.21	0.654598			37.21
37.22	HOMER GLEN PCC	90.22	0.464298			37.22
37.23	OAK PARK PCC	90.23	1.309521			37.23
37.24	PARK RIDGE PCC	90.24	0.380576			37.24
37.25	LOYOLA CLINIC AT GOTTLIEB	90.25	0.953908			37.25
37.26	WOODRIDGE PCC	90.26	0.030592			37.26
37.27	NEUROLOGY - NILES	90.27				37.27
37.28	MARJORIE WEINBERG CANCER CENTER	90.28	0.373714			37.28
37.29	BURR RIDGE PCC	90.29	0.371267	9,329	3,464	37.29
37.30	RIVER FOREST	90.30	0.364094			37.30
37.31	NORRIDGE	90.31	0.068061			37.31
37.32	ELMWOOD PARK	90.32	0.090432			37.32
38	EMERGENCY	91	0.248049			38
39	OBSERVATION BEDS (NON-DISTINCT PART)	92		2,308		39
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.046462			39.01
40	OTHER OUTPATIENT SERVICE (SPECIFY)	93				40
41	TOTAL (sum of lines 8-40)			676,095	132,951	41

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



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 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		
42	ADULTS & PEDIATRICS	2		1	42
43	INTENSIVE CARE UNIT	3		1	43
44	CORONARY CARE UNIT	4			44
45	BURN INTENSIVE CARE UNIT	5			45
46	SURGICAL INTENSIVE CARE UNIT	6			46
47	NEONATAL INTENSIVE CARE	7			47
47.01	PEDIATRIC ICU	7.01			47.01
47.03	HEART TRANSPLANT ICU	7.03			47.03
47.04	BONE INTENSIVE CARE	7.04			47.04
48	TOTAL (sum of lines 42-47)			2	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		
49	RURAL HEALTH CLINIC		21		49
50	FEDERALLY QUALIFIED HEALTH CENTER		22		50
51	CLINIC		23		51
51.01	CARDIAC REHABILITATION		23.01		51.01
51.02	CANCER CENTER		23.02		51.02
51.03	PSYCH SOCIAL REHAB	95	23.03		51.03
51.04	WELLNESS ASSESSMENT		23.04		51.04
51.06	HEART FAILURE CLINIC		23.06		51.06
51.07	LOC OUTPATIENT CENTER	31,936	23.07		51.07
51.08	OBT OUTPATIENT CENTER		23.08		51.08
51.09	ELMHURST IMMEDIATE CARE		23.09		51.09
51.10	LAGRANGE FAMILY PCC		23.10		51.10
51.12	NORTH RIVERSIDE PCC	140	23.12		51.12
51.13	GLENDALE HEIGHTS PCC		23.13		51.13
51.14	WHEATON PCC		23.14		51.14
51.15	OBT II PCC		23.15		51.15
51.16	HICKORY HILLS PCC		23.16		51.16
51.18	DARIEN PCC		23.18		51.18
51.20	ORLANAD PARK - FP		23.20		51.20
51.21	FAMILY PRACTICE MAYWOOD PCC		23.21		51.21
51.22	HOMER GLEN PCC		23.22		51.22
51.23	OAK PARK PCC		23.23		51.23
51.24	PARK RIDGE PCC		23.24		51.24
51.25	LOYOLA CLINIC AT GOTTLIEB		23.25		51.25
51.26	WOODRIDGE PCC		23.26		51.26
51.27	NEUROLOGY - NILES		23.27		51.27
51.28	MARJORIE WEINBERG CANCER CENTER		23.28		51.28
51.29	BURR RIDGE PCC	9,329	23.29		51.29
51.30	RIVER FOREST		23.30		51.30
51.31	NORRIDGE		23.31		51.31
51.32	ELMWOOD PARK		23.32		51.32
52	EMERGENCY		24		52
53	OBSERVATION BEDS (NON-DISTINCT PART)	2,308	25		53
53.01	OBSERVATION BEDS-DISTINCT		25.01		53.01
54	OTHER OUTPATIENT SERVICE (SPECIFY)		26		54
55	TOTAL (sum of lines 49-54)	43,808			55

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



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LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 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             KIDNEY                     LUNG                     INTESTINE                     OTHER (specify)  
 BOX:

## PART III - SUMMARY OF COSTS AND CHARGES

		COST		CHARGES		
		PART A	PART B	PART A	PART B	
		1	2	3	4	
56	ROUTINE & ANCILLARY FROM PART I	135,842		681,865		56
57	INTERNS & RESIDENTS (inpatient)					57
58	INTERNS & RESIDENTS (outpatient)					58
59	DIRECT ORGAN ACQUISITION (see instructions)	1,639,666		1,639,666		59
60	COST OF SERVICES OF TEACHING PHYSICIANS (Wkst. D-5, Part II)					60
61	TOTAL (sum of lines 56 thru 60)	1,775,508		2,321,531		61
62	TOTAL USABLE ORGANS (see instructions)		18			62
63	MEDICARE USABLE ORGANS (see instructions)		10			63
64	RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (line 63 ÷ line 62)		0.555556			64
65	MEDICARE COST/CHARGES (see instructions)	986,394		1,289,740		65
66	REVENUE FOR ORGANS SOLD	14,120				66
67	SUBTOTAL (line 65 minus line 66)	972,274		1,289,740		67
68	ORGANS FURNISHED PART B					68
69	NET ORGAN ACQUISITION COST AND CHARGES (see instructions)	972,274		1,289,740		69

## PART IV - STATISTICS

		LIVING RELATED	CADAVERIC	REVENUE	
		1	2	3	
70	ORGANS EXCISED IN PROVIDER (1)		5		70
71	ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS (2)				71
72	ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73	ORGANS PURCHASED FROM OPOs		13		73
74	TOTAL (sum of lines 70 thru 73)		18		74
75	ORGANS TRANSPLANTED		13		75
76	ORGANS SOLD TO OTHER HOSPITALS				76
77	ORGANS SOLD TO OPOs		5	14,120	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)		18		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.



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LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 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)	
		I	D	2	3	4	
1	ADULTS & PEDIATRICS	2,360	38	1,068.89	1	1,069	1
2	INTENSIVE CARE UNIT	8,594	43	1,821.99	2	3,644	2
3	CORONARY CARE UNIT		44				3
4	BURN INTENSIVE CARE UNIT		45	4,315.55			4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	NEONATAL INTENSIVE CARE		47	1,561.30			6
6.01	PEDIATRIC ICU		47.01	2,734.59			6.01
6.03	HEART TRANSPLANT ICU		47.03	2,016.56			6.03
6.04	BONE INTENSIVE CARE		47.04	2,460.69			6.04
7	TOTAL (sum of lines 1-6)	10,954			3	4,713	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	0.532048	19,723	10,494	8
8.01	AMBULATORY SURGERY CENTER	50.01	0.252858			8.01
9	RECOVERY ROOM	51	0.179695			9
10	DELIVERY ROOM & LABOR ROOM	52	0.563194			10
11	ANESTHESIOLOGY	53	0.071939	19,362	1,393	11
12	RADIOLOGY-DIAGNOSTIC	54	0.242305	201,910	48,924	12
12.01	RADIOLOGY-ULTRASOUND	54.01	0.109862	36,223	3,980	12.01
13	RADIOLOGY-THERAPEUTIC	55				13
14	RADIOISOTOPE	56	0.203800	310,039	63,186	14
15	CT SCAN	57	0.073743	102,533	7,561	15
16	MRI	58	0.100112	125,631	12,577	16
17	CARDIAC CATHETERIZATION	59	0.259867	69,548	18,073	17
18	LABORATORY	60	0.101219	636,430	64,419	18
18.01	LABORATORY-SURGICAL PATHOLOGY	60.01	0.180529	11,846	2,139	18.01
18.02	LABORATORY-NEUROSURGICAL	60.02				18.02
18.03	LABORATORY-HLA	60.03	1.106557			18.03
19	PBP CLINICAL LAB SERVICES-PRGM ONLY	61				19
20	WHOLE BLOOD & PACKED RED BLOOD CELLS	62				20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30				20.30
21	BLOOD STORING, PROCESSING & TRANS.	63	0.283180	33,213	9,405	21
22	INTRAVENOUS THERAPY	64				22
23	RESPIRATORY THERAPY	65	0.264216	2,606	689	23
24	PHYSICAL THERAPY	66	0.307836			24
25	OCCUPATIONAL THERAPY	67	0.261512			25
26	SPEECH PATHOLOGY	68	1.110347			26
27	ELECTROCARDIOLOGY	69	0.179185	245,820	44,047	27
28	ELECTROENCEPHALOGRAPHY	70	0.372674			28
29	MEDICAL SUPPLIES CHARGED TO PATIENTS	71	2.234111			29
30	IMPL. DEV. CHARGED TO PATIENTS	72				30
31	DRUGS CHARGED TO PATIENTS	73	0.326836	50,880	16,629	31
32	RENAL DIALYSIS	74	0.227536	56,507	12,857	32
33	ASC (NON-DISTINCT PART)	75				33
34	PULMONARY LABS	76	0.353796	5,687	2,012	34
34.01	OCCUPATIONAL HEALTH	76.01	2.764612			34.01
34.03	HYPERALIMENTATION	76.03				34.03
34.04	PERIPHERAL VASCULAR	76.04	0.134493	9,305	1,251	34.04
34.05	PEDIATRIC ENDO NUTRITION	76.05				34.05
34.07	GASTROINTESTINAL SERVICE	76.07	0.288686	19,239	5,554	34.07
34.09	BONE MARROW PROCUREMENT	76.09	0.996336			34.09
34.10	BARIATRICS	76.10	3.059187			34.10
34.11	HEPATOLOGY	76.11	7,269.886957			34.11
34.97	CARDIAC REHABILITATION	76.97				34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98				34.98
34.99	LITHOTRIPSY	76.99				34.99
35	RURAL HEALTH CLINIC	88				35
36	FEDERALLY QUALIFIED HEALTH CENTER	89				36
37	CLINIC	90	0.854316			37
37.01	CARDIAC REHABILITATION	90.01	0.912573			37.01
37.02	CANCER CENTER	90.02	0.499972	1,689	844	37.02
37.03	PSYCH SOCIAL REHAB	90.03	7.255596	143	1,038	37.03



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 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	2	3	
37.04	WELLNESS ASSESSMENT	90.04				37.04
37.06	HEART FAILURE CLINIC	90.06				37.06
37.07	LOC OUTPATIENT CENTER	90.07	0.422651	113,588	48,008	37.07
37.08	OBT OUTPATIENT CENTER	90.08	0.374348	481	180	37.08
37.09	ELMHURST IMMEDIATE CARE	90.09	0.917748	82	75	37.09
37.10	LAGRANGE FAMILY PCC	90.10	0.461103	105	48	37.10
37.12	NORTH RIVERSIDE PCC	90.12	0.855865			37.12
37.13	GLENDALE HEIGHTS PCC	90.13				37.13
37.14	WHEATON PCC	90.14	0.593563			37.14
37.15	OBT II PCC	90.15	0.727825			37.15
37.16	HICKORY HILLS PCC	90.16	0.575962			37.16
37.18	DARIEN PCC	90.18	1.009107	70	71	37.18
37.20	ORLANAD PARK - FP	90.20	0.892832			37.20
37.21	FAMILY PRACTICE MAYWOOD PCC	90.21	0.654598			37.21
37.22	HOMER GLEN PCC	90.22	0.464298	8,423	3,911	37.22
37.23	OAK PARK PCC	90.23	1.309521	41	54	37.23
37.24	PARK RIDGE PCC	90.24	0.380576	15,051	5,728	37.24
37.25	LOYOLA CLINIC AT GOTTLIEB	90.25	0.953908			37.25
37.26	WOODRIDGE PCC	90.26	0.030592			37.26
37.27	NEUROLOGY - NILES	90.27				37.27
37.28	MARJORIE WEINBERG CANCER CENTER	90.28	0.373714			37.28
37.29	BURR RIDGE PCC	90.29	0.371267	109,130	40,516	37.29
37.30	RIVER FOREST	90.30	0.364094			37.30
37.31	NORRIDGE	90.31	0.068061			37.31
37.32	ELMWOOD PARK	90.32	0.090432	317	29	37.32
38	EMERGENCY	91	0.248049	2,515	624	38
39	OBSERVATION BEDS (NON-DISTINCT PART)	92				39
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.046462	26,844	1,247	39.01
40	OTHER OUTPATIENT SERVICE (SPECIFY)	93				40
41	TOTAL (sum of lines 8-40)			2,234,981	427,563	41

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



LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 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		
42	ADULTS & PEDIATRICS	2		1	42
43	INTENSIVE CARE UNIT	3		2	43
44	CORONARY CARE UNIT	4			44
45	BURN INTENSIVE CARE UNIT	5			45
46	SURGICAL INTENSIVE CARE UNIT	6			46
47	NEONATAL INTENSIVE CARE	7			47
47.01	PEDIATRIC ICU	7.01			47.01
47.03	HEART TRANSPLANT ICU	7.03			47.03
47.04	BONE INTENSIVE CARE	7.04			47.04
48	TOTAL (sum of lines 42-47)			3	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		
49	RURAL HEALTH CLINIC		21		49
50	FEDERALLY QUALIFIED HEALTH CENTER		22		50
51	CLINIC		23		51
51.01	CARDIAC REHABILITATION		23.01		51.01
51.02	CANCER CENTER	1,689	23.02		51.02
51.03	PSYCH SOCIAL REHAB	143	23.03		51.03
51.04	WELLNESS ASSESSMENT		23.04		51.04
51.06	HEART FAILURE CLINIC		23.06		51.06
51.07	LOC OUTPATIENT CENTER	113,588	23.07		51.07
51.08	OBT OUTPATIENT CENTER	481	23.08		51.08
51.09	ELMHURST IMMEDIATE CARE	82	23.09		51.09
51.10	LAGRANGE FAMILY PCC	105	23.10		51.10
51.12	NORTH RIVERSIDE PCC		23.12		51.12
51.13	GLENDALE HEIGHTS PCC		23.13		51.13
51.14	WHEATON PCC		23.14		51.14
51.15	OBT II PCC		23.15		51.15
51.16	HICKORY HILLS PCC		23.16		51.16
51.18	DARIEN PCC	70	23.18		51.18
51.20	ORLANAD PARK - FP		23.20		51.20
51.21	FAMILY PRACTICE MAYWOOD PCC		23.21		51.21
51.22	HOMER GLEN PCC	8,423	23.22		51.22
51.23	OAK PARK PCC	41	23.23		51.23
51.24	PARK RIDGE PCC	15,051	23.24		51.24
51.25	LOYOLA CLINIC AT GOTTLIEB		23.25		51.25
51.26	WOODRIDGE PCC		23.26		51.26
51.27	NEUROLOGY - NILES		23.27		51.27
51.28	MARJORIE WEINBERG CANCER CENTER		23.28		51.28
51.29	BURR RIDGE PCC	109,130	23.29		51.29
51.30	RIVER FOREST		23.30		51.30
51.31	NORRIDGE		23.31		51.31
51.32	ELMWOOD PARK	317	23.32		51.32
52	EMERGENCY	2,515	24		52
53	OBSERVATION BEDS (NON-DISTINCT PART)		25		53
53.01	OBSERVATION BEDS-DISTINCT	26,844	25.01		53.01
54	OTHER OUTPATIENT SERVICE (SPECIFY)		26		54
55	TOTAL (sum of lines 49-54)	278,479			55

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



## COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 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	PART B	PART A	PART B	
		1	2	3	4	
56	ROUTINE & ANCILLARY FROM PART I	432,276		2,245,935		56
57	INTERNS & RESIDENTS (inpatient)					57
58	INTERNS & RESIDENTS (outpatient)					58
59	DIRECT ORGAN ACQUISITION (see instructions)	3,023,081		3,023,081		59
60	COST OF SERVICES OF TEACHING PHYSICIANS (Wkst. D-5, Part II)					60
61	TOTAL (sum of lines 56 thru 60)	3,455,357		5,269,016		61
62	TOTAL USABLE ORGANS (see instructions)		47			62
63	MEDICARE USABLE ORGANS (see instructions)		26			63
64	RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (line 63 ÷ line 62)		0.553191			64
65	MEDICARE COST/CHARGES (see instructions)	1,911,472		2,914,772		65
66	REVENUE FOR ORGANS SOLD	25,417				66
67	SUBTOTAL (line 65 minus line 66)	1,886,055		2,914,772		67
68	ORGANS FURNISHED PART B					68
69	NET ORGAN ACQUISITION COST AND CHARGES (see instructions)	1,886,055		2,914,772		69

## PART IV - STATISTICS

		LIVING RELATED	CADAVERIC	REVENUE	
		1	2	3	
70	ORGANS EXCISED IN PROVIDER (1)		9		70
71	ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS (2)				71
72	ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73	ORGANS PURCHASED FROM OPOs		38		73
74	TOTAL (sum of lines 70 thru 73)		38		74
75	ORGANS TRANSPLANTED		38		75
76	ORGANS SOLD TO OTHER HOSPITALS				76
77	ORGANS SOLD TO OPOs		9	25,417	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)		47		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.



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LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 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 [ ] KIDNEY [XX] 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)	
		I	D	2	3	4	
1	ADULTS & PEDIATRICS	5,354	38	1,068.89	2	2,138	1
2	INTENSIVE CARE UNIT	6,384	43	1,821.99	2	3,644	2
3	CORONARY CARE UNIT		44				3
4	BURN INTENSIVE CARE UNIT		45	4,315.55			4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	NEONATAL INTENSIVE CARE		47	1,561.30			6
6.01	PEDIATRIC ICU		47.01	2,734.59			6.01
6.03	HEART TRANSPLANT ICU		47.03	2,016.56			6.03
6.04	BONE INTENSIVE CARE		47.04	2,460.69			6.04
7	TOTAL (sum of lines 1-6)	11,738			4	5,782	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	0.532048	47,080	25,049	8
8.01	AMBULATORY SURGERY CENTER	50.01	0.252858			8.01
9	RECOVERY ROOM	51	0.179695	10,058	1,807	9
10	DELIVERY ROOM & LABOR ROOM	52	0.563194			10
11	ANESTHESIOLOGY	53	0.071939	52,873	3,804	11
12	RADIOLOGY-DIAGNOSTIC	54	0.242305	68,172	16,518	12
12.01	RADIOLOGY-ULTRASOUND	54.01	0.109862	19,671	2,161	12.01
13	RADIOLOGY-THERAPEUTIC	55				13
14	RADIOISOTOPE	56	0.203800	311,761	63,537	14
15	CT SCAN	57	0.073743	173,257	12,776	15
16	MRI	58	0.100112	14,397	1,441	16
17	CARDIAC CATHETERIZATION	59	0.259867	983,577	255,599	17
18	LABORATORY	60	0.101219	562,898	56,976	18
18.01	LABORATORY-SURGICAL PATHOLOGY	60.01	0.180529	23,534	4,249	18.01
18.02	LABORATORY-NEUROSURGICAL	60.02				18.02
18.03	LABORATORY-HLA	60.03	1.106557			18.03
19	PBP CLINICAL LAB SERVICES-PRGM ONLY	61				19
20	WHOLE BLOOD & PACKED RED BLOOD CELLS	62				20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30				20.30
21	BLOOD STORING, PROCESSING & TRANS.	63	0.283180	35,873	10,159	21
22	INTRAVENOUS THERAPY	64				22
23	RESPIRATORY THERAPY	65	0.264216	8,415	2,223	23
24	PHYSICAL THERAPY	66	0.307836	13,612	4,190	24
25	OCCUPATIONAL THERAPY	67	0.261512			25
26	SPEECH PATHOLOGY	68	1.110347			26
27	ELECTROCARDIOLOGY	69	0.179185	127,022	22,760	27
28	ELECTROENCEPHALOGRAPHY	70	0.372674			28
29	MEDICAL SUPPLIES CHARGED TO PATIENTS	71	2.234111			29
30	IMPL. DEV. CHARGED TO PATIENTS	72				30
31	DRUGS CHARGED TO PATIENTS	73	0.326836	84,571	27,641	31
32	RENAL DIALYSIS	74	0.227536			32
33	ASC (NON-DISTINCT PART)	75				33
34	PULMONARY LABS	76	0.353796	14,559	5,151	34
34.01	OCCUPATIONAL HEALTH	76.01	2.764612			34.01
34.03	HYPERALIMENTATION	76.03				34.03
34.04	PERIPHERAL VASCULAR	76.04	0.134493	36,729	4,940	34.04
34.05	PEDIATRIC ENDO NUTRITION	76.05				34.05
34.07	GASTROINTESTINAL SERVICE	76.07	0.288686	97,947	28,276	34.07
34.09	BONE MARROW PROCUREMENT	76.09	0.996336			34.09
34.10	BARIATRICS	76.10	3.059187	220	673	34.10
34.11	HEPATOLOGY	76.11	7,269.886957			34.11
34.97	CARDIAC REHABILITATION	76.97				34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98				34.98
34.99	LITHOTRIPSY	76.99				34.99
35	RURAL HEALTH CLINIC	88				35
36	FEDERALLY QUALIFIED HEALTH CENTER	89				36
37	CLINIC	90	0.854316			37
37.01	CARDIAC REHABILITATION	90.01	0.912573			37.01
37.02	CANCER CENTER	90.02	0.499972	8,817	4,408	37.02
37.03	PSYCH SOCIAL REHAB	90.03	7.255596	618	4,484	37.03



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LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 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 [ ] KIDNEY [XX] 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	2	3	
37.04	WELLNESS ASSESSMENT	90.04				37.04
37.06	HEART FAILURE CLINIC	90.06				37.06
37.07	LOC OUTPATIENT CENTER	90.07	0.422651	144,899	61,242	37.07
37.08	OBT OUTPATIENT CENTER	90.08	0.374348	82,966	31,058	37.08
37.09	ELMHURST IMMEDIATE CARE	90.09	0.917748			37.09
37.10	LAGRANGE FAMILY PCC	90.10	0.461103			37.10
37.12	NORTH RIVERSIDE PCC	90.12	0.855865			37.12
37.13	GLENDALE HEIGHTS PCC	90.13				37.13
37.14	WHEATON PCC	90.14	0.593563			37.14
37.15	OBT II PCC	90.15	0.727825	200	146	37.15
37.16	HICKORY HILLS PCC	90.16	0.575962	1,296	746	37.16
37.18	DARIEN PCC	90.18	1.009107			37.18
37.20	ORLANAD PARK - FP	90.20	0.892832	95	85	37.20
37.21	FAMILY PRACTICE MAYWOOD PCC	90.21	0.654598			37.21
37.22	HOMER GLEN PCC	90.22	0.464298	8,267	3,838	37.22
37.23	OAK PARK PCC	90.23	1.309521			37.23
37.24	PARK RIDGE PCC	90.24	0.380576	11,713	4,458	37.24
37.25	LOYOLA CLINIC AT GOTTLIEB	90.25	0.953908	235	224	37.25
37.26	WOODRIDGE PCC	90.26	0.030592			37.26
37.27	NEUROLOGY - NILES	90.27				37.27
37.28	MARJORIE WEINBERG CANCER CENTER	90.28	0.373714	24,663	9,217	37.28
37.29	BURR RIDGE PCC	90.29	0.371267	19,021	7,062	37.29
37.30	RIVER FOREST	90.30	0.364094			37.30
37.31	NORRIDGE	90.31	0.068061			37.31
37.32	ELMWOOD PARK	90.32	0.090432			37.32
38	EMERGENCY	91	0.248049	3,002	745	38
39	OBSERVATION BEDS (NON-DISTINCT PART)	92				39
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.046462	3,729	173	39.01
40	OTHER OUTPATIENT SERVICE (SPECIFY)	93				40
41	TOTAL (sum of lines 8-40)			2,995,747	677,816	41

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



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 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 [ ] KIDNEY [XX] 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		
42	ADULTS & PEDIATRICS	2		2	42
43	INTENSIVE CARE UNIT	3		2	43
44	CORONARY CARE UNIT	4			44
45	BURN INTENSIVE CARE UNIT	5			45
46	SURGICAL INTENSIVE CARE UNIT	6			46
47	NEONATAL INTENSIVE CARE	7			47
47.01	PEDIATRIC ICU	7.01			47.01
47.03	HEART TRANSPLANT ICU	7.03			47.03
47.04	BONE INTENSIVE CARE	7.04			47.04
48	TOTAL (sum of lines 42-47)			4	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		
49	RURAL HEALTH CLINIC		21		49
50	FEDERALLY QUALIFIED HEALTH CENTER		22		50
51	CLINIC		23		51
51.01	CARDIAC REHABILITATION		23.01		51.01
51.02	CANCER CENTER	8,817	23.02		51.02
51.03	PSYCH SOCIAL REHAB	618	23.03		51.03
51.04	WELLNESS ASSESSMENT		23.04		51.04
51.06	HEART FAILURE CLINIC		23.06		51.06
51.07	LOC OUTPATIENT CENTER	144,899	23.07		51.07
51.08	OBT OUTPATIENT CENTER	82,966	23.08		51.08
51.09	ELMHURST IMMEDIATE CARE		23.09		51.09
51.10	LAGRANGE FAMILY PCC		23.10		51.10
51.12	NORTH RIVERSIDE PCC		23.12		51.12
51.13	GLENDALE HEIGHTS PCC		23.13		51.13
51.14	WHEATON PCC		23.14		51.14
51.15	OBT II PCC	200	23.15		51.15
51.16	HICKORY HILLS PCC	1,296	23.16		51.16
51.18	DARIEN PCC		23.18		51.18
51.20	ORLANAD PARK - FP	95	23.20		51.20
51.21	FAMILY PRACTICE MAYWOOD PCC		23.21		51.21
51.22	HOMER GLEN PCC	8,267	23.22		51.22
51.23	OAK PARK PCC		23.23		51.23
51.24	PARK RIDGE PCC	11,713	23.24		51.24
51.25	LOYOLA CLINIC AT GOTTLIEB	235	23.25		51.25
51.26	WOODRIDGE PCC		23.26		51.26
51.27	NEUROLOGY - NILES		23.27		51.27
51.28	MARJORIE WEINBERG CANCER CENTER	24,663	23.28		51.28
51.29	BURR RIDGE PCC	19,021	23.29		51.29
51.30	RIVER FOREST		23.30		51.30
51.31	NORRIDGE		23.31		51.31
51.32	ELMWOOD PARK		23.32		51.32
52	EMERGENCY	3,002	24		52
53	OBSERVATION BEDS (NON-DISTINCT PART)		25		53
53.01	OBSERVATION BEDS-DISTINCT	3,729	25.01		53.01
54	OTHER OUTPATIENT SERVICE (SPECIFY)		26		54
55	TOTAL (sum of lines 49-54)	309,521			55

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



COMPU-MAX

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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 [ ] KIDNEY [XX] LUNG [ ] INTESTINE [ ] OTHER (specify)  
 BOX:

PART III - SUMMARY OF COSTS AND CHARGES

		COST		CHARGES		
		PART A	PART B	PART A	PART B	
		1	2	3	4	
56	ROUTINE & ANCILLARY FROM PART I	683,598		3,007,485		56
57	INTERNS & RESIDENTS (inpatient)					57
58	INTERNS & RESIDENTS (outpatient)					58
59	DIRECT ORGAN ACQUISITION (see instructions)	3,489,683		3,489,683		59
60	COST OF SERVICES OF TEACHING PHYSICIANS (Wkst. D-5, Part II)					60
61	TOTAL (sum of lines 56 thru 60)	4,173,281		6,497,168		61
62	TOTAL USABLE ORGANS (see instructions)		58			62
63	MEDICARE USABLE ORGANS (see instructions)		38			63
64	RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (line 63 ÷ line 62)		0.655172			64
65	MEDICARE COST/CHARGES (see instructions)	2,734,217		4,256,763		65
66	REVENUE FOR ORGANS SOLD	39,537				66
67	SUBTOTAL (line 65 minus line 66)	2,694,680		4,256,763		67
68	ORGANS FURNISHED PART B					68
69	NET ORGAN ACQUISITION COST AND CHARGES (see instructions)	2,694,680		4,256,763		69

PART IV - STATISTICS

		LIVING RELATED	CADAVERIC	REVENUE	
		1	2	3	
70	ORGANS EXCISED IN PROVIDER (1)		14		70
71	ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS (2)				71
72	ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73	ORGANS PURCHASED FROM OPOs		44		73
74	TOTAL (sum of lines 70 thru 73)		58		74
75	ORGANS TRANSPLANTED		44		75
76	ORGANS SOLD TO OTHER HOSPITALS				76
77	ORGANS SOLD TO OPOs		14	39,537	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)		58		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.



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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				1
1.01	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCTOBER 1, 2013 (see instructions)	22,653,969			1.01
1.02	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 2013 (see instructions)	67,961,906			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)	6,187,266			2
2.01	OUTLIER RECONCILIATION AMOUNT				2.01
2.02	OUTLIER PAYMENT FOR MODEL 4 BPCI (see instructions)				
3	MANAGED CARE SIMULATED PAYMENTS	8,633,308			3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (see instructions)	483.44			4
	<b>INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS</b>				
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (see instructions)	300.59			5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)	6.18			6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105(f)(1)(iv)(B)(1)				7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105(f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS				7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2)(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)				8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (see instructions)	306.77			9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	414.68			10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS	14.21			11
12	CURRENT YEAR ALLOWABLE FTE (see instructions)	320.98			12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	320.06			13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	319.57			14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	320.20			15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM				16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE				17
18	ADJUSTED ROLLING AVERAGE FTE COUNT	320.20			18
19	CURRENT YEAR RESIDENT TO BED RATIO (line 18 divided by line 4)	0.662337			19
20	PRIOR YEAR RESIDENT TO BED RATIO (see instructions)	0.705273			20
21	ENTER THE LESSER OF LINES 19 OR 20 (see instructions)	0.662337			21
22	IME PAYMENT ADJUSTMENT (see instructions)	30,621,946			22
	<b>INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON</b>				
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)	107.91			24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (see instructions)				25
26	RESIDENT TO BED RATIO (divide line 25 by line 4)				26
27	IME PAYMENTS ADJUSTMENT (see instructions)				27
28	IME ADJUSTMENT (see instructions)				28
29	TOTAL IME PAYMENT (sum of lines 22 and 28)	30,621,946			29
	<b>DISPROPORTIONATE SHARE ADJUSTMENT</b>				
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (see instructions)	0.0461			30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (see instructions)	0.2554			31
32	SUM OF LINES 30 AND 31	0.3015			32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (see instructions)	0.1409			33
34	DISPROPORTIONATE SHARE ADJUSTMENT (see instructions)	5,585,902			34
		PRIOR TO OCTOBER 1	ON OR AFTER OCTOBER 1		
	<b>UNCOMPENSATED CARE ADJUSTMENT</b>				
35	TOTAL UNCOMPENSATED CARE AMOUNT (see instructions)				35
35.01	FACTOR 3 (see instructions)				35.01
35.02	HOSPITAL UNCOMPENSATED CARE PAYMENT (if line 34 is zero, enter zero on this line) (see instructions)		7,493,921		35.02
35.03	PRO RATA SHARE OF THE HOSPITAL UNCOMPENSATED CARE PAYMENT AMOUNT (see instructions)		5,605,041		35.03
36	TOTAL UNCOMPENSATED CARE (sum of columns 1 and 2 on line 35.03)	5,605,041			36
	<b>ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES</b>				
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (see instructions)				40



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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	
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)	138,616,030			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)	138,616,030			49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (from Wkst L, Parts I, II, as applicable)	10,340,168			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)	9,674,012			52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT				53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES	15,701			54
55	NET ORGAN ACQUISITION COST (Wkst D-4, Part III, col. 1, line 69)	9,887,250			55
56	COST OF TEACHING PHYSICIANS (Wkst D-5, Part II, col. 3, line 20)				56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS				57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (Wkst D, Part IV, col. 11, line 200)	224,007			58
59	TOTAL (sum of amounts on lines 49 through 58)	168,757,168			59
60	PRIMARY PAYER PAYMENTS	81,605			60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (line 59 minus line 60)	168,675,563			61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	5,734,592			62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	987,128			63
64	ALLOWABLE BAD DEBTS (see instructions)	1,727,818			64
65	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	1,123,082			65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	1,269,649			66
67	SUBTOTAL (line 61 plus line 65 minus lines 62 and 63)	163,076,925			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)	-24,822			70.93
70.94	HOSPITAL READMISSIONS REDUCTION ADJUSTMENT (see instructions)	-247,226			70.94
71	AMOUNT DUE PROVIDER (see instructions)	162,804,877			71
71.01	SEQUESTRATION ADJUSTMENT (see instructions)	3,256,098			71.01
72	INTERIM PAYMENTS	156,647,583			72
73	TENTATIVE SETTLEMENT (for contractor use only)				73
74	BALANCE DUE PROVIDER/PROGRAM (line 71 minus lines 71.01, 72 and 73)	2,901,196			74
75	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2	1,762,291			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



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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0276

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 OPPS (see instructions)	97,703,920		2
3	PPS PAYMENTS	83,135,094		3
4	OUTLIER PAYMENT (see instructions)	710,951		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	117,955		9
10	ORGAN ACQUISITION			10
11	TOTAL COST (sum of lines 1 and 10) (see instructions)			11
	<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>			
	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)	83,964,000		24
	<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>			
25	DEDUCTIBLES AND COINSURANCE (see instructions)	17,175,037		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)	66,788,963		27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Wkst E-4, line 50)	5,536,436		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (from Wkst E-4, line 36)			29
30	SUBTOTAL (sum of lines 27 through 29)	72,325,399		30
31	PRIMARY PAYER PAYMENTS	25,425		31
32	SUBTOTAL (line 30 minus line 31)	72,299,974		32
	<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>			
33	COMPOSITE RATE ESRD (from Wkst I-5, line 11)	398,896		33
34	ALLOWABLE BAD DEBTS (see instructions)	2,829,936		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	1,839,458		35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	2,048,896		36
37	SUBTOTAL (see instructions)	74,538,328		37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R			38
39	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			39
40	SUBTOTAL (see instructions)	74,538,328		40
40.01	SEQUESTRATION ADJUSTMENT (see instructions)	1,490,767		40.01
41	INTERIM PAYMENTS	70,286,265		41
42	TENTATIVE SETTLEMENT (for contractor use only)			42
43	BALANCE DUE PROVIDER/PROGRAM (see instructions)	2,761,296		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



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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-T276

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)				2
3	PPS PAYMENTS				3
4	OUTLIER PAYMENT (see instructions)				4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (see instructions)				5
6	LINE 2 TIMES LINE 5				6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6				7
8	TRANSITIONAL CORRIDOR PAYMENT (see instructions)				8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200				9
10	ORGAN ACQUISITION				10
11	TOTAL COST (sum of lines 1 and 10) (see instructions)				11
	<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
	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)				24
	<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25	DEDUCTIBLES AND COINSURANCE (see instructions)				25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (see instructions)				26
27	SUBTOTAL {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (see instructions)				27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Wkst E-4, line 50)				28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (from Wkst E-4, line 36)				29
30	SUBTOTAL (sum of lines 27 through 29)				30
31	PRIMARY PAYER PAYMENTS				31
32	SUBTOTAL (line 30 minus line 31)				32
	<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
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)				37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R				38
39	OTHER ADJUSTMENTS (SPECIFY) (see instructions)				39
40	SUBTOTAL (see instructions)				40
40.01	SEQUESTRATION ADJUSTMENT (see instructions)				40.01
41	INTERIM PAYMENTS				41
42	TENTATIVE SETTLEMENT (for contractor use only)				42
43	BALANCE DUE PROVIDER/PROGRAM (see instructions)				43
44	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2				44

TO BE COMPLETED BY CONTRACTOR

90	ORIGINAL OUTLIER AMOUNT (see instructions)				90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (see instructions)				91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY				92
93	TIME VALUE OF MONEY (see instructions)				93
94	TOTAL (sum of lines 91 and 93)				94



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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-0276

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		155,824,325		71,038,414	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	
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT						
		.01	03/18/2014			3.01	
	AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	.02	06/26/2014			3.02	
		.03				3.03	
	PROGRAM TO PROVIDER	.04				3.04	
		.05				3.05	
		.06				3.06	
		.07				3.07	
		.08				3.08	
		.09				3.09	
		.10				3.10	
		.50				3.50	
		.51		03/18/2014	417,937	3.51	
	PROVIDER TO PROGRAM	.52		06/26/2014	334,212	3.52	
		.53				3.53	
		.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			823,258	-752,149	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)				156,647,583	70,286,265	4
<b>TO BE COMPLETED BY CONTRACTOR</b>							
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)						
		.01				5.01	
		.02				5.02	
	PROGRAM TO PROVIDER	.03				5.03	
		.04				5.04	
		.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 TO PROGRAM	.52				5.52	
		.53				5.53	
		.54				5.54	
		.55				5.55	
		.56				5.56	
		.57				5.57	
		.58				5.58	
		.59				5.59	
	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			6,157,294	4,252,063	6.01
		.02				6.02	
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)				162,804,877	74,538,328	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.



COMPU-MAX

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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-T276

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		8,249,080		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
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT				
	AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)				
		.01			3.01
		.02			3.02
	PROGRAM	.03			3.03
	TO	.04			3.04
	PROVIDER	.05			3.05
		.06			3.06
		.07			3.07
		.08			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			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)		8,249,080		4
<b>TO BE COMPLETED BY CONTRACTOR</b>					
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)				
		.01			5.01
		.02			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	47,051		6.01
		.02			6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)		8,296,131		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.



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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	22,285	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	49,617	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	4,736	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	121,819	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	2,481,358,197	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	59,707,787	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)	1,423,538	8
9	SEQUESTRATION ADJUSTMENT AMOUNT (see instructions)	28,471	9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (see instructions)	1,395,067	10

## INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH

30	INITIAL/INTERIM HIT PAYMENT(S)	1,249,807	30
31	OTHER ADJUSTMENTS ()		31
32	BALANCE DUE PROVIDER (line 8 (or line 10) minus line 30 and line 31) (see instructions)	145,260	32



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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-T276

WORKSHEET E-3  
PART III

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

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

		1	1.01	
1	NET FEDERAL PPS PAYMENT (see instructions)	7,363,466		1
2	MEDICARE SSI RATIO (see instructions)	0.033300		2
3	INPATIENT REHABILITATION LIP PAYMENTS (see instructions)	389,527		3
4	OUTLIER PAYMENTS	73,534		4
5	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR PRIOR TO NOVEMBER 15, 2004 (see instructions)	2.37		5
5.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii)(F)(1) OR (2) (SEE INSTRUCTIONS)			5.01
6	NEW TEACHING PROGRAM ADJUSTMENT (see instructions)			6
7	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R EXCLUDING FTEs IN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (see instructions)	4.17		7
8	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (see instructions)			8
9	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (see instructions)	2.37		9
10	AVERAGE DAILY CENSUS (see instructions)	22,210,959		10
11	TEACHING ADJUSTMENT FACTOR (see instructions)	0.072201	0.108534	11
12	TEACHING ADJUSTMENT (see instructions)	531,650		12
13	TOTAL PPS PAYMENT (see instructions)	8,358,177		13
14	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENTS (see instructions)			14
15	ORGAN ACQUISITION			15
16	COST OF TEACHING PHYSICIANS (from Worksheet D-5, Part II, col. 3, line 20) (see instructions)			16
17	SUBTOTAL (see instructions)	8,358,177		17
18	PRIMARY PAYER PAYMENTS			18
19	SUBTOTAL (line 17 less line 18)	8,358,177		19
20	DEDUCTIBLES	51,360		20
21	SUBTOTAL (line 19 minus line 20)	8,306,817		21
22	COINSURANCE	45,840		22
23	SUBTOTAL (line 21 minus line 22)	8,260,977		23
24	ALLOWABLE BAD DEBTS (exclude bad debts for professional services) (see instructions)	51,545		24
25	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	33,504		25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	30,970		26
27	SUBTOTAL (sum of lines 23 and 25)	8,294,481		27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Worksheet E-4, line 49) (for freestanding IRF only)			28
29	OTHER PASS THROUGH COSTS (see instructions)	1,650		29
30	OUTLIER PAYMENTS RECONCILIATION			30
31	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (see instructions)	8,296,131		32
32.01	SEQUESTRATION ADJUSTMENT (see instructions)	165,923		32.01
33	INTERIM PAYMENTS	8,249,080		33
34	TENTATIVE SETTLEMENT (for contractor use only)			34
35	BALANCE DUE PROVIDER/PROGRAM (line 32 minus lines 32.01, 33 and 34)	-118,872		35
36	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2			36

TO BE COMPLETED BY CONTRACTOR

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



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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0276

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	
	<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>			
1	INPATIENT HOSPITAL SNF/NF SERVICES			1
2	MEDICAL AND OTHER SERVICES			2
3	ORGAN ACQUISITION (certified transplant centers only)			3
4	SUBTOTAL (sum of lines 1, 2 and 3)			4
5	INPATIENT PRIMARY PAYER PAYMENTS			5
6	OUTPATIENT PRIMARY PAYER PAYMENTS			6
7	SUBTOTAL (line 4 less sum of lines 5 and 6)			7
	<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>			
	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
	<b>CUSTOMARY CHARGES</b>			
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	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)			18
19	INTERNS AND RESIDENTS (see instructions)			19
20	COST OF TEACHING PHYSICIANS (see instructions)			20
21	COST OF COVERED SERVICES (lesser of line 4 or line 16) (for CAH, see instructions)			21
	<b>PROSPECTIVE PAYMENT AMOUNT</b>			
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
	<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>			
30	EXCESS OF REASONABLE COST (from line 18)			30
31	SUBTOTAL (sum of lines 19 and 20 plus 29 minus lines 5 and 6)			31
32	DEDUCTIBLES			32
33	COINSURANCE			33
34	ALLOWABLE BAD DEBTS (see instructions)			34
35	UTILIZATION REVIEW			35
36	SUBTOTAL (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)			36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	SUBTOTAL (line 36 ± line 37)			38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Worksheet E-4)			39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (sum of lines 38 and 39)			40
41	INTERIM PAYMENTS			41
42	BALANCE DUE PROVIDER/PROGRAM (line 40 minus 41)			42
43	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2			43



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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-T276

WORKSHEET E-3  
PART VII

CHECK  TITLE V  HOSPITAL  NF  PPS  
 APPLICABLE  TITLE XIX  SUBPROVIDER IRF  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	
	<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>			
1	INPATIENT HOSPITAL SNF/NF SERVICES	967,377		1
2	MEDICAL AND OTHER SERVICES			2
3	ORGAN ACQUISITION (certified transplant centers only)			3
4	SUBTOTAL (sum of lines 1, 2 and 3)	967,377		4
5	INPATIENT PRIMARY PAYER PAYMENTS			5
6	OUTPATIENT PRIMARY PAYER PAYMENTS			6
7	SUBTOTAL (line 4 less sum of lines 5 and 6)	967,377		7
	<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>			
	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
	<b>CUSTOMARY CHARGES</b>			
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	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)	967,377		18
19	INTERNS AND RESIDENTS (see instructions)			19
20	COST OF TEACHING PHYSICIANS (see instructions)			20
21	COST OF COVERED SERVICES (lesser of line 4 or line 16) (for CAH, see instructions)			21
	<b>PROSPECTIVE PAYMENT AMOUNT</b>			
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
	<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>			
30	EXCESS OF REASONABLE COST (from line 18)	967,377		30
31	SUBTOTAL (sum of lines 19 and 20 plus 29 minus lines 5 and 6)			31
32	DEDUCTIBLES			32
33	COINSURANCE			33
34	ALLOWABLE BAD DEBTS (see instructions)			34
35	UTILIZATION REVIEW			35
36	SUBTOTAL (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)			36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	SUBTOTAL (line 36 ± line 37)			38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Worksheet E-4)			39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (sum of lines 38 and 39)			40
41	INTERIM PAYMENTS			41
42	BALANCE DUE PROVIDER/PROGRAM (line 40 minus 41)			42
43	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2			43



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## DIRECT GRADUATE MEDICAL EDUCATION (GME) &amp; 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					
		PRIMARY CARE	OTHER	TOTAL	
		1	2	3	
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996			322.44	1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(c)(1) (see instructions)			6.18	2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA				3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)				3.01
4	ADJUSTMENT (plus or minus) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) and §413.79(f))				4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (see instructions for cost reporting periods straddling 7/1/2011)				4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (see instructions for cost reporting periods straddling 7/1/2011)				4.02
5	FTE ADJUSTED CAP (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)			328.62	5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (see instructions)			414.68	6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			328.62	7
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	135.89	235.35	371.24	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	107.69	186.51	294.20	9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		13.26		10
11	TOTAL WEIGHTED FTE COUNT	107.69	199.77		11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (see instructions)	123.66	226.12		12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (see instructions)	102.79	201.01		13
14	ROLLING AVERAGE FTE COUNT (sum of lines 11-13 divided by 3)	111.38	208.97		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	111.38	208.97		17
18	PER RESIDENT AMOUNT	107,608.24	101,898.53		18
19	APPROVED AMOUNT FOR RESIDENT COSTS	11,985,406	21,293,736	33,279,142	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)			86.06	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)			33,279,142	25
COMPUTATION OF PROGRAM PATIENT LOAD					
26	INPATIENT DAYS	55,121	4,964		26
27	TOTAL INPATIENT DAYS (see instructions)	129,926	129,926		27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.424249	0.038206		28
29	PROGRAM DIRECT GME AMOUNT	14,118,643	1,271,463		29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE		179,658		30
31	NET PROGRAM DIRECT GME AMOUNT			15,210,448	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)			30,845,086	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)			161,074,362	37
38	ORGAN ACQUISITION COSTS (Worksheet D-4, Part III, column 1, line 69)			9,887,250	38
39	COST OF TEACHING PHYSICIANS (Worksheet D-5, Part II, column 3, line 20)				39
40	PRIMARY PAYER PAYMENTS (see instructions)			81,605	40
41	TOTAL PART A REASONABLE COST (sum of lines 37-39 minus line 40)			170,880,007	41
PART B REASONABLE COST					
42	REASONABLE COST (see instructions)			97,821,875	42
43	PRIMARY PAYER PAYMENTS (see instructions)			27,350	43
44	TOTAL PART B REASONABLE COST (line 42 minus line 43)			97,794,525	44
45	TOTAL REASONABLE COST (sum of lines 41 and 44)			268,674,532	45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (line 41 ÷ line 45)			0.636011	46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (line 44 ÷ line 45)			0.363989	47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	TOTAL PROGRAM GME PAYMENT (line 31)			15,210,448	48
49	PART A MEDICARE GME PAYMENT (line 46 x line 48) (Title XVIII only) (see instructions)			9,674,012	49
50	PART B MEDICARE GME PAYMENT (line 47 x line 48) (Title XVIII only) (see instructions)			5,536,436	50



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## DIRECT GRADUATE MEDICAL EDUCATION (GME) &amp; ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-4

CHECK  TITLE V  
 APPLICABLE  TITLE XVIII  
 BOX:  TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
		PRIMARY CARE	OTHER	TOTAL
		1	2	3
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(c)(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
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	0.00	0.00	0.00
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
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		0.00	
11	TOTAL WEIGHTED FTE COUNT	0.00	0.00	
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (see instructions)	0.00	0.00	
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (see instructions)	0.00	0.00	
14	ROLLING AVERAGE FTE COUNT (sum of lines 11-13 divided by 3)	0.00	0.00	
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS	0.00	0.00	
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE	0.00	0.00	
17	ADJUSTED ROLLING AVERAGE FTE COUNT	0.00	0.00	
18	PER RESIDENT AMOUNT	0.00	0.00	
19	APPROVED AMOUNT FOR RESIDENT COSTS			
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (see instructions)			
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (see instructions)			
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (see instructions)			
24	MULTIPLY LINE 22 TIMES LINE 23			
25	TOTAL DIRECT GME AMOUNT (sum of lines 19 and 24)			
COMPUTATION OF PROGRAM PATIENT LOAD				
26	INPATIENT DAYS	29,803	3,169	
27	TOTAL INPATIENT DAYS (see instructions)	129,926	129,926	
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.229384	0.024391	
29	PROGRAM DIRECT GME AMOUNT			
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE			
31	NET PROGRAM DIRECT GME AMOUNT			
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)			
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (Worksheet C, Part I, column 8, sum of lines 74 and 94)			
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (line 32 ÷ line 33)			
35	MEDICARE OUTPATIENT ESRD CHARGES (see instructions)			
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (line 34 x line 35)			
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
37	REASONABLE COST (see instructions)			
38	ORGAN ACQUISITION COSTS (Worksheet D-4, Part III, column 1, line 69)			
39	COST OF TEACHING PHYSICIANS (Worksheet D-5, Part II, column 3, line 20)			
40	PRIMARY PAYER PAYMENTS (see instructions)			
41	TOTAL PART A REASONABLE COST (sum of lines 37-39 minus line 40)			
PART B REASONABLE COST				
42	REASONABLE COST (see instructions)			
43	PRIMARY PAYER PAYMENTS (see instructions)			
44	TOTAL PART B REASONABLE COST (line 42 minus line 43)			
45	TOTAL REASONABLE COST (sum of lines 41 and 44)			
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (line 41 ÷ line 45)			
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (line 44 ÷ line 45)			
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (line 31)			
49	PART A MEDICARE GME PAYMENT (line 46 x line 48) (Title XVIII only) (see instructions)			
50	PART B MEDICARE GME PAYMENT (line 47 x line 48) (Title XVIII only) (see instructions)			



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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	
<b>CURRENT ASSETS</b>						
1	CASH ON HAND AND IN BANKS	4,139,729				1
2	TEMPORARY INVESTMENTS	215,554,191				2
3	NOTES RECEIVABLE					3
4	ACCOUNTS RECEIVABLE	167,652,529				4
5	OTHER RECEIVABLES	68,236,336				5
6	ALLOWANCES FOR UNCOLLECTIBLE NOTES AND ACCOUNTS RECEIVABLE					6
7	INVENTORY	21,314,138				7
8	PREPAID EXPENSES	4,156,564				8
9	OTHER CURRENT ASSETS					9
10	DUE FROM OTHER FUNDS					10
11	TOTAL CURRENT ASSETS (sum of lines 1-10)	481,053,487				11
<b>FIXED ASSETS</b>						
12	LAND	8,850,000				12
13	LAND IMPROVEMENTS	140,124				13
14	ACCUMULATED DEPRECIATION	-3,753,650				14
15	BUILDINGS	339,395,584				15
16	ACCUMULATED DEPRECIATION	-44,047,341				16
17	LEASEHOLD IMPROVEMENTS	54,446,812				17
18	ACCUMULATED AMORTIZATION	-22,479,867				18
19	FIXED EQUIPMENT					19
20	ACCUMULATED DEPRECIATION					20
21	AUTOMOBILES AND TRUCKS					21
22	ACCUMULATED DEPRECIATION					22
23	MAJOR MOVABLE EQUIPMENT	148,895,450				23
24	ACCUMULATED DEPRECIATION	-51,522,231				24
25	MINOR EQUIPMENT DEPRECIABLE	188,709				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)	430,113,590				30
<b>OTHER ASSETS</b>						
31	INVESTMENTS	66,070,739				31
32	DEPOSITS ON LEASES					32
33	DUE FROM OWNERS/OFFICERS					33
34	OTHER ASSETS	81,195,984				34
35	TOTAL OTHER ASSETS (sum of lines 31-34)	147,266,723				35
36	TOTAL ASSETS (sum of lines 11, 30 and 35)	1,058,433,800				36
<b>LIABILITIES AND FUND BALANCES</b>						
	(Omit Cents)	1	2	3	4	
<b>CURRENT LIABILITIES</b>						
37	ACCOUNTS PAYABLE	46,655,664				37
38	SALARIES, WAGES & FEES PAYABLE	104,505,163				38
39	PAYROLL TAXES PAYABLE					39
40	NOTES & LOANS PAYABLE (short term)					40
41	DEFERRED INCOME					41
42	ACCELERATED PAYMENTS					42
43	DUE TO OTHER FUNDS					43
44	OTHER CURRENT LIABILITIES	18,613,117				44
45	TOTAL CURRENT LIABILITIES (sum of lines 37 thru 44)	169,773,944				45
<b>LONG TERM LIABILITIES</b>						
46	MORTGAGE PAYABLE					46
47	NOTES PAYABLE					47
48	UNSECURED LOANS					48
49	OTHER LONG TERM LIABILITIES	605,075,677				49
50	TOTAL LONG TERM LIABILITIES (sum of lines 46 thru 49)	605,075,677				50
51	TOTAL LIABILITIES (sum of lines 45 and 50)	774,849,621				51
<b>CAPITAL ACCOUNTS</b>						
52	GENERAL FUND BALANCE	283,584,179				52
53	SPECIFIC PURPOSE FUND BALANCE					53
54	DONOR CREATED - ENDOWMENT FUND BALANCE - RESTRICTED					54
55	DONOR CREATED - ENDOWMENT FUND BALANCE - UNRESTRICTED					55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BALANCE					56
57	PLANT FUND BALANCE - INVESTED IN PLANT					57
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT, AND EXPANSION					58
59	TOTAL FUND BALANCES (sum of lines 52-58)	283,584,179				59
60	TOTAL LIABILITIES AND FUND BALANCES (sum of lines 51 and 59)	1,058,433,800				60



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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		240,159,727			1
2	NET INCOME (loss) (from Worksheet G-3, line 29)		45,818,294			2
3	TOTAL (sum of line 1 and line 2)		285,978,021			3
4	ADDITIONS (credit adjustments)					4
5	CONTRIBUTIONS					5
6	NET ASSETS RELEASED FROM RESTRICTIO					6
7	OTHER	1,968,874				7
8	NET UNRECOGNIZED GAIN/LOSS ON PP					8
9						9
10	TOTAL ADDITIONS (sum of lines 4-9)		1,968,874			10
11	SUBTOTAL (line 3 plus line 10)		287,946,895			11
12	DEDUCTIONS (debit adjustments)					12
13	CHANGE IN DEFERRED RETIREMENT COSTS	4,362,716				13
14	TRANSFER (TO) / FROM AFFILIATES					14
15	OTHER ADJUSTMENT					15
16	NET ASSETS RELEASED FROM RESTRICTI					16
17						17
18	TOTAL DEDUCTIONS (sum of lines 12-17)		4,362,716			18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (line 11 minus line 18)		283,584,179			19

		ENDOWMENT FUND		PLANT FUND		
		5	6	7	8	
1	FUND BALANCES AT BEGINNING OF PERIOD					1
2	NET INCOME (loss) (from Worksheet G-3, line 29)					2
3	TOTAL (sum of line 1 and line 2)					3
4	ADDITIONS (credit adjustments)					4
5	CONTRIBUTIONS					5
6	NET ASSETS RELEASED FROM RESTRICTIO					6
7	OTHER					7
8	NET UNRECOGNIZED GAIN/LOSS ON PP					8
9						9
10	TOTAL ADDITIONS (sum of lines 4-9)					10
11	SUBTOTAL (line 3 plus line 10)					11
12	DEDUCTIONS (debit adjustments)					12
13	CHANGE IN DEFERRED RETIREMENT COSTS					13
14	TRANSFER (TO) / FROM AFFILIATES					14
15	OTHER ADJUSTMENT					15
16	NET ASSETS RELEASED FROM RESTRICTI					16
17						17
18	TOTAL DEDUCTIONS (sum of lines 12-17)					18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (line 11 minus line 18)					19



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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	
	<b>GENERAL INPATIENT ROUTINE CARE SERVICES</b>				
1	HOSPITAL	175,878,683		175,878,683	1
2	SUBPROVIDER IPF	17,594,718		17,594,718	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)	193,473,401		193,473,401	10
	<b>INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES</b>				
11	INTENSIVE CARE UNIT	65,900,627		65,900,627	11
12	CORONARY CARE UNIT				12
13	BURN INTENSIVE CARE UNIT	23,209,808		23,209,808	13
14	SURGICAL INTENSIVE CARE UNIT				14
15	NEONATAL INTENSIVE CARE	34,265,595		34,265,595	15
15.01	PEDIATRIC ICU	8,711,260		8,711,260	15.01
15.03	HEART TRANSPLANT ICU	11,730,821		11,730,821	15.03
15.04	BONE INTENSIVE CARE	17,467,538		17,467,538	15.04
16	TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (sum of lines 11-15)	161,285,649		161,285,649	16
17	TOTAL INPATIENT ROUTINE CARE SERVICES (sum of lines 10 and 16)	354,759,050		354,759,050	17
18	ANCILLARY SERVICES	896,528,906		896,528,906	18
19	OUTPATIENT SERVICES		1,265,866,117	1,265,866,117	19
20	RHC				20
21	FQHC				21
22	HOME HEALTH AGENCY		5,325,165	5,325,165	22
23	AMBULANCE				23
25	ASC				25
26	HOSPICE				26
27	OTHER PATIENT REVENUES		2,438,185	2,438,185	27
28	TOTAL PATIENT REVENUES (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	1,251,287,956	1,273,629,467	2,524,917,423	28

## PART II - OPERATING EXPENSES

		1	2	
29	OPERATING EXPENSES (per Worksheet A, column 3, line 200)		1,086,192,463	29
30	ADD (SPECIFY)			30
31	POST RETIREMENT & PENSION			31
32	OTHER EXPENSES			32
33	GOODWILL			33
34	HOUSESTAFF REIMBURSEMENT			34
35				35
36	TOTAL ADDITIONS (sum of lines 30-35)			36
37	DEDUCT (SPECIFY)			37
38	ACADEMIC SUPPORT			38
39	OTHER EXPENSES			39
40				40
41				41
42	TOTAL DEDUCTIONS (sum of lines 37-41)			42
43	TOTAL OPERATING EXPENSES (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		1,086,192,463	43



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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)	2,524,917,423	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	2,253,701,130	2
3	NET PATIENT REVENUES (line 1 minus line 2)	271,216,293	3
4	LESS - TOTAL OPERATING EXPENSES (from Worksheet G-2, Part II, line 43)	1,086,192,463	4
5	NET INCOME FROM SERVICE TO PATIENTS (line 3 minus line 4)	-814,976,170	5

## OTHER INCOME

6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	20,059,829	7
8	REVENUES FROM TELEPHONE AND OTHER MISCELLANEOUS COMMUNICATION SERVICES		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF 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.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (OTHER REVENUE)	56,234,380	24
24.01	OTHER (FACULTY PROFESSIONAL FEES)		24.01
24.02	OTHER (PHYSICIAN PROFESSIONAL FEES)	765,888,504	24.02
24.03	OTHER (FACULTY & STRATEGIC SUP CAPITATION)	18,611,751	24.03
25	TOTAL OTHER INCOME (sum of lines 6-24)	860,794,464	25
26	TOTAL (line 5 plus line 25)	45,818,294	26
27.01	OTHER EXPENSES (ACADEMIC SUPPORT)		27.01
29	NET INCOME (or loss) FOR THE PERIOD (line 26 minus line 28)	45,818,294	29



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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7257

WORKSHEET H

	COST CENTER DESCRIPTIONS (omit cents)	SALARIES	EMPLOYEE BENEFITS	TRANSPOR- TATION (see ins- tructions)	CONTRACTED/ PURCHASED SERVICES	OTHER COSTS	
		1	2	3	4	5	
	<b>GENERAL SERVICE COST CENTER</b>						
1	CAPITAL RELATED-BLDGS & FIXTURES						1
2	CAPITAL RELATED-MOVABLE EQUIPMENT						2
3	PLANT OPERATION & MAINTENANCE						3
4	TRANSPORTATION (see instructions)						4
5	ADMINISTRATIVE AND GENERAL	769,949			51,653	423,698	5
	<b>HHA REIMBURSABLE SERVICES</b>						
6	SKILLED NURSING CARE	2,063,615			60,254	120,421	6
7	PHYSICAL THERAPY	491,080			4,770	57,962	7
8	OCCUPATIONAL THERAPY	135,405				10,290	8
9	SPEECH PATHOLOGY	4,603			2,840	2,083	9
10	MEDICAL SOCIAL SERVICES	30,855			6,105	2,315	10
11	HOME HEALTH AIDE	106,393				15,435	11
12	SUPPLIES (see instructions)						12
13	DRUGS						13
14	DME						14
	<b>HHA NONREIMBURSABLE SERVICES</b>						
15	HOME DIALYSIS AIDE SERVICES						15
16	RESPIRATORY THERAPY						16
17	PRIVATE DUTY NURSING						17
18	CLINIC						18
19	HEALTH PROMOTION ACTIVITIES						19
20	DAY CARE PROGRAM						20
21	HOME DELIVERED MEALS PROGRAM						21
22	HOMEMAKER SERVICE						22
23	ALL OTHERS						23
23.50	TELEMEDICINE						23.50
24	TOTAL (sum of lines 1-23)	3,601,900			125,622	632,204	24



## COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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## ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7257

WORKSHEET H

	COST CENTER DESCRIPTIONS (omit cents)	TOTAL (sum of cols. 1 thru 5)	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE (col. 6 + col. 7)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 8 + col. 9)	
		6	7	8	9	10	
	<b>GENERAL SERVICE COST CENTER</b>						
1	CAPITAL RELATED-BLDGS & FIXTURES						1
2	CAPITAL RELATED-MOVABLE EQUIPMENT						2
3	PLANT OPERATION & MAINTENANCE						3
4	TRANSPORTATION (see instructions)						4
5	ADMINISTRATIVE AND GENERAL	1,245,300	-11,419	1,233,881	492,635	1,726,516	5
	<b>HHA REIMBURSABLE SERVICES</b>						
6	SKILLED NURSING CARE	2,244,290		2,244,290	-121,078	2,123,212	6
7	PHYSICAL THERAPY	553,812		553,812	-28,813	524,999	7
8	OCCUPATIONAL THERAPY	145,695		145,695	-7,945	137,750	8
9	SPEECH PATHOLOGY	9,526		9,526	-270	9,256	9
10	MEDICAL SOCIAL SERVICES	39,275		39,275	-1,810	37,465	10
11	HOME HEALTH AIDE	121,828		121,828	-6,242	115,586	11
12	SUPPLIES (see instructions)						12
13	DRUGS						13
14	DME						14
	<b>HHA NONREIMBURSABLE SERVICES</b>						
15	HOME DIALYSIS AIDE SERVICES						15
16	RESPIRATORY THERAPY						16
17	PRIVATE DUTY NURSING						17
18	CLINIC						18
19	HEALTH PROMOTION ACTIVITIES						19
20	DAY CARE PROGRAM						20
21	HOME DELIVERED MEALS PROGRAM						21
22	HOMEMAKER SERVICE						22
23	ALL OTHERS						23
23.50	TELEMEDICINE						23.50
24	TOTAL (sum of lines 1-23)	4,359,726	-11,419	4,348,307	326,477	4,674,784	24

Column 6, line 24 should agree with Worksheet A, column 3, line 101, or subscript as applicable.



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7257

WORKSHEET H-1  
PART I

		NET EXPENSES FOR COST ALLOCATION (from Wkst. H, col. 10)	CAPITAL RELATED COSTS		
			BLDGS. & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINTENANCE
		0	1	2	3
<b>GENERAL SERVICE COST CENTER</b>					
1	CAPITAL RELATED-BLDGS & FIXTURES				1
2	CAPITAL RELATED-MOVABLE EQUIPMENT				2
3	PLANT OPERATION & MAINTENANCE				3
4	TRANSPORTATION (see instructions)				4
5	ADMINISTRATIVE AND GENERAL	1,726,516			5
<b>HHA REIMBURSABLE SERVICES</b>					
6	SKILLED NURSING CARE	2,123,212			6
7	PHYSICAL THERAPY	524,999			7
8	OCCUPATIONAL THERAPY	137,750			8
9	SPEECH PATHOLOGY	9,256			9
10	MEDICAL SOCIAL SERVICES	37,465			10
11	HOME HEALTH AIDE	115,586			11
12	SUPPLIES (see instructions)				12
13	DRUGS				13
14	DME				14
<b>HHA NONREIMBURSABLE SERVICES</b>					
15	HOME DIALYSIS AIDE SERVICES				15
16	RESPIRATORY THERAPY				16
17	PRIVATE DUTY NURSING				17
18	CLINIC				18
19	HEALTH PROMOTION ACTIVITIES				19
20	DAY CARE PROGRAM				20
21	HOME DELIVERED MEALS PROGRAM				21
22	HOMEMAKER SERVICE				22
23	ALL OTHERS				23
23.50	TELEMEDICINE				23.50
24	TOTAL (sum of lines 1-23)	4,674,784			24



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7257

WORKSHEET H-1  
PART I

		TRANSPORT- ATION	SUBTOTAL (cols. 0-4)	ADMINI- STRATIVE & GENERAL	TOTAL (col. 4A + 5)	
		4	4A	5	6	
	<b>GENERAL SERVICE COST CENTER</b>					
1	CAPITAL RELATED-BLDGS & FIXTURES					1
2	CAPITAL RELATED-MOVABLE EQUIPMENT					2
3	PLANT OPERATION & MAINTENANCE					3
4	TRANSPORTATION (see instructions)					4
5	ADMINISTRATIVE AND GENERAL		1,726,516	1,726,516		5
	<b>HHA REIMBURSABLE SERVICES</b>					
6	SKILLED NURSING CARE		2,123,212	1,243,360	3,366,572	6
7	PHYSICAL THERAPY		524,999	307,441	832,440	7
8	OCCUPATIONAL THERAPY		137,750	80,667	218,417	8
9	SPEECH PATHOLOGY		9,256	5,420	14,676	9
10	MEDICAL SOCIAL SERVICES		37,465	21,940	59,405	10
11	HOME HEALTH AIDE		115,586	67,688	183,274	11
12	SUPPLIES (see instructions)					12
13	DRUGS					13
14	DME					14
	<b>HHA NONREIMBURSABLE SERVICES</b>					
15	HOME DIALYSIS AIDE SERVICES					15
16	RESPIRATORY THERAPY					16
17	PRIVATE DUTY NURSING					17
18	CLINIC					18
19	HEALTH PROMOTION ACTIVITIES					19
20	DAY CARE PROGRAM					20
21	HOME DELIVERED MEALS PROGRAM					21
22	HOMEMAKER SERVICE					22
23	ALL OTHERS					23
23.50	TELEMEDICINE					23.50
24	TOTAL (sum of lines 1-23)		4,674,784		4,674,784	24



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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COST ALLOCATION - HHA STATISTICAL BASIS

HHA CCN: 14-7257

WORKSHEET H-1  
PART II

		CAPITAL RELATED COSTS						
		BLDGS. & FIXTURES (Square Feet)	MOVABLE EQUIPMENT (Dollar Value)	PLANT OPERATION & MAINTENANCE (Square Feet)	TRANSPORTATION (Mileage)	RECONCILIATION	ADMINISTRATIVE & GENERAL (Accum. Cost)	
		1	2	3	4	5A	5	
<b>GENERAL SERVICE COST CENTER</b>								
1	CAPITAL RELATED-BLDGS & FIXTURES							1
2	CAPITAL RELATED-MOVABLE EQUIPMENT							2
3	PLANT OPERATION & MAINTENANCE							3
4	TRANSPORTATION (see instructions)							4
5	ADMINISTRATIVE AND GENERAL					-1,726,516	2,948,268	5
<b>HHA REIMBURSABLE SERVICES</b>								
6	SKILLED NURSING CARE						2,123,212	6
7	PHYSICAL THERAPY						524,999	7
8	OCCUPATIONAL THERAPY						137,750	8
9	SPEECH PATHOLOGY						9,256	9
10	MEDICAL SOCIAL SERVICES						37,465	10
11	HOME HEALTH AIDE						115,586	11
12	SUPPLIES (see instructions)							12
13	DRUGS							13
14	DME							14
<b>HHA NONREIMBURSABLE SERVICES</b>								
15	HOME DIALYSIS AIDE SERVICES							15
16	RESPIRATORY THERAPY							16
17	PRIVATE DUTY NURSING							17
18	CLINIC							18
19	HEALTH PROMOTION ACTIVITIES							19
20	DAY CARE PROGRAM							20
21	HOME DELIVERED MEALS PROGRAM							21
22	HOMEMAKER SERVICE							22
23	ALL OTHERS							23
23.50	TELEMEDICINE							23.50
24	TOTAL (sum of lines 1-23)					-1,726,516	2,948,268	24
25	COST TO BE ALLOC (per Worksheet H-1, Part I)						1,726,516	25
26	UNIT COST MULTIPLIER						0.585603	26



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7257

WORKSHEET H-2  
PART I

	HHA COST CENTER (omit cents)	HHA TRIAL BALANCE(1)	CAP BLDGS & FIXTURES	NEW CPTL BLG INTRST	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICTN	
		0	1	1.01	2	4	5.01	
1	ADMINISTRATIVE AND GENERAL		68,611			152,907		1
2	SKILLED NURSING CARE	3,366,572		16,499		409,821	27,557	2
3	PHYSICAL THERAPY	832,440		8,305		97,526	13,873	3
4	OCCUPATIONAL THERAPY	218,417		147		26,891	240	4
5	SPEECH PATHOLOGY	14,676		841		914	1,406	5
6	MEDICAL SOCIAL SERVICES	59,405		127		6,128	206	6
7	HOME HEALTH AIDE	183,274		2,103		21,129	3,515	7
8	SUPPLIES							8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
20	TOTALS (sum of lines 1-19)(2)	4,674,784	68,611	28,022		715,316	46,797	20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7257

WORKSHEET H-2  
PART I

	HHA COST CENTER (omit cents)	SYSTEM + COMPUTERS	PURCHASING	OPC STORES	PATIENT AFFAIRS	PATIENT ADMITTING	PATIENT ACCOUNTS	
		5.02	5.03	5.04	5.05	5.06	5.07	
1	ADMINISTRATIVE AND GENERAL							1
2	SKILLED NURSING CARE	26,682	596				16,050	2
3	PHYSICAL THERAPY	9,758	301				5,870	3
4	OCCUPATIONAL THERAPY	2,909	4				1,750	4
5	SPEECH PATHOLOGY	226	33				136	5
6	MEDICAL SOCIAL SERVICES	196	4				118	6
7	HOME HEALTH AIDE	1,573	75				946	7
8	SUPPLIES	980					590	8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
20	TOTALS (sum of lines 1-19)(2)	42,324	1,013				25,460	20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7257

WORKSHEET H-2  
PART I

	HHA COST CENTER (omit cents)	SUBTOTAL (cols.0-4)	ACCOUNTING	SUBTOTAL (cols.0-4)	EMPLOYEE HEALTH SERVICES	SUBTOTAL (cols.0-4)	PASTORAL CARE	
		4A	5.08		5.09		5.10	
1	ADMINISTRATIVE AND GENERAL	221,518	833	222,351	238	222,589	302	1
2	SKILLED NURSING CARE	3,863,777	14,535	3,878,312	4,144	3,882,456	5,264	2
3	PHYSICAL THERAPY	968,073	3,642	971,715	1,039	972,754	1,319	3
4	OCCUPATIONAL THERAPY	250,358	942	251,300	269	251,569	341	4
5	SPEECH PATHOLOGY	18,232	69	18,301	20	18,321	25	5
6	MEDICAL SOCIAL SERVICES	66,184	249	66,433	71	66,504	90	6
7	HOME HEALTH AIDE	212,615	800	213,415	228	213,643	290	7
8	SUPPLIES	1,570	6	1,576	2	1,578	2	8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
20	TOTALS (sum of lines 1-19)(2)	5,602,327	21,076	5,623,403	6,011	5,629,414	7,633	20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

- (1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
- (2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7257

WORKSHEET H-2  
PART I

	HHA COST CENTER (omit cents)	SUBTOTAL (cols.0-4)	HOSPITAL ADMINSTRTN	SUBTOTAL (cols.0-4)	AMBULATORY ADMIN	SUBTOTAL (cols.0-4)	PRIMARY CARE ADMIN	
			5.11		5.12		5.14	
1	ADMINISTRATIVE AND GENERAL	222,891	38,507	261,398	2,576	263,974	1,405	1
2	SKILLED NURSING CARE	3,887,720	671,642	4,559,362	44,932	4,604,294	24,513	2
3	PHYSICAL THERAPY	974,073	168,281	1,142,354	11,258	1,153,612	6,142	3
4	OCCUPATIONAL THERAPY	251,910	43,520	295,430	2,911	298,341	1,588	4
5	SPEECH PATHOLOGY	18,346	3,169	21,515	212	21,727	116	5
6	MEDICAL SOCIAL SERVICES	66,594	11,505	78,099	770	78,869	420	6
7	HOME HEALTH AIDE	213,933	36,959	250,892	2,473	253,365	1,349	7
8	SUPPLIES	1,580	273	1,853	18	1,871	10	8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
20	TOTALS (sum of lines 1-19)(2)	5,637,047	973,856	6,610,903	65,150	6,676,053	35,543	20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7257

WORKSHEET H-2  
PART I

	HHA COST CENTER (omit cents)	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	SAFETY & SECURITY	LAUNDRY + LINEN SERVICE	HOUSE- KEEPING	DIETARY	
		6	7	7.01	8	9	10	
1	ADMINISTRATIVE AND GENERAL							1
2	SKILLED NURSING CARE		95,264	9,285		360		2
3	PHYSICAL THERAPY		47,957	4,674		181		3
4	OCCUPATIONAL THERAPY		847	83		3		4
5	SPEECH PATHOLOGY		4,858	473		19		5
6	MEDICAL SOCIAL SERVICES		734	72		3		6
7	HOME HEALTH AIDE		12,144	1,184		45		7
8	SUPPLIES							8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
20	TOTALS (sum of lines 1-19)(2)		161,804	15,771		611		20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.



LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7257

WORKSHEET H-2  
PART I

	HHA COST CENTER (omit cents)	CAFETERIA	MAIN- TENANCE OF PERSONNEL	PATIENT TRANSPORT	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	CENTRAL PROCESSING	
		11	12	12.01	13	14	14.01	
1	ADMINISTRATIVE AND GENERAL							1
2	SKILLED NURSING CARE	5,298			59,194	713		2
3	PHYSICAL THERAPY	3,378			29,737	359		3
4	OCCUPATIONAL THERAPY	59			518	6		4
5	SPEECH PATHOLOGY	343			2,986	36		5
6	MEDICAL SOCIAL SERVICES	51			438	6		6
7	HOME HEALTH AIDE	855			7,524	91		7
8	SUPPLIES							8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
20	TOTALS (sum of lines 1-19)(2)	9,984			100,397	1,211		20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.  
 (2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.



LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7257

WORKSHEET H-2  
PART I

	HHA COST CENTER (omit cents)	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	HOSPITAL MEDICAL ADMIN	NONPHYSIC. ANESTHET.	NURSING SCHOOL	
		15	16	17	17.01	19	20	
1	ADMINISTRATIVE AND GENERAL							1
2	SKILLED NURSING CARE	718			48			2
3	PHYSICAL THERAPY	361			25			3
4	OCCUPATIONAL THERAPY	6						4
5	SPEECH PATHOLOGY	37			3			5
6	MEDICAL SOCIAL SERVICES	6						6
7	HOME HEALTH AIDE	92			6			7
8	SUPPLIES							8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
20	TOTALS (sum of lines 1-19)(2)	1,220			82			20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

- (1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
- (2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7257

WORKSHEET H-2  
PART I

	HHA COST CENTER (omit cents)	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	PARAMED ED-MICU	PARAMED ED-SOCIAL WORK	SUBTOTAL (sum of col.4A-23)	
		21	22	23	23.01	23.02	24	
1	ADMINISTRATIVE AND GENERAL						265,379	1
2	SKILLED NURSING CARE						4,799,687	2
3	PHYSICAL THERAPY						1,246,426	3
4	OCCUPATIONAL THERAPY						301,451	4
5	SPEECH PATHOLOGY						30,598	5
6	MEDICAL SOCIAL SERVICES						80,599	6
7	HOME HEALTH AIDE						276,655	7
8	SUPPLIES						1,881	8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
20	TOTALS (sum of lines 1-19)(2)						7,002,676	20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7257

WORKSHEET H-2  
PART I

	HHA COST CENTER (omit cents)	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL (sum of col.4A-23)	ALLOCATED HHA A&G (see Pt.2)	TOTAL HHA COSTS		
		25	26	27	28		
1	ADMINISTRATIVE AND GENERAL		265,379				1
2	SKILLED NURSING CARE		4,799,687	189,057	4,988,744		2
3	PHYSICAL THERAPY		1,246,426	49,097	1,295,523		3
4	OCCUPATIONAL THERAPY		301,451	11,874	313,325		4
5	SPEECH PATHOLOGY		30,598	1,205	31,803		5
6	MEDICAL SOCIAL SERVICES		80,599	3,175	83,774		6
7	HOME HEALTH AIDE		276,655	10,897	287,552		7
8	SUPPLIES		1,881	74	1,955		8
9	DRUGS						9
10	DME						10
11	HOME DIALYSIS AIDE SERVICES						11
12	RESPIRATORY THERAPY						12
13	PRIVATE DUTY NURSING						13
14	CLINIC						14
15	HEALTH PROMOTION ACTIVITIES						15
16	DAY CARE PROGRAM						16
17	HOME DELIVERED MEALS PROGRAM						17
18	HOMEMAKER SERVICE						18
19	ALL OTHERS						19
20	TOTALS (sum of lines 1-19)(2)		7,002,676	265,379	7,002,676		20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.			0.039390			21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.



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LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7257

WORKSHEET H-2  
PART II

	HHA COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	NEW CPTL BLG INTRST SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	COMMUNICTN PHONE COST	SYSTEM + COMPUTERS GROSS REVENUE	
		1	1.01	2	4	5.01	5.02	
1	ADMINISTRATIVE AND GENERAL	5,729			769,949			1
2	SKILLED NURSING CARE		3,373		2,063,615	1,607	3,357,151	2
3	PHYSICAL THERAPY		1,698		491,080	809	1,227,687	3
4	OCCUPATIONAL THERAPY		30		135,405	14	366,016	4
5	SPEECH PATHOLOGY		172		4,603	82	28,407	5
6	MEDICAL SOCIAL SERVICES		26		30,855	12	24,648	6
7	HOME HEALTH AIDE		430		106,393	205	197,945	7
8	SUPPLIES						123,311	8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
19.50	TELEMEDICINE							19.50
20	TOTALS (sum of lines 1-19)	5,729	5,729		3,601,900	2,729	5,325,165	20
21	TOTAL COST TO BE ALLOCATED	68,611	28,022		715,316	46,797	42,324	21
22	UNIT COST MULTIPLIER	11.976087				17.148040		22
22	UNIT COST MULTIPLIER		4.891255		0.198594		0.007948	22



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7257

WORKSHEET H-2  
PART II

	HHA COST CENTER	PURCHASING NUMBER OF ISSUES	OPC STORES NUMBER OF ISSUES	PATIENT AFFAIRS NUMBER OF VISITS	PATIENT ADMITTING INPATIENT REVENUE	PATIENT ACCOUNTS GROSS REVENUE	RECON- CILIATION	
		5.03	5.04	5.05	5.06	5.07	4A.08	
1	ADMINISTRATIVE AND GENERAL							1
2	SKILLED NURSING CARE	142				3,357,151		2
3	PHYSICAL THERAPY	72				1,227,687		3
4	OCCUPATIONAL THERAPY	1				366,016		4
5	SPEECH PATHOLOGY	8				28,407		5
6	MEDICAL SOCIAL SERVICES	1				24,648		6
7	HOME HEALTH AIDE	18				197,945		7
8	SUPPLIES					123,311		8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
19.50	TELEMEDICINE							19.50
20	TOTALS (sum of lines 1-19)	242				5,325,165		20
22	UNIT COST MULTIPLIER	4.185950				0.004781		22
22	UNIT COST MULTIPLIER							22



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7257

WORKSHEET H-2  
PART II

	HHA COST CENTER	ACCOUNTING ACCUM COST	RECON- CILIATION	EMPLOYEE HEALTH SERVICES ACCUM COST	RECON- CILIATION	PASTORAL CARE ACCUM COST	RECON- CILIATION	
		5.08		5.09		5.10		
1	ADMINISTRATIVE AND GENERAL	221,518		222,351		222,589		1
2	SKILLED NURSING CARE	3,863,777		3,878,312		3,882,456		2
3	PHYSICAL THERAPY	968,073		971,715		972,754		3
4	OCCUPATIONAL THERAPY	250,358		251,300		251,569		4
5	SPEECH PATHOLOGY	18,232		18,301		18,321		5
6	MEDICAL SOCIAL SERVICES	66,184		66,433		66,504		6
7	HOME HEALTH AIDE	212,615		213,415		213,643		7
8	SUPPLIES	1,570		1,576		1,578		8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
19.50	TELEMEDICINE							19.50
20	TOTALS (sum of lines 1-19)	5,602,327		5,623,403		5,629,414		20
22	UNIT COST MULTIPLIER	0.003762		0.001069		0.001356		22
22	UNIT COST MULTIPLIER							22



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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## ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7257

WORKSHEET H-2  
PART II

	HHA COST CENTER	HOSPITAL ADMINSTRTN  ACCUM COST	RECON- CILIATION	AMBULATORY ADMIN  ACCUM COST	RECON- CILIATION	PRIMARY CARE ADMIN ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	
		5.11		5.12		5.14	6	
1	ADMINISTRATIVE AND GENERAL	222,891		261,398		263,974		1
2	SKILLED NURSING CARE	3,887,720		4,559,362		4,604,294	3,373	2
3	PHYSICAL THERAPY	974,073		1,142,354		1,153,612	1,698	3
4	OCCUPATIONAL THERAPY	251,910		295,430		298,341	30	4
5	SPEECH PATHOLOGY	18,346		21,515		21,727	172	5
6	MEDICAL SOCIAL SERVICES	66,594		78,099		78,869	26	6
7	HOME HEALTH AIDE	213,933		250,892		253,365	430	7
8	SUPPLIES	1,580		1,853		1,871		8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
19.50	TELEMEDICINE							19.50
20	TOTALS (sum of lines 1-19)	5,637,047		6,610,903		6,676,053	5,729	20
21	TOTAL COST TO BE ALLOCATED	973,856		65,150		35,543		21
22	UNIT COST MULTIPLIER	0.172760		0.009855		0.005324		22
22	UNIT COST MULTIPLIER							22



## COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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## ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7257

WORKSHEET H-2  
PART II

	HHA COST CENTER	OPERATION OF PLANT  SQUARE FEET	SAFETY & SECURITY  SQUARE FEET	LAUNDRY + LINEN SERVICE LAUNDRY COST	HOUSE- KEEPING  HOURS OF SERVICE	DIETARY  MEALS SERVED	CAFETERIA  PAID HOURS	
		7	7.01	8	9	10	11	
1	ADMINISTRATIVE AND GENERAL							1
2	SKILLED NURSING CARE	3,373	3,373		222		55,187	2
3	PHYSICAL THERAPY	1,698	1,698		112		35,173	3
4	OCCUPATIONAL THERAPY	30	30		2		610	4
5	SPEECH PATHOLOGY	172	172		12		3,568	5
6	MEDICAL SOCIAL SERVICES	26	26		2		528	6
7	HOME HEALTH AIDE	430	430		28		8,902	7
8	SUPPLIES							8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
19.50	TELEMEDICINE							19.50
20	TOTALS (sum of lines 1-19)	5,729	5,729		378		103,968	20
21	TOTAL COST TO BE ALLOCATED	161,804	15,771		611		9,984	21
22	UNIT COST MULTIPLIER	28.242974						22
22	UNIT COST MULTIPLIER		2.752836		1.616402		0.096030	22



## COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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## ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7257

WORKSHEET H-2  
PART II

	HHA COST CENTER	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED	PATIENT TRANSPORT  NUMBER OF TRIPS	NURSING ADMINIS- TRATION RN FTES	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	CENTRAL PROCESSING  NUMBER OF INSTRUMENT	PHARMACY  COSTED REQUIS.	
		12	12.01	13	14	14.01	15	
1	ADMINISTRATIVE AND GENERAL							1
2	SKILLED NURSING CARE			1,487	2,072		2,991	2
3	PHYSICAL THERAPY			747	1,043		1,504	3
4	OCCUPATIONAL THERAPY			13	18		26	4
5	SPEECH PATHOLOGY			75	106		153	5
6	MEDICAL SOCIAL SERVICES			11	16		23	6
7	HOME HEALTH AIDE			189	264		381	7
8	SUPPLIES							8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
19.50	TELEMEDICINE							19.50
20	TOTALS (sum of lines 1-19)			2,522	3,519		5,078	20
21	TOTAL COST TO BE ALLOCATED			100,397	1,211		1,220	21
22	UNIT COST MULTIPLIER			39.808485				22
22	UNIT COST MULTIPLIER				0.344132		0.240252	22



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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## ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7257

WORKSHEET H-2  
PART II

	HHA COST CENTER	MEDICAL RECORDS + LIBRARY INPATIENT REVENUE	SOCIAL SERVICE TIME SPENT	HOSPITAL MEDICAL ADMIN MED ADMIN COMPENSATI	NONPHYSIC. ANESTHET. ASSIGNED TIME	NURSING SCHOOL PATIENT DAYS	I&R SALARY & FRINGES PATIENT DAYS	
		16	17	17.01	19	20	21	
1	ADMINISTRATIVE AND GENERAL							1
2	SKILLED NURSING CARE			39,857				2
3	PHYSICAL THERAPY			20,863				3
4	OCCUPATIONAL THERAPY			362				4
5	SPEECH PATHOLOGY			2,116				5
6	MEDICAL SOCIAL SERVICES			313				6
7	HOME HEALTH AIDE			5,280				7
8	SUPPLIES							8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
19.50	TELEMEDICINE							19.50
20	TOTALS (sum of lines 1-19)			68,791				20
21	TOTAL COST TO BE ALLOCATED			82				21
22	UNIT COST MULTIPLIER			0.001192				22
22	UNIT COST MULTIPLIER							22



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7257

WORKSHEET H-2  
PART II

	HHA COST CENTER	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED EDUCATION  ASSIGNED TIME	PARAMED ED-MICU  TIME SPENT	PARAMED ED-SOCIAL WORK TIME SPENT		
		22	23	23.01	23.02		
1	ADMINISTRATIVE AND GENERAL						1
2	SKILLED NURSING CARE						2
3	PHYSICAL THERAPY						3
4	OCCUPATIONAL THERAPY						4
5	SPEECH PATHOLOGY						5
6	MEDICAL SOCIAL SERVICES						6
7	HOME HEALTH AIDE						7
8	SUPPLIES						8
9	DRUGS						9
10	DME						10
11	HOME DIALYSIS AIDE SERVICES						11
12	RESPIRATORY THERAPY						12
13	PRIVATE DUTY NURSING						13
14	CLINIC						14
15	HEALTH PROMOTION ACTIVITIES						15
16	DAY CARE PROGRAM						16
17	HOME DELIVERED MEALS PROGRAM						17
18	HOMEMAKER SERVICE						18
19	ALL OTHERS						19
19.50	TELEMEDICINE						19.50
20	TOTALS (sum of lines 1-19)						20
21	TOTAL COST TO BE ALLOCATED						21
22	UNIT COST MULTIPLIER						22
22	UNIT COST MULTIPLIER						22



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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## APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 14-7257

WORKSHEET H-3  
PARTS I & II

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

## PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION								
	PATIENT SERVICES	FROM WKST. H-2, PART I, COL. 28, LINE	FACILITY COSTS (from Wkst. H-2, Part I)	SHARED ANCILLARY COSTS (from Part II)	TOTAL HHA COSTS (cols. 1 + 2)	TOTAL VISITS	AVERAGE COST PER VISIT (col. 3 ÷ col. 4)	
			1	2	3	4	5	
1	SKILLED NURSING CARE	2	4,988,744		4,988,744	14,783	337.46	1
2	PHYSICAL THERAPY	3	1,295,523	372,766	1,668,289	4,687	355.94	2
3	OCCUPATIONAL THERAPY	4	313,325	92,904	406,229	1,345	302.03	3
4	SPEECH PATHOLOGY	5	31,803	29,551	61,354	65	943.91	4
5	MEDICAL SOCIAL SERVICES	6	83,774		83,774	80	1,047.18	5
6	HOME HEALTH AIDE	7	287,552		287,552	1,454	197.77	6
7	TOTAL (sum of lines 1-6)		7,000,721	495,221	7,495,942	22,414		7

LIMITATION COST COMPUTATION					PROGRAM VISITS		
					PART B		
	PATIENT SERVICES		CBSA NO.	PART A	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE	
			1	2	3	4	
8	SKILLED NURSING CARE		16974	1,718	6,377		8
9	PHYSICAL THERAPY		16974	669	2,318		9
10	OCCUPATIONAL THERAPY		16974	177	692		10
11	SPEECH PATHOLOGY		16974	4	39		11
12	MEDICAL SOCIAL SERVICES		16974	5	56		12
13	HOME HEALTH AIDE		16974	124	1,010		13
14	TOTAL (sum of lines 8-13)			2,697	10,492		14

SUPPLIES AND DRUGS COSTS COMPUTATIONS								
	OTHER PATIENT SERVICES	FROM WKST. H-2, PART I, COL. 28, LINE	FACILITY COSTS (from Wkst. H-2, Part I)	SHARED ANCILLARY COSTS (from Part II)	TOTAL HHA COSTS (cols. 1 + 2)	TOTAL CHARGES (from HHA Record)	RATIO (col. 3 ÷ col. 4)	
			1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8	1,955	269,400	271,355			15
16	COST OF DRUGS	9						16

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

		FROM WKST. C. PART I, COL. 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES (from provider records)	HHA SHARED ANCILLARY COSTS (col. 1 x col. 2)	TRANSFER TO PART I AS INDICATED	
			1	2	3	4	
1	PHYSICAL THERAPY	66	0.307836	1,210,924	372,766	col. 2, line 2	1
2	OCCUPATIONAL THERAPY	67	0.261512	355,259	92,904	col. 2, line 3	2
3	SPEECH PATHOLOGY	68	1.110347	26,614	29,551	col. 2, line 4	3
4	MEDICAL SUPPLIES CHARGED TO PAT	71	2.234111	120,585	269,400	col. 2, line 15	4
5	DRUGS CHARGED TO PATIENTS	73	0.326836			col. 2, line 16	5



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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 14-7257

WORKSHEET H-3  
PARTS I & II

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION		PROGRAM VISITS			COST OF SERVICES				
		PART B			PART B				
	PATIENT SERVICES	PART A	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE	PART A	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE	TOTAL PROGRAM COST (sum of cols 9-10)	
		6	7	8	9	10	11	12	
1	SKILLED NURSING CARE	1,718	6,377		579,756	2,151,982		2,731,738	1
2	PHYSICAL THERAPY	669	2,318		238,124	825,069		1,063,193	2
3	OCCUPATIONAL THERAPY	177	692		53,459	209,005		262,464	3
4	SPEECH PATHOLOGY	4	39		3,776	36,812		40,588	4
5	MEDICAL SOCIAL SERVICES	5	56		5,236	58,642		63,878	5
6	HOME HEALTH AIDE	124	1,010		24,523	199,748		224,271	6
7	TOTAL (sum of lines 1-6)	2,697	10,492		904,874	3,481,258		4,386,132	7

SUPPLIES AND DRUGS COSTS COMPUTATIONS		PROGRAM COVERED CHARGES			COST OF SERVICES				
		PART B			PART B				
	OTHER PATIENT SERVICES	PART A	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE	PART A	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE		
		6	7	8	9	10	11		
15	COST OF MEDICAL SUPPLIES								15
16	COST OF DRUGS								16



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CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

HHA CCN: 14-7257

WORKSHEET H-4  
PARTS I & II

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

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

	DESCRIPTION	PART A 1	PART B		
			NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
	REASONABLE COST OF PART A & PART B SERVICES				
1	REASONABLE COST OF SERVICES (see instructions)				1
2	TOTAL CHARGES	5,649,458			2
	CUSTOMARY CHARGES				
3	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS (from your records)				3
4	AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(b)				4
5	RATIO OF LINE 3 TO LINE 4 (not to exceed 1.000000)				5
6	TOTAL CUSTOMARY CHARGES (see instructions)	5,649,458			6
7	EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (complete only if line 6 exceeds line 1)	5,649,458			7
8	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (complete only if line 1 exceeds line 6)				8
9	PRIMARY PAYER PAYMENTS		1,925		9

COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	DESCRIPTION	PART A SERVICES	PART B SERVICES	
		1	2	
10	TOTAL REASONABLE COST (see instructions)		-1,925	10
11	TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	446,111	1,686,140	11
12	TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	16,100	42,399	12
13	TOTAL PPS REIMBURSEMENT - LUPA EPISODES			13
14	TOTAL PPS REIMBURSEMENT - PEP EPISODES			14
15	TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	4,829	17,248	15
16	TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			16
17	TOTAL OTHER PAYMENTS			17
18	DME PAYMENTS			18
19	OXYGEN PAYMENTS			19
20	PROSTHETIC AND ORTHOTIC PAYMENTS			20
21	PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (exclude coinsurance)			21
22	SUBTOTAL (sum of lines 10-20 minus line 21)	467,040	1,743,862	22
23	EXCESS REASONABLE COST (from line 8)			23
24	SUBTOTAL (line 22 minus line 23)	467,040	1,743,862	24
25	COINSURANCE BILLED TO PROGRAM PATIENTS (from your records)			25
26	NET COST (line 24 minus line 25)	467,040	1,743,862	26
27	REIMBURSABLE BAD DEBTS (from your records)			27
28	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)			28
29	TOTAL COSTS - CURRENT COST REPORTING PERIOD (line 26 plus line 27)	467,040	1,743,862	29
30	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			30
31	SUBTOTAL (line 29 plus/minus line 30)	467,040	1,743,862	31
31.01	SEQUESTRATION ADJUSTMENT (see instructions)	9,340	34,877	31.01
32	INTERIM PAYMENTS (see instructions)	457,700	1,708,985	32
33	TENTATIVE SETTLEMENT (for contractor use only)			33
34	BALANCE DUE PROVIDER/PROGRAM (line 31 minus lines 31.01, 32 and 33)			34
35	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115-2			35



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ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES HHA CCN: 14-7257

WORKSHEET H-5

	DESCRIPTION	PART A		PART B		
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4	
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER		457,700		1,708,985	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
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM					3.01
	RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	PROGRAM				3.03
		TO				3.04
		PROVIDER				3.05
						3.06
						3.07
						3.08
						3.09
						3.10
						3.50
						3.51
		PROVIDER				3.52
		TO				3.53
		PROGRAM				3.54
						3.55
						3.56
						3.57
						3.58
						3.59
	SUBTOTAL (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)					3.99
4	TOTAL INTERIM PAYMENTS (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		457,700		1,708,985	4
<b>TO BE COMPLETED BY CONTRACTOR</b>						
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)	PROGRAM				5.01
		TO				5.02
		PROVIDER				5.03
						5.04
						5.05
						5.06
						5.07
						5.08
						5.09
						5.10
						5.50
						5.51
		PROVIDER				5.52
		TO				5.53
		PROGRAM				5.54
						5.55
						5.56
						5.57
						5.58
						5.59
	SUBTOTAL (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)					5.99
6	DETERMINED NET SETTLEMENT AMOUNT (balance due) BASED ON THE COST REPORT (1)		9,340		34,877	6.01
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)		467,040		1,743,862	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.



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ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

WORKSHEET I-1

CHECK APPLICABLE BOX:  RENAL DIALYSIS DEPARTMENT       HOME PROGRAM DIALYSIS

	TOTAL COSTS	BASIS	STATISTICS	FTEs PER 2080 HOURS	
	1	2	3	4	
1 REGISTERED NURSES	1,246,695	HOURS OF SERVICE	31,418.00	15.10	1
2 LICENSED PRACTICAL NURSES		HOURS OF SERVICE			2
3 NURSES AIDES		HOURS OF SERVICE			3
4 TECHNICIANS	1,117,563	HOURS OF SERVICE	51,394.00	24.71	4
5 SOCIAL WORKERS		HOURS OF SERVICE			5
6 DIETICIANS		HOURS OF SERVICE			6
7 PHYSICIANS		ACCUMULATED COST			7
8 NON-PATIENT CARE SALARY	272,308	ACCUMULATED COST			8
9 SUBTOTAL (sum of lines 1-8)	2,636,566				9
10 EMPLOYEE BENEFITS		SALARY			10
11 CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			11
12 CAPITAL RELATED COSTS-MOVABLE EQUIPMENT		PERCENTAGE OF TIME			12
13 MACHINES COSTS & REPAIRS		PERCENTAGE OF TIME			13
14 SUPPLIES	1,899,296	REQUISITIONS			14
15 DRUGS		REQUISITIONS			15
16 OTHER	629,031	ACCUMULATED COST			16
17 SUBTOTAL (sum of lines 9-16)	5,164,893				17
18 CAPITAL RELATED COSTS-BLDGS. & FIXTURES	197,904	SQUARE FEET			18
19 CAPITAL RELATED COSTS-MOVABLE EQUIPMENT	36,272	PERCENTAGE OF TIME			19
20 EMPLOYEE BENEFITS DEPARTMENT	523,606	SALARY			20
21 ADMINISTRATIVE AND GENERAL	1,717,577	ACCUMULATED COST			21
22 MAINT./REPAIRS-OPERATION-HOUSEKEEPING	364,396	SQUARE FEET			22
23 MEDICAL EDUCATION PROGRAM COSTS					23
24 CENTRAL SERVICES & SUPPLIES	139,496	REQUISITIONS			24
25 PHARMACY	-1,554,216	REQUISITIONS			25
26 OTHER ALLOCATED COSTS	428,445	ACCUMULATED COST			26
27 SUBTOTAL (sum of lines 17-26)	7,018,373				27
28 LABORATORY		CHARGES			28
28.01 LABORATORY-SURGICAL PATHOLOGY		CHARGES			28.01
28.02 LABORATORY-NEUROSURGICAL		CHARGES			28.02
28.03 LABORATORY-HLA		CHARGES			28.03
29 RESPIRATORY THERAPY		CHARGES			29
30 PULMONARY LABS		CHARGES			30
30.01 OCCUPATIONAL HEALTH		CHARGES			30.01
30.03 HYPERALIMENTATION		CHARGES			30.03
30.04 PERIPHERAL VASCULAR		CHARGES			30.04
30.05 PEDIATRIC ENDO NUTRITION		CHARGES			30.05
30.07 GASTROINTESTINAL SERVICE		CHARGES			30.07
30.09 BONE MARROW PROCUREMENT		CHARGES			30.09
30.10 BARIATRICS		CHARGES			30.10
30.11 HEPATOLOGY		CHARGES			30.11
30.97 CARDIAC REHABILITATION		CHARGES			30.97
30.98 HYPERBARIC OXYGEN THERAPY		CHARGES			30.98
30.99 LITHOTRIPSY		CHARGES			30.99
31 TOTAL COSTS (sum of lines 27-30)	7,018,373				31



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ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

WORKSHEET I-2

CHECK APPLICABLE BOX:  RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

	OUTPATIENT SERVICES COMPOSITE PAYMENT RATE	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS DEPARTMENT	DRUGS	
		BUILDING	EQUIPMENT	RNs	OTHER			
		1	2	3	4	5	6	
1	TOTAL RENAL DEPARTMENT COSTS	562,300	36,272	1,246,695	1,117,563	523,606	-1,554,216	1
	MAINTENANCE							
2	HEMODIALYSIS	396,222	25,559	798,813	716,092	335,490	-995,836	2
3	INTERMITTENT PERITONEAL							3
	TRAINING							
4	HEMODIALYSIS							4
5	INTERMITTENT PERITONEAL							5
6	CAPD	479	31	952	870	408	-1,211	6
7	CCPD	287	19	635	565	267	-792	7
	HOME							
8	HEMODIALYSIS							8
9	INTERMITTENT PERITONEAL							9
10	CAPD	13,129	847	1,667	1,500	706	-2,096	10
11	CCPD	106,087	6,843	285,492	255,905	119,897	-355,888	11
	OTHER BILLABLE SERVICES							
12	INPATIENT DIALYSIS	46,096	2,973	159,136	142,631	66,838	-198,393	12
13	METHOD II HOME PATIENT							13
14	EPO (included in renal department)							14
15	ARANESP (included in renal department)						1,982,480	15
16	OTHER							16
17	TOTAL (sum of lines 2-16)	562,300	36,272	1,246,695	1,117,563	523,606	-1,554,216	17
18	MEDICAL EDUCATION PROGRAM COSTS							18
19	TOTAL RENAL COSTS (line 17 + line 18)							19



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ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

WORKSHEET I-2

CHECK APPLICABLE BOX:  RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

	OUTPATIENT SERVICES COMPOSITE PAYMENT RATE	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (sum of cols. 1-8)	OVERHEAD	TOTAL (col. 9 + col. 10)	
		7	8	9	10	11	
1	TOTAL RENAL DEPARTMENT COSTS	2,038,792		3,971,012	3,047,361	7,018,373	1
	MAINTENANCE						
2	HEMODIALYSIS	1,306,318		2,582,658	1,981,935	4,564,593	2
3	INTERMITTENT PERITONEAL TRAINING						3
4	HEMODIALYSIS						4
5	INTERMITTENT PERITONEAL						5
6	CAPD	1,590		3,119	2,394	5,513	6
7	CCPD	1,038		2,019	1,549	3,568	7
	HOME						
8	HEMODIALYSIS						8
9	INTERMITTENT PERITONEAL						9
10	CAPD	2,751		18,504	14,200	32,704	10
11	CCPD	466,840		885,176	679,286	1,564,462	11
	OTHER BILLABLE SERVICES						
12	INPATIENT DIALYSIS	260,255		479,536	367,997	847,533	12
13	METHOD II HOME PATIENT						13
14	EPO (included in renal department)						14
15	ARANESP (included in renal department)						15
16	OTHER						16
17	TOTAL (sum of lines 2-16)	2,038,792		3,971,012	3,047,361	7,018,373	17
18	MEDICAL EDUCATION PROGRAM COSTS						18
19	TOTAL RENAL COSTS (line 17 + line 18)					7,018,373	19



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DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

WORKSHEET I-3

CHECK APPLICABLE BOX:  RENAL DIALYSIS DEPARTMENT       HOME PROGRAM DIALYSIS

	COMPOSITE PAYMENT SERVICES	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS DEPARTMENT (Salary)	
		BUILDING (Square Feet)	EQUIPMENT (% of Time)	RNs (Hours)	OTHERS (Hours)		
		1	2	3	4	5	
1	TOTAL RENAL DEPT COSTS	562,300	36,272	1,246,695	1,117,563	523,606	1
	MAINTENANCE						
2	HEMODIALYSIS	8,269	8,269.00	20,129.00	32,930.00	1,689,330	2
3	INTERMITTENT PERITONEAL TRAINING						3
4	HEMODIALYSIS						4
5	INTERMITTENT PERITONEAL						5
6	CAPD	10	10.00	24.00	40.00	2,055	6
7	CCPD	6	6.00	16.00	26.00	1,343	7
	HOME						
8	HEMODIALYSIS						8
9	INTERMITTENT PERITONEAL						9
10	CAPD	274	274.00	42.00	69.00	3,556	10
11	CCPD	2,214	2,214.00	7,194.00	11,768.00	603,727	11
	OTHER BILLABLE SERVICES						
12	INPATIENT DIALYSIS TREATMENTS	962	962.00	4,010.00	6,559.00	336,554	12
13	METHOD II HOME PATIENT						13
14	EPO						14
15	ARANESP						15
16	OTHER						16
17	TOTAL STATISTICAL BASIS	11,735	11,735.00	31,415.00	51,392.00	2,636,565	17
18	UNIT COST MULTIPLIER (line 1 ÷ line 17)	47.916489	3.090925	39.684705	21.745855	0.198594	18



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## DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

WORKSHEET I-3

CHECK APPLICABLE BOX:  RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

	COMPOSITE PAYMENT SERVICES	DRUGS (Requist.)	MEDICAL SUPPLIES (Requist.)	ROUTINE ANCILLARY SERVICES (Charges)	SUBTOTAL	OVERHEAD (Accum. Cost)	
		6	7	8	9	10	
1	TOTAL RENAL DEPT COSTS	-1,554,216	2,038,792				1
	MAINTENANCE						
2	HEMODIALYSIS	1,141,945	255,446				2
3	INTERMITTENT PERITONEAL TRAINING						3
4	HEMODIALYSIS						4
5	INTERMITTENT PERITONEAL						5
6	CAPD	1,389	311				6
7	CCPD HOME	908	203				7
8	HEMODIALYSIS						8
9	INTERMITTENT PERITONEAL						9
10	CAPD	2,404	538				10
11	CCPD	408,104	91,289				11
	OTHER BILLABLE SERVICES						
12	INPATIENT DIALYSIS TREATMENTS	227,501	50,892				12
13	METHOD II HOME PATIENT						13
14	EPO						14
15	ARANESP						15
16	OTHER						16
17	TOTAL STATISTICAL BASIS	1,782,251	398,679			3,971,012	17
18	UNIT COST MULTIPLIER (line 1 ÷ line 17)	-0.872052	5.113869			0.767402	18



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COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

WORKSHEET I-4

CHECK APPLICABLE BOX:  RENAL DIALYSIS DEPARTMENT       HOME PROGRAM DIALYSIS

		NUMBER OF TOTAL TREATMENTS	TOTAL COST (from Wkst. I-2, col. 11)	AVERAGE COST OF PROGRAM TREATMENTS (col. 2 ÷ col. 1)	NUMBER OF PROGRAM TREATMENTS	NUMBER OF PROGRAM TREATMENTS	NUMBER OF PROGRAM TREATMENTS	TOTAL PROGRAM EXPENSES (see instructions)	
		1	2	3	4	4.01	4.02	5	
1	MAINTENANCE - HEMODIALYSIS	25,155	4,564,593	181.46		7,723	7,723	2,802,831	1
2	MAINTENANCE - PERITONEAL DIALYSIS								2
3	TRAINING - HEMODIALYSIS								3
4	TRAINING - PERITONEAL DIALYSIS								4
5	TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS	26	5,513	212.04		4	4	1,696	5
6	TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS	17	3,568	209.88		2	1	630	6
7	HOME PROGRAM - HEMODIALYSIS								7
8	HOME PROGRAM - PERITONEAL DIALYSIS								8
		PATIENT WEEKS			PATIENT WEEKS	PATIENT WEEKS	PATIENT WEEKS		
9	HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS	45	32,704	726.76		2	2	2,907	9
10	HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS	8,122	1,564,462	192.62		2,714	2,714	1,045,541	10
11	TOTALS (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5 and 6)	25,198	6,170,840			10,445	10,444	3,853,605	11
12	TOTAL TREATMENTS (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))	49,699							12



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COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

WORKSHEET I-4

CHECK APPLICABLE BOX:  RENAL DIALYSIS DEPARTMENT       HOME PROGRAM DIALYSIS

		TOTAL PROGRAM PAYMENT	TOTAL PROGRAM PAYMENT	TOTAL PROGRAM PAYMENT	AVERAGE PAYMENT RATE (col. 6 ÷ col. 4)	AVERAGE PAYMENT RATE (col. 6.01 ÷ col. 4.01)	AVERAGE PAYMENT RATE (col. 6.02 ÷ col. 4.02)	
		6	6.01	6.02	7	7.01	7.02	
1	MAINTENANCE - HEMODIALYSIS		1,757,425	1,757,425		227.56	227.56	1
2	MAINTENANCE - PERITONEAL DIALYSIS							2
3	TRAINING - HEMODIALYSIS							3
4	TRAINING - PERITONEAL DIALYSIS							4
5	TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS		2,981	2,981		745.25	745.25	5
6	TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS		1,157	1,157		578.50	1,157.00	6
7	HOME PROGRAM - HEMODIALYSIS							7
8	HOME PROGRAM - PERITONEAL DIALYSIS							8
9	HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS							9
10	HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS							10
11	TOTALS (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5 and 6)		1,761,563	1,761,563				11
12	TOTAL TREATMENTS (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))							12



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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## CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

WORKSHEET I-5

DESCRIPTION		1	2	
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (see instructions)		3,853,605	1
2	TOTAL PAYMENT DUE (FROM I-4, COL. 6, LINE 11) (see instructions)			2
2.01	TOTAL PAYMENT DUE (FROM I-4, COL. 6.01, LINE 11) (see instructions)	1,761,563	1,440,320	2.01
2.02	TOTAL PAYMENT DUE (FROM I-4, COL. 6.02, LINE 11) (see instructions)	1,761,563	1,333,239	2.02
2.03	TOTAL PAYMENT DUE (see instructions)	3,523,126	2,773,559	2.03
2.04	OUTLIER PAYMENTS			2.04
3	DEDUCTIBLES BILLED TO MEDICARE (Part B) PATIENTS (see instructions)			3
3.01	DEDUCTIBLES BILLED TO MEDICARE (Part B) PATIENTS (see instructions)	1,824	1,491	3.01
3.02	DEDUCTIBLES BILLED TO MEDICARE (Part B) PATIENTS (see instructions)			3.02
3.03	TOTAL DEDUCTIBLES BILLED TO MEDICARE (Part B) PATIENTS (see instructions)	1,824	1,491	3.03
4	COINSURANCE BILLED TO MEDICARE (Part B) PATIENTS (see instructions)			4
4.01	COINSURANCE BILLED TO MEDICARE (Part B) PATIENTS (see instructions)	898,794	734,889	4.01
4.02	COINSURANCE BILLED TO MEDICARE (Part B) PATIENTS (see instructions)			4.02
4.03	TOTAL COINSURANCE BILLED TO MEDICARE (Part B) PATIENTS (see instructions)	898,794	734,889	4.03
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES	453,291	453,291	5
5.01	TRANSITION PERIOD 1 (75-25%) BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2011 BUT BEFORE 1/1/2012			5.01
5.02	TRANSITION PERIOD 2 (50-50%) BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2012 BUT BEFORE 1/1/2013			5.02
5.03	TRANSITION PERIOD 3 (25-75%) BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2013 BUT BEFORE 1/1/2014			5.03
5.04	100% PPS BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2014			5.04
5.05	TOTAL BAD DEBTS (sum of line 5 through line 5.04)	453,291	453,291	5.05
6	ALLOWABLE BAD DEBTS (see instructions)	398,896		6
7	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)			7
8	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (Part B) PATIENTS (see instructions)		283,089	8
9	PROGRAM PAYMENT (see instructions)		2,217,654	9
10	UNRECOVERED FROM MEDICARE (Part B) PATIENTS (see instructions)			10
11	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) (transfer to Worksheet E, Part B, line 33)	398,896		11

**PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE**

12	TOTAL ALLOWABLE EXPENSES (see instructions)	8,153,320	12
13	TOTAL COMPOSITE COSTS (from Worksheet I-4, column 2, line 11)	6,170,840	13
14	FACILITY SPECIFIC COMPOSITE COST PERCENTAGE (line 13 divided by line 12)	0.756850	14



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ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE CCN: 14-1566

WORKSHEET K

	COST CENTER DESCRIPTIONS	SALARIES (from Wkst. K-1)	EMPLOYEE BENEFITS (from Wkst. K-2)	TRANSPOR- TATION (see inst.)	CONTRACTED SERVICES (from Wkst. K-3)	OTHER	
		1	2	3	4	5	
	<b>GENERAL SERVICE COST CENTER</b>						
1	CAPITAL RELATED COSTS-BLDG AND FIXT.						1
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.						2
3	PLANT OPERATION AND MAINTENANCE						3
4	TRANSPORTATION - STAFF						4
5	VOLUNTEER SERVICE COORDINATION						5
6	ADMINISTRATIVE AND GENERAL	111,164				158,095	6
	<b>INPATIENT CARE SERVICE</b>						
7	INPATIENT - GENERAL CARE						7
8	INPATIENT - RESPITE CARE						8
	<b>VISITING SERVICES</b>						
9	PHYSICIAN SERVICES						9
10	NURSING CARE	284,372		27,917		124,217	10
11	NURSING CARE-CONTINUOUS HOME CARE	24,890					11
12	PHYSICAL THERAPY						12
13	OCCUPATIONAL THERAPY						13
14	SPEECH/LANGUAGE PATHOLOGY						14
15	MEDICAL SOCIAL SERVICES			2,443			15
16	SPIRITUAL COUNSELING	53,387					16
17	DIETARY COUNSELING						17
18	COUNSELING - OTHER						18
19	HOME HEALTH AIDE AND HOME MAKER	44,853		4,403			19
20	HH AIDE & HOME MAKER - CONT. HOME CARE						20
21	OTHER						21
	<b>OTHER HOSPICE SERVICE COSTS</b>						
22	DRUGS, BIOLOGICAL AND INFUSION THERAPY						22
23	ANALGESICS						23
24	SEDATIVES/HYPNOTICS						24
25	OTHER - SPECIFY						25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN						26
27	PATIENT TRANSPORTATION						27
28	IMAGING SERVICES						28
29	LABS AND DIAGNOSTICS						29
30	MEDICAL SUPPLIES						30
31	OUTPATIENT SERVICES (including E/R Dept.)						31
32	RADIATION THERAPY						32
33	CHEMOTHERAPY						33
34	OTHER						34
	<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35	BEREAVEMENT PROGRAM COSTS						35
36	VOLUNTEER PROGRAM COSTS						36
37	FUNDRAISING						37
38	OTHER PROGRAM COSTS						38
39	<b>TOTAL (sum of lines 1-38)</b>	518,666		34,763		282,312	39



COMPU-MAX

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE CCN: 14-1566

WORKSHEET K

	TOTAL (cols. 1-5)	RECLASSI- FICATION	SUBTOTAL (col. 6 ± col. 7)	ADJUST- MENTS	TOTAL (col. 8 ± col. 9)	
	6	7	8	9	10	
<b>GENERAL SERVICE COST CENTER</b>						
1						1
2						2
3						3
4						4
5						5
6	269,259	-3,629	265,630	46,155	311,785	6
<b>INPATIENT CARE SERVICE</b>						
7						7
8						8
<b>VISITING SERVICES</b>						
9						9
10	436,506		436,506		436,506	10
11	24,890		24,890		24,890	11
12						12
13						13
14						14
15	2,443		2,443		2,443	15
16	53,387		53,387		53,387	16
17						17
18						18
19	49,256		49,256		49,256	19
20						20
21						21
<b>OTHER HOSPICE SERVICE COSTS</b>						
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35						35
36						36
37						37
38						38
39	835,741	-7,258	832,112	92,310	878,267	39



LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

HOSPICE CCN: 14-1566

WORKSHEET K-1

	COST CENTER DESCRIPTIONS (omit cents)	ADMINIS- TRATOR	DIRECTOR	MEDICAL SOCIAL WORKERS	SUPERVISORS	NURSES	
		1	2	3	4	5	
	<b>GENERAL SERVICE COST CENTER</b>						
1	CAPITAL RELATED COSTS-BLDG AND FIX						1
2	CAPITAL RELATED COSTS-MOVABLE EQUI						2
3	PLANT OPERATION AND MAINTENANCE						3
4	TRANSPORTATION - STAFF						4
5	VOLUNTEER SERVICE COORDINATION						5
6	ADMINISTRATIVE AND GENERAL	39,545					6
	<b>INPATIENT CARE SERVICE</b>						
7	INPATIENT - GENERAL CARE						7
8	INPATIENT - RESPITE CARE						8
	<b>VISITING SERVICES</b>						
9	PHYSICIAN SERVICES						9
10	NURSING CARE					284,372	10
11	NURSING CARE-CONTINUOUS HOME CARE			24,890			11
12	PHYSICAL THERAPY						12
13	OCCUPATIONAL THERAPY						13
14	SPEECH/LANGUAGE PATHOLOGY						14
15	MEDICAL SOCIAL SERVICES						15
16	SPIRITUAL COUNSELING						16
17	DIETARY COUNSELING						17
18	COUNSELING - OTHER						18
19	HOME HEALTH AIDE AND HOMEMAKER						19
20	HH AIDE & HOMEMAKER - CONT. HOME C						20
21	OTHER						21
	<b>OTHER HOSPICE SERVICE COSTS</b>						
22	DRUGS, BIOLOGICAL AND INFUSION THE						22
23	ANALGESICS						23
24	SEDATIVES/HYPNOTICS						24
25	OTHER - SPECIFY						25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN						26
27	PATIENT TRANSPORTATION						27
28	IMAGING SERVICES						28
29	LABS AND DIAGNOSTICS						29
30	MEDICAL SUPPLIES						30
31	OUTPATIENT SERVICES (including E/R						31
32	RADIATION THERAPY						32
33	CHEMOTHERAPY						33
34	OTHER						34
	<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35	BEREAVEMENT PROGRAM COSTS						35
36	VOLUNTEER PROGRAM COSTS						36
37	FUNDRAISING						37
38	OTHER PROGRAM COSTS						38
39	TOTAL (sum of lines 1-38)	39,545		24,890		284,372	39

(1) Transfer the amount in column 9 to Wkst. K, column 1.



LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

HOSPICE CCN: 14-1566

WORKSHEET K-1

	TOTAL THERAPISTS	AIDES	ALL OTHER	TOTAL (1)	
	6	7	8	9	
<b>GENERAL SERVICE COST CENTER</b>					
1					1
2					2
3					3
4					4
5					5
6			71,619	111,164	6
<b>INPATIENT CARE SERVICE</b>					
7					7
8					8
<b>VISITING SERVICES</b>					
9					9
10				284,372	10
11				24,890	11
12					12
13					13
14					14
15					15
16			53,387	53,387	16
17					17
18					18
19		44,853		44,853	19
20					20
21					21
<b>OTHER HOSPICE SERVICE COSTS</b>					
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
<b>HOSPICE NONREIMBURSABLE SERVICE</b>					
35					35
36					36
37					37
38					38
39		44,853	125,006	518,666	39

(1) Transfer the amount in column 9 to Wkst. K, column 1.



LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

HOSPICE CCN: 14-1566

WORKSHEET K-2

	COST CENTER DESCRIPTIONS (omit cents)	ADMINIS- TRATOR	DIRECTOR	MEDICAL SOCIAL WORKERS	SUPERVISORS	NURSES	
		1	2	3	4	5	
	<b>GENERAL SERVICE COST CENTER</b>						
1	CAPITAL RELATED COSTS-BLDG AND FIX						1
2	CAPITAL RELATED COSTS-MOVABLE EQUI						2
3	PLANT OPERATION AND MAINTENANCE						3
4	TRANSPORTATION - STAFF						4
5	VOLUNTEER SERVICE COORDINATION						5
6	ADMINISTRATIVE AND GENERAL						6
	<b>INPATIENT CARE SERVICE</b>						
7	INPATIENT - GENERAL CARE						7
8	INPATIENT - RESPITE CARE						8
	<b>VISITING SERVICES</b>						
9	PHYSICIAN SERVICES						9
10	NURSING CARE						10
11	NURSING CARE-CONTINUOUS HOME CARE						11
12	PHYSICAL THERAPY						12
13	OCCUPATIONAL THERAPY						13
14	SPEECH/LANGUAGE PATHOLOGY						14
15	MEDICAL SOCIAL SERVICES						15
16	SPIRITUAL COUNSELING						16
17	DIETARY COUNSELING						17
18	COUNSELING - OTHER						18
19	HOME HEALTH AIDE AND HOMEMAKER						19
20	HH AIDE & HOMEMAKER - CONT. HOME C						20
21	OTHER						21
	<b>OTHER HOSPICE SERVICE COSTS</b>						
22	DRUGS, BIOLOGICAL AND INFUSION THE						22
23	ANALGESICS						23
24	SEDATIVES/HYPNOTICS						24
25	OTHER - SPECIFY						25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN						26
27	PATIENT TRANSPORTATION						27
28	IMAGING SERVICES						28
29	LABS AND DIAGNOSTICS						29
30	MEDICAL SUPPLIES						30
31	OUTPATIENT SERVICES (including E/R						31
32	RADIATION THERAPY						32
33	CHEMOTHERAPY						33
34	OTHER						34
	<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35	BEREAVEMENT PROGRAM COSTS						35
36	VOLUNTEER PROGRAM COSTS						36
37	FUNDRAISING						37
38	OTHER PROGRAM COSTS						38
39	TOTAL (sum of lines 1-38)						39

(1) Transfer the amount in column 9 to Wkst. K, column 2.



LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

HOSPICE CCN: 14-1566

WORKSHEET K-2

	TOTAL THERAPISTS	AIDES	ALL OTHER	TOTAL (1)	
	6	7	8	9	
<b>GENERAL SERVICE COST CENTER</b>					
1 CAPITAL RELATED COSTS-BLDG AND FIX					1
2 CAPITAL RELATED COSTS-MOVABLE EQUI					2
3 PLANT OPERATION AND MAINTENANCE					3
4 TRANSPORTATION - STAFF					4
5 VOLUNTEER SERVICE COORDINATION					5
6 ADMINISTRATIVE AND GENERAL					6
<b>INPATIENT CARE SERVICE</b>					
7 INPATIENT - GENERAL CARE					7
8 INPATIENT - RESPITE CARE					8
<b>VISITING SERVICES</b>					
9 PHYSICIAN SERVICES					9
10 NURSING CARE					10
11 NURSING CARE-CONTINUOUS HOME CARE					11
12 PHYSICAL THERAPY					12
13 OCCUPATIONAL THERAPY					13
14 SPEECH/LANGUAGE PATHOLOGY					14
15 MEDICAL SOCIAL SERVICES					15
16 SPIRITUAL COUNSELING					16
17 DIETARY COUNSELING					17
18 COUNSELING - OTHER					18
19 HOME HEALTH AIDE AND HOMEMAKER					19
20 HH AIDE & HOMEMAKER - CONT. HOME C					20
21 OTHER					21
<b>OTHER HOSPICE SERVICE COSTS</b>					
22 DRUGS, BIOLOGICAL AND INFUSION THE					22
23 ANALGESICS					23
24 SEDATIVES/HYPNOTICS					24
25 OTHER - SPECIFY					25
26 DURABLE MEDICAL EQUIPMENT/OXYGEN					26
27 PATIENT TRANSPORTATION					27
28 IMAGING SERVICES					28
29 LABS AND DIAGNOSTICS					29
30 MEDICAL SUPPLIES					30
31 OUTPATIENT SERVICES (including E/R					31
32 RADIATION THERAPY					32
33 CHEMOTHERAPY					33
34 OTHER					34
<b>HOSPICE NONREIMBURSABLE SERVICE</b>					
35 BEREAVEMENT PROGRAM COSTS					35
36 VOLUNTEER PROGRAM COSTS					36
37 FUNDRAISING					37
38 OTHER PROGRAM COSTS					38
39 TOTAL (sum of lines 1-38)					39

(1) Transfer the amount in column 9 to Wkst. K, column 2.



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HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES

HOSPICE CCN: 14-1566

WORKSHEET K-3

	COST CENTER DESCRIPTIONS (omit cents)	ADMINIS- TRATOR	DIRECTOR	MEDICAL SOCIAL WORKERS	SUPERVISORS	NURSES	
		1	2	3	4	5	
	<b>GENERAL SERVICE COST CENTER</b>						
1	CAPITAL RELATED COSTS-BLDG AND FIX						1
2	CAPITAL RELATED COSTS-MOVABLE EQUI						2
3	PLANT OPERATION AND MAINTENANCE						3
4	TRANSPORTATION - STAFF						4
5	VOLUNTEER SERVICE COORDINATION						5
6	ADMINISTRATIVE AND GENERAL						6
	<b>INPATIENT CARE SERVICE</b>						
7	INPATIENT - GENERAL CARE						7
8	INPATIENT - RESPITE CARE						8
	<b>VISITING SERVICES</b>						
9	PHYSICIAN SERVICES						9
10	NURSING CARE						10
11	NURSING CARE-CONTINUOUS HOME CARE						11
12	PHYSICAL THERAPY						12
13	OCCUPATIONAL THERAPY						13
14	SPEECH/LANGUAGE PATHOLOGY						14
15	MEDICAL SOCIAL SERVICES						15
16	SPIRITUAL COUNSELING						16
17	DIETARY COUNSELING						17
18	COUNSELING - OTHER						18
19	HOME HEALTH AIDE AND HOMEMAKER						19
20	HH AIDE & HOMEMAKER - CONT. HOME C						20
21	OTHER						21
	<b>OTHER HOSPICE SERVICE COSTS</b>						
22	DRUGS, BIOLOGICAL AND INFUSION THE						22
23	ANALGESICS						23
24	SEDATIVES/HYPNOTICS						24
25	OTHER - SPECIFY						25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN						26
27	PATIENT TRANSPORTATION						27
28	IMAGING SERVICES						28
29	LABS AND DIAGNOSTICS						29
30	MEDICAL SUPPLIES						30
31	OUTPATIENT SERVICES (including E/R						31
32	RADIATION THERAPY						32
33	CHEMOTHERAPY						33
34	OTHER						34
	<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35	BEREAVEMENT PROGRAM COSTS						35
36	VOLUNTEER PROGRAM COSTS						36
37	FUNDRAISING						37
38	OTHER PROGRAM COSTS						38
39	TOTAL (sum of lines 1-38)						39

(1) Transfer the amount in column 9 to Wkst. K, column 4.



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LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES

HOSPICE CCN: 14-1566

WORKSHEET K-3

	TOTAL THERAPISTS	AIDES	ALL OTHER	TOTAL (1)	
	6	7	8	9	
<b>GENERAL SERVICE COST CENTER</b>					
1					1
2					2
3					3
4					4
5					5
6					6
<b>INPATIENT CARE SERVICE</b>					
7					7
8					8
<b>VISITING SERVICES</b>					
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
<b>OTHER HOSPICE SERVICE COSTS</b>					
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
<b>HOSPICE NONREIMBURSABLE SERVICE</b>					
35					35
36					36
37					37
38					38
39					39

(1) Transfer the amount in column 9 to Wkst. K, column 4.



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COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE CCN: 14-1566

WORKSHEET K-4  
PART I

	COST CENTER DESCRIPTIONS	NET EXPENSES FOR COST ALLOCATION	CAPITAL RELATED COSTS			
			BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	
		0	1	2	3	4
	<b>GENERAL SERVICE COST CENTER</b>					
1	CAPITAL RELATED COSTS-BLDG AND FIX					1
2	CAPITAL RELATED COSTS-MOVABLE EQUI					2
3	PLANT OPERATION AND MAINTENANCE					3
4	TRANSPORTATION - STAFF					4
5	VOLUNTEER SERVICE COORDINATION					5
6	ADMINISTRATIVE AND GENERAL	311,785				6
	<b>INPATIENT CARE SERVICE</b>					
7	INPATIENT - GENERAL CARE					7
8	INPATIENT - RESPITE CARE					8
	<b>VISITING SERVICES</b>					
9	PHYSICIAN SERVICES					9
10	NURSING CARE	436,506				10
11	NURSING CARE-CONTINUOUS HOME CARE	24,890				11
12	PHYSICAL THERAPY					12
13	OCCUPATIONAL THERAPY					13
14	SPEECH/LANGUAGE PATHOLOGY					14
15	MEDICAL SOCIAL SERVICES	2,443				15
16	SPIRITUAL COUNSELING	53,387				16
17	DIETARY COUNSELING					17
18	COUNSELING - OTHER					18
19	HOME HEALTH AIDE AND HOMEMAKER	49,256				19
20	HH AIDE & HOMEMAKER - CONT. HOME C					20
21	OTHER					21
	<b>OTHER HOSPICE SERVICE COSTS</b>					
22	DRUGS, BIOLOGICAL AND INFUSION THE					22
23	ANALGESICS					23
24	SEDATIVES/HYPNOTICS					24
25	OTHER - SPECIFY					25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN					26
27	PATIENT TRANSPORTATION					27
28	IMAGING SERVICES					28
29	LABS AND DIAGNOSTICS					29
30	MEDICAL SUPPLIES					30
31	OUTPATIENT SERVICES (including E/R					31
32	RADIATION THERAPY					32
33	CHEMOTHERAPY					33
34	OTHER					34
	<b>HOSPICE NONREIMBURSABLE SERVICE</b>					
35	BEREAVEMENT PROGRAM COSTS					35
36	VOLUNTEER PROGRAM COSTS					36
37	FUNDRAISING					37
38	OTHER PROGRAM COSTS					38
39	TOTAL (sum of lines 1-38)	878,267				39



LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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**COST ALLOCATION - HOSPICE GENERAL SERVICE COST**

**HOSPICE CCN: 14-1566**

**WORKSHEET K-4  
PART I**

	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (cols. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5 ± col. 6)	
	5	5A	6	7	
<b>GENERAL SERVICE COST CENTER</b>					
1	CAPITAL RELATED COSTS-BLDG AND FIX				1
2	CAPITAL RELATED COSTS-MOVABLE EQUI				2
3	PLANT OPERATION AND MAINTENANCE				3
4	TRANSPORTATION - STAFF				4
5	VOLUNTEER SERVICE COORDINATION				5
6	ADMINISTRATIVE AND GENERAL		311,785	311,785	6
<b>INPATIENT CARE SERVICE</b>					
7	INPATIENT - GENERAL CARE				7
8	INPATIENT - RESPITE CARE				8
<b>VISITING SERVICES</b>					
9	PHYSICIAN SERVICES				9
10	NURSING CARE		436,506	240,247	676,753
11	NURSING CARE-CONTINUOUS HOME CARE		24,890	13,699	38,589
12	PHYSICAL THERAPY				12
13	OCCUPATIONAL THERAPY				13
14	SPEECH/LANGUAGE PATHOLOGY				14
15	MEDICAL SOCIAL SERVICES		2,443	1,345	3,788
16	SPIRITUAL COUNSELING		53,387	29,384	82,771
17	DIETARY COUNSELING				17
18	COUNSELING - OTHER				18
19	HOME HEALTH AIDE AND HOMEMAKER		49,256	27,110	76,366
20	HH AIDE & HOMEMAKER - CONT. HOME C				20
21	OTHER				21
<b>OTHER HOSPICE SERVICE COSTS</b>					
22	DRUGS, BIOLOGICAL AND INFUSION THE				22
23	ANALGESICS				23
24	SEDATIVES/HYPNOTICS				24
25	OTHER - SPECIFY				25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN				26
27	PATIENT TRANSPORTATION				27
28	IMAGING SERVICES				28
29	LABS AND DIAGNOSTICS				29
30	MEDICAL SUPPLIES				30
31	OUTPATIENT SERVICES (including E/R				31
32	RADIATION THERAPY				32
33	CHEMOTHERAPY				33
34	OTHER				34
<b>HOSPICE NONREIMBURSABLE SERVICE</b>					
35	BEREAVEMENT PROGRAM COSTS				35
36	VOLUNTEER PROGRAM COSTS				36
37	FUNDRAISING				37
38	OTHER PROGRAM COSTS				38
39	TOTAL (sum of lines 1-38)		878,267		878,267



LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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**COST ALLOCATION - HOSPICE STATISTICAL BASIS**

**HOSPICE CCN: 14-1566**

**WORKSHEET K-4  
PART II**

	COST CENTER DESCRIPTIONS	CAPITAL RELATED COSTS				VOLUNTEER SERVICES COORDINATOR (Hours)	RECONCILIATION	ADMINISTRATIVE & GENERAL (Acc. Cost)	
		BUILDINGS & FIXTURES (Sq. Ft.)	MOVABLE EQUIPMENT (\$ Value)	PLANT OPERATION & MAINT. (Sq. Ft.)	TRANSPORTATION (Mileage)				
		1	2	3	4	5	6A	6	
	<b>GENERAL SERVICE COST CENTER</b>								
1	CAPITAL RELATED COSTS-BLDG AND FIX								1
2	CAPITAL RELATED COSTS-MOVABLE EQUI								2
3	PLANT OPERATION AND MAINTENANCE								3
4	TRANSPORTATION - STAFF								4
5	VOLUNTEER SERVICE COORDINATION								5
6	ADMINISTRATIVE AND GENERAL						-311,785	566,482	6
	<b>INPATIENT CARE SERVICE</b>								
7	INPATIENT - GENERAL CARE								7
8	INPATIENT - RESPITE CARE								8
	<b>VISITING SERVICES</b>								
9	PHYSICIAN SERVICES								9
10	NURSING CARE							436,506	10
11	NURSING CARE-CONTINUOUS HOME CARE							24,890	11
12	PHYSICAL THERAPY								12
13	OCCUPATIONAL THERAPY								13
14	SPEECH/LANGUAGE PATHOLOGY								14
15	MEDICAL SOCIAL SERVICES							2,443	15
16	SPIRITUAL COUNSELING							53,387	16
17	DIETARY COUNSELING								17
18	COUNSELING - OTHER								18
19	HOME HEALTH AIDE AND HOMEMAKER							49,256	19
20	HH AIDE & HOMEMAKER - CONT. HOME C								20
21	OTHER								21
	<b>OTHER HOSPICE SERVICE COSTS</b>								
22	DRUGS, BIOLOGICAL AND INFUSION THE								22
23	ANALGESICS								23
24	SEDATIVES/HYPNOTICS								24
25	OTHER - SPECIFY								25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN								26
27	PATIENT TRANSPORTATION								27
28	IMAGING SERVICES								28
29	LABS AND DIAGNOSTICS								29
30	MEDICAL SUPPLIES								30
31	OUTPATIENT SERVICES (including E/R								31
32	RADIATION THERAPY								32
33	CHEMOTHERAPY								33
34	OTHER								34
	<b>HOSPICE NONREIMBURSABLE SERVICE</b>								
35	BEREAVEMENT PROGRAM COSTS								35
36	VOLUNTEER PROGRAM COSTS								36
37	FUNDRAISING								37
38	OTHER PROGRAM COSTS								38
39	TOTAL (sum of lines 1-38)							311,785	39
40	UNIT COST MULTIPLIER							0.550388	40



LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 14-1566

WORKSHEET K-5  
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	HOSPICE TRIAL BALANCE(1)	CAP BLDGS & FIXTURES	NEW CPTL BLG INTRST	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICTN	
		0	1	1.01	2	4	5.01	
1	ADMINISTRATIVE AND GENERAL							1
2	INPATIENT - GENERAL CARE		36	15		22,077	34	2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES							4
5	NURSING CARE	676,753	5,281	2,157		56,474	4,030	5
6	NURSING CARE-CONTINUOUS HOME CARE	38,589						6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES	3,788	12	5		4,943		10
11	SPIRITUAL COUNSELING	82,771						11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER					10,602		13
14	HOME HEALTH AIDE AND HOMEMAKER	76,366				8,908		14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33) (2)	878,267	5,329	2,177		103,004	4,064	34
35	UNIT COST MULTIPLIER (see instruc							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.

(2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.



LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 14-1566

WORKSHEET K-5  
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	SYSTEM + COMPUTERS	PURCHASING	OPC STORES	PATIENT AFFAIRS	PATIENT ADMITTING	PATIENT ACCOUNTS	
		5.02	5.03	5.04	5.05	5.06	5.07	
1	ADMINISTRATIVE AND GENERAL	128	4				77	1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES							4
5	NURSING CARE	19,190	55				11,544	5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES	25					15	10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER	8					5	14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33) (2)	19,351	59				11,641	34
35	UNIT COST MULTIPLIER (see instruc							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.

(2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.



LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 14-1566

WORKSHEET K-5  
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	SUBTOTAL	ACCOUNTING	SUBTOTAL	EMPLOYEE HEALTH SERVICES	SUBTOTAL	PASTORAL CARE	
		4A	5.08		5.09		5.10	
1	ADMINISTRATIVE AND GENERAL	209	1	210		210		1
2	INPATIENT - GENERAL CARE	22,162	83	22,245	24	22,269	30	2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES							4
5	NURSING CARE	775,484	2,918	778,402	833	779,235	1,057	5
6	NURSING CARE-CONTINUOUS HOME CARE	38,589	145	38,734	41	38,775	53	6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES	8,788	33	8,821	9	8,830	12	10
11	SPIRITUAL COUNSELING	82,771	311	83,082	89	83,171	113	11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER	10,602	40	10,642	11	10,653	14	13
14	HOME HEALTH AIDE AND HOMEMAKER	85,287	321	85,608	92	85,700	116	14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33) (2)	1,023,892	3,852	1,027,744	1,099	1,028,843	1,395	34
35	UNIT COST MULTIPLIER (see instruc							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.

(2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.



LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 14-1566

WORKSHEET K-5  
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	SUBTOTAL	HOSPITAL ADMINSTRTN	SUBTOTAL	AMBULATORY ADMIN	SUBTOTAL	PRIMARY CARE ADMIN	
			5.11		5.12		5.14	
1	ADMINISTRATIVE AND GENERAL	210	36	246	2	248	1	1
2	INPATIENT - GENERAL CARE	22,299	3,852	26,151	258	26,409	141	2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES							4
5	NURSING CARE	780,292	134,803	915,095	9,018	924,113	4,920	5
6	NURSING CARE-CONTINUOUS HOME CARE	38,828	6,708	45,536	449	45,985	245	6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES	8,842	1,528	10,370	102	10,472	56	10
11	SPIRITUAL COUNSELING	83,284	14,388	97,672	963	98,635	525	11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER	10,667	1,843	12,510	123	12,633	67	13
14	HOME HEALTH AIDE AND HOMEMAKER	85,816	14,826	100,642	992	101,634	541	14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33) (2)	1,030,238	177,984	1,208,222	11,907	1,220,129	6,496	34
35	UNIT COST MULTIPLIER (see instruc							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.

(2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.



LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 14-1566

WORKSHEET K-5  
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	SAFETY & SECURITY	LAUNDRY + LINEN SERVICE	HOUSE- KEEPING	DIETARY	
		6	7	7.01	8	9	10	
1	ADMINISTRATIVE AND GENERAL							1
2	INPATIENT - GENERAL CARE		85	8				2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES							4
5	NURSING CARE		12,455	1,214				5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES		28	3				10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER							14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33) (2)		12,568	1,225				34
35	UNIT COST MULTIPLIER (see instruc							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.

(2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.



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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 14-1566

WORKSHEET K-5  
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	CAFETERIA	MAIN- TENANCE OF PERSONNEL	PATIENT TRANSPORT	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	CENTRAL PROCESSING	
		11	12	12.01	13	14	14.01	
1	ADMINISTRATIVE AND GENERAL							1
2	INPATIENT - GENERAL CARE	12			119	7		2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES							4
5	NURSING CARE	1,695			15,764	893		5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES	2			40			10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER							14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33) (2)	1,709			15,923	900		34
35	UNIT COST MULTIPLIER (see instruc							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.

(2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.



LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 14-1566

WORKSHEET K-5  
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	HOSPITAL MEDICAL ADMIN	NONPHYSIC. ANESTHET.	NURSING SCHOOL	
		15	16	17	17.01	19	20	
1	ADMINISTRATIVE AND GENERAL							1
2	INPATIENT - GENERAL CARE	113						2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES							4
5	NURSING CARE	16,954			31			5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES	22						10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER	7						14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33) (2)	17,096			31			34
35	UNIT COST MULTIPLIER (see instruc							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.

(2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.



LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 14-1566

WORKSHEET K-5  
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	PARAMED ED-MICU	PARAMED ED-SOCIAL WORK	SUBTOTAL (cols. 4A-23)	
		21	22	23	23.01	23.02	24	
1	ADMINISTRATIVE AND GENERAL						249	1
2	INPATIENT - GENERAL CARE						26,894	2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES							4
5	NURSING CARE						978,039	5
6	NURSING CARE-CONTINUOUS HOME CARE						46,230	6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES						10,623	10
11	SPIRITUAL COUNSELING						99,160	11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER						12,700	13
14	HOME HEALTH AIDE AND HOMEMAKER						102,182	14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33) (2)						1,276,077	34
35	UNIT COST MULTIPLIER (see instruc							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.

(2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.



LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 14-1566

WORKSHEET K-5  
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL (cols. 24 ± 25)	ALLOC HOSP A&G (See Part II)	TOTAL HOSP COSTS (col 26 ± 27)		
		25	26	27	28		
1	ADMINISTRATIVE AND GENERAL		249				1
2	INPATIENT - GENERAL CARE		26,894	5	26,899		2
3	INPATIENT - RESPITE CARE						3
4	PHYSICIAN SERVICES						4
5	NURSING CARE		978,039	192	978,231		5
6	NURSING CARE-CONTINUOUS HOME CARE		46,230	9	46,239		6
7	PHYSICAL THERAPY						7
8	OCCUPATIONAL THERAPY						8
9	SPEECH/LANGUAGE PATHOLOGY						9
10	MEDICAL SOCIAL SERVICES		10,623	2	10,625		10
11	SPIRITUAL COUNSELING		99,160	19	99,179		11
12	DIETARY COUNSELING						12
13	COUNSELING - OTHER		12,700	2	12,702		13
14	HOME HEALTH AIDE AND HOMEMAKER		102,182	20	102,202		14
15	HH AIDE & HOMEMAKER - CONT. HOME						15
16	OTHER						16
17	DRUGS, BIOLOGICAL AND INFUSION TH						17
18	ANALGESICS						18
19	SEDATIVES / HYPNOTICS						19
20	OTHER - SPECIFY						20
21	DURABLE MED. EQUIPMENT/OXYGEN						21
22	PATIENT TRANSPORTATION						22
23	IMAGING SERVICES						23
24	LABS AND DIAGNOSTICS						24
25	MEDICAL SUPPLIES						25
26	OUTPATIENT SERVICES (including E/						26
27	RADIATION THERAPY						27
28	CHEMOTHERAPY						28
29	OTHER						29
30	BEREAVEMENT PROGRAM COSTS						30
31	VOLUNTEER PROGRAM COSTS						31
32	FUNDRAISING						32
33	OTHER PROGRAM COSTS						33
34	TOTALS (sum of lines 1-33) (2)		1,276,077		1,276,077		34
35	UNIT COST MULTIPLIER (see instruc			0.000195			35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.

(2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.



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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 14-1566

WORKSHEET K-5  
PART II

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	NEW CPTL BLG INTRST SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	COMMUNICTN PHONE COST	SYSTEM + COMPUTERS GROSS REVENUE	
		1	1.01	2	4	5.01	5.02	
1	ADMINISTRATIVE AND GENERAL						16,047	1
2	INPATIENT - GENERAL CARE	3	3		111,164	2		2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES							4
5	NURSING CARE	441	441		284,372	235	2,414,510	5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES	1	1		24,890		3,139	10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER				53,387			13
14	HOME HEALTH AIDE AND HOME MAKER				44,853		1,047	14
15	HH AIDE & HOME MAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33)	445	445		518,666	237	2,434,743	34
35	TOTAL COST TO BE ALLOCATED	5,329	2,177		103,004	4,064	19,351	35
36	UNIT COST MULTIPLIER	11.975281				17.147679		36
36	UNIT COST MULTIPLIER		4.892135		0.198594		0.007948	36



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LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 14-1566

WORKSHEET K-5  
PART II

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	PURCHASING NUMBER OF ISSUES	OPC STORES NUMBER OF ISSUES	PATIENT AFFAIRS NUMBER OF VISITS	PATIENT ADMITTING INPATIENT REVENUE	PATIENT ACCOUNTS GROSS REVENUE	RECON- CILIATION	
		5.03	5.04	5.05	5.06	5.07	4A.08	
1	ADMINISTRATIVE AND GENERAL	1				16,047		1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES							4
5	NURSING CARE	13				2,414,510		5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES					3,139		10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER					1,047		14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33)	14				2,434,743		34
35	TOTAL COST TO BE ALLOCATED	59				11,641		35
36	UNIT COST MULTIPLIER	4.214286				0.004781		36
36	UNIT COST MULTIPLIER							36



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LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 14-1566

WORKSHEET K-5  
PART II

## PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	ACCOUNTING ACCUM COST	RECON- CILIATION	EMPLOYEE HEALTH SERVICES ACCUM COST	RECON- CILIATION	PASTORAL CARE ACCUM COST	RECON- CILIATION	
		5.08		5.09		5.10		
1	ADMINISTRATIVE AND GENERAL	209		210		210		1
2	INPATIENT - GENERAL CARE	22,162		22,245		22,269		2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES							4
5	NURSING CARE	775,484		778,402		779,235		5
6	NURSING CARE-CONTINUOUS HOME CARE	38,589		38,734		38,775		6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES	8,788		8,821		8,830		10
11	SPIRITUAL COUNSELING	82,771		83,082		83,171		11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER	10,602		10,642		10,653		13
14	HOME HEALTH AIDE AND HOMEMAKER	85,287		85,608		85,700		14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33)	1,023,892		1,027,744		1,028,843		34
35	TOTAL COST TO BE ALLOCATED	3,852		1,099		1,395		35
36	UNIT COST MULTIPLIER	0.003762		0.001069		0.001356		36
36	UNIT COST MULTIPLIER							36



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LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 14-1566

WORKSHEET K-5  
PART II

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	HOSPITAL ADMINSTRTN  ACCUM COST	RECON- CILIATION	AMBULATORY ADMIN  ACCUM COST	RECON- CILIATION	PRIMARY CARE ADMIN ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	
		5.11		5.12		5.14	6	
1	ADMINISTRATIVE AND GENERAL	210		246		248		1
2	INPATIENT - GENERAL CARE	22,299		26,151		26,409	3	2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES							4
5	NURSING CARE	780,292		915,095		924,113	441	5
6	NURSING CARE-CONTINUOUS HOME CARE	38,828		45,536		45,985		6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES	8,842		10,370		10,472	1	10
11	SPIRITUAL COUNSELING	83,284		97,672		98,635		11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER	10,667		12,510		12,633		13
14	HOME HEALTH AIDE AND HOME MAKER	85,816		100,642		101,634		14
15	HH AIDE & HOME MAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33)	1,030,238		1,208,222		1,220,129	445	34
35	TOTAL COST TO BE ALLOCATED	177,984		11,907		6,496		35
36	UNIT COST MULTIPLIER	0.172760		0.009855		0.005324		36
36	UNIT COST MULTIPLIER							36



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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 14-1566

WORKSHEET K-5  
PART II

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	OPERATION OF PLANT SQUARE FEET	SAFETY & SECURITY SQUARE FEET	LAUNDRY + LINEN SERVICE LAUNDRY COST	HOUSE-KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	CAFETERIA PAID HOURS	
		7	7.01	8	9	10	11	
1	ADMINISTRATIVE AND GENERAL							1
2	INPATIENT - GENERAL CARE	3	3				125	2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES							4
5	NURSING CARE	441	441				17,643	5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES	1	1				26	10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER							14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33)	445	445				17,794	34
35	TOTAL COST TO BE ALLOCATED	12,568	1,225				1,709	35
36	UNIT COST MULTIPLIER	28.242697						36
36	UNIT COST MULTIPLIER		2.752809				0.096044	36



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LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 14-1566

WORKSHEET K-5  
PART II

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	MAIN-TENANCE OF PERSONNEL NUMBER HOUSED	PATIENT TRANSPORT NUMBER OF TRIPS	NURSING ADMINISTRATION RN FTES	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	CENTRAL PROCESSING NUMBER OF INSTRUMENT	PHARMACY COSTED REQUIS.	
		12	12.01	13	14	14.01	15	
1	ADMINISTRATIVE AND GENERAL							1
2	INPATIENT - GENERAL CARE			3	19		470	2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES							4
5	NURSING CARE			396	2,594		70,555	5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES			1	1		91	10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER				1		30	14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33)			400	2,615		71,146	34
35	TOTAL COST TO BE ALLOCATED			15,923	900		17,096	35
36	UNIT COST MULTIPLIER			39.807500				36
36	UNIT COST MULTIPLIER				0.344168		0.240295	36



LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 14-1566

WORKSHEET K-5  
PART II

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	MEDICAL RECORDS + LIBRARY INPATIENT REVENUE	SOCIAL SERVICE TIME SPENT	HOSPITAL MEDICAL ADMIN MED ADMIN COMPENSATI	NONPHYSIC. ANESTHET. ASSIGNED TIME	NURSING SCHOOL PATIENT DAYS	I&R SALARY & FRINGES PATIENT DAYS	
		16	17	17.01	19	20	21	
1	ADMINISTRATIVE AND GENERAL							1
2	INPATIENT - GENERAL CARE			168				2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES							4
5	NURSING CARE			25,388				5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES			33				10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER			11				14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33)			25,600				34
35	TOTAL COST TO BE ALLOCATED			31				35
36	UNIT COST MULTIPLIER			0.001211				36
36	UNIT COST MULTIPLIER							36



LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 14-1566

WORKSHEET K-5  
PART II

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED EDUCATION  ASSIGNED TIME	PARAMED ED-MICU  TIME SPENT	PARAMED ED-SOCIAL WORK TIME SPENT		
1	ADMINISTRATIVE AND GENERAL	22	23	23.01	23.02		1
2	INPATIENT - GENERAL CARE						2
3	INPATIENT - RESPITE CARE						3
4	PHYSICIAN SERVICES						4
5	NURSING CARE						5
6	NURSING CARE-CONTINUOUS HOME CARE						6
7	PHYSICAL THERAPY						7
8	OCCUPATIONAL THERAPY						8
9	SPEECH/LANGUAGE PATHOLOGY						9
10	MEDICAL SOCIAL SERVICES						10
11	SPIRITUAL COUNSELING						11
12	DIETARY COUNSELING						12
13	COUNSELING - OTHER						13
14	HOME HEALTH AIDE AND HOME MAKER						14
15	HH AIDE & HOME MAKER - CONT. HOME						15
16	OTHER						16
17	DRUGS, BIOLOGICAL AND INFUSION TH						17
18	ANALGESICS						18
19	SEDATIVES / HYPNOTICS						19
20	OTHER - SPECIFY						20
21	DURABLE MED. EQUIPMENT/OXYGEN						21
22	PATIENT TRANSPORTATION						22
23	IMAGING SERVICES						23
24	LABS AND DIAGNOSTICS						24
25	MEDICAL SUPPLIES						25
26	OUTPATIENT SERVICES (including E/						26
27	RADIATION THERAPY						27
28	CHEMOTHERAPY						28
29	OTHER						29
30	BEREAVEMENT PROGRAM COSTS						30
31	VOLUNTEER PROGRAM COSTS						31
32	FUNDRAISING						32
33	OTHER PROGRAM COSTS						33
34	TOTALS (sum of lines 1-33)						34
35	TOTAL COST TO BE ALLOCATED						35
36	UNIT COST MULTIPLIER						36
36	UNIT COST MULTIPLIER						36



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LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 Version: 2014.10
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APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE CCN: 14-1566

WORKSHEET K-5  
PART III

## PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

	COST CENTER	WKST C, PART I, COL. 9, LINE	COST TO CHARGE RATIO	TOTAL HOSPICE CHARGES (Provider Records)	HOSPICE SHARED ANCILLARY COSTS (cols. 1 x 2)	
		0	1	2	3	
	<b>ANCILLARY SERVICE COST CENTERS</b>					
1	PHYSICAL THERAPY	66	0.307836			1
2	OCCUPATIONAL THERAPY	67	0.261512			2
3	SPEECH/LANGUAGE PATHOLOGY	68	1.110347			3
4	DRUGS, BIOLOGICAL AND INFUSION THERAPY	73	0.326836			4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	96				5
6	LABS AND DIAGNOSTICS	60	0.101219			6
6.01	LABORATORY-SURGICAL PATHOLOGY	60.01	0.180529			6.01
6.02	LABORATORY-NEUROSURGICAL	60.02				6.02
6.03	LABORATORY-HLA	60.03	1.106557			6.03
7	MEDICAL SUPPLIES	71	2.234111			7
8	OUTPATIENT SERVICES (including E/R Dept.)	93				8
9	RADIATION THERAPY	55				9
10	PULMONARY LABS	76	0.353796			10
10.01	OCCUPATIONAL HEALTH	76.01	2.764612			10.01
10.03	HYPERALIMENTATION	76.03				10.03
10.04	PERIPHERAL VASCULAR	76.04	0.134493			10.04
10.05	PEDIATRIC ENDO NUTRITION	76.05				10.05
10.07	GASTROINTESTINAL SERVICE	76.07	0.288686			10.07
10.09	BONE MARROW PROCUREMENT	76.09	0.996336			10.09
10.10	BARIATRICS	76.10	3.059187			10.10
10.11	HEPATOLOGY	76.11	7,269.886957			10.11
10.97	CARDIAC REHABILITATION	76.97				10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98				10.98
10.99	LITHOTRIPSY	76.99				10.99
11	TOTALS (sum of lines 1-10)					11



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CALCULATION OF HOSPICE PER DIEM COST

HOSPICE CCN: 14-1566

WORKSHEET K-6

COMPUTATION OF PER DIEM COSTS		TITLE XVIII	TITLE XIX	OTHER	TOTAL	
		1	2	3	4	
1	TOTAL COST (see instructions)				1,276,077	1
2	TOTAL UNDUPLICATED DAYS (Worksheet S-9, column 6, line 5)				7,113	2
3	AVERAGE COST PER DIEM (line 1 divided by line 2)				179.40	3
4	UNDUPLICATED MEDICARE DAYS (Worksheet S-9, column 1, line 5)	6,174				4
5	AGGREGATE MEDICARE COST (line 3 times line 4)	1,107,616				5
6	UNDUPLICATED MEDICAID DAYS (Worksheet S-9, column 2, line 5)		431			6
7	AGGREGATE MEDICAID COST (line 3 times line 6)		77,321			7
8	UNDUPLICATED SNF DAYS (Worksheet S-9, column 3, line 5)					8
9	AGGREGATE SNF COST (line 3 times line 8)					9
10	UNDUPLICATED NF DAYS (Worksheet S-9, column 4, line 5)					10
11	AGGREGATE NF COST (line 3 times line 10)					11
12	OTHER UNDUPLICATED DAYS (Worksheet S-9, column 5, line 5)			508		12
13	AGGREGATE COST FOR OTHER DAYS (line 3 times line 12)			91,135		13

Note: The data for the SNF and NF on lines 8 through 11 are included in the Medicare and Medicaid lines 4 through 7.



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## CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 14-0276

WORKSHEET L

CHECK [ ] TITLE V [XX] HOSPITAL [XX] PPS  
 APPLICABLE [XX] 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	7,231,937	1
1.01	MODEL 4 BPCI CAPITAL DRG OTHER THAN OUTLIER		1.01
2	CAPITAL DRG OUTLIER PAYMENTS	430,968	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)	337.27	3
4	NUMBER OF INTERNS & RESIDENTS (see instructions)	320.20	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (see instructions)	30.72	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (multiply line 5 by the sum of lines 1 and 1.01)	2,221,651	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (Worksheet E, Part A line 30) (see instructions)	0.0461	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (see instructions)	0.2554	8
9	SUM OF LINES 7 AND 8	0.3015	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (see instructions)	0.0630	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (line 10 times the sum of lines 1 and 1.01)	455,612	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (sum of lines 1, 1.01, 2, 2.01, 6 and 11)	10,340,168	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



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## CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 14-0276

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		1
1.01	MODEL 4 BPCI CAPITAL DRG OTHER THAN OUTLIER		1.01
2	CAPITAL DRG OUTLIER PAYMENTS		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)		3
4	NUMBER OF INTERNS & RESIDENTS (see instructions)		4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (see instructions)		5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (multiply line 5 by the sum of lines 1 and 1.01)		6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (Worksheet E, Part A line 30) (see instructions)		7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (see instructions)		8
9	SUM OF LINES 7 AND 8		9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (see instructions)		10
11	DISPROPORTIONATE SHARE ADJUSTMENT (line 10 times the sum of lines 1 and 1.01)		11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		12

## PART II - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST (see instructions)		1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST (see instructions)		2
3	TOTAL INPATIENT PROGRAM CAPITAL COST (line 1 plus line 2)		3
4	CAPITAL COST PAYMENT FACTOR (see instructions)		4
5	TOTAL INPATIENT PROGRAM CAPITAL COST (line 3 times line 4)		5

## PART III - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS (see instructions)		1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (see instructions)		2
3	NET PROGRAM INPATIENT CAPITAL COSTS (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



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LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/21/2014 Run Time: 07:27 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		
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	COMMUNICATION							5.01
5.02	SYSTEM & COMPUTERS							5.02
5.03	PURCHASING							5.03
5.04	OPC STORES							5.04
5.05	PATIENT AFFAIRS							5.05
5.06	PATIENT ADMITTING							5.06
5.07	PATIENT ACCOUNTS							5.07
5.08	ACCOUNTING							5.08
5.09	EMPLOYEE HEALTH SERVICES							5.09
5.10	PASTORAL CARE							5.10
5.11	HOSPITAL ADMINISTRATION							5.11
5.12	AMBULATORY ADMINISTRATION							5.12
5.14	PRIMARY CARE ADMINISTRATION							5.14
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
7.01	SAFETY AND SECURITY							7.01
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY							10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
12.01	PATIENT TRANSPORTATION							12.01
13	NURSING ADMINISTRATION							13
14	CENTRAL SERVICES & SUPPLY							14
14.01	CENTRAL PROCESSING							14.01
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY							16
17	SOCIAL SERVICE							17
17.01	HOSPITAL MEDICAL ADMIN							17.01
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMEDICAL ED-MICU							23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS							30
31	INTENSIVE CARE UNIT							31
33	BURN INTENSIVE CARE UNIT							33
35	NEONATAL INTENSIVE CARE							35
35.01	PEDIATRIC ICU							35.01
35.03	HEART TRANSPLANT ICU							35.03
35.04	BONE INTENSIVE CARE							35.04
41	SUBPROVIDER - IRF							41
43	NURSERY							43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM							50
50.01	AMBULATORY SURGERY CENTER							50.01
51	RECOVERY ROOM							51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
54.01	RADIOLOGY-ULTRASOUND							54.01
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE							56
57	CT SCAN							57
58	MRI							58
59	CARDIAC CATHETERIZATION							59
60	LABORATORY							60
60.01	LABORATORY-SURGICAL PATHOLOGY							60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA							60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.							63
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY							69



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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		
70	ELECTROENCEPHALOGRAPHY							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS							74
75	ASC (NON-DISTINCT PART)							75
76	PULMONARY LABS							76
76.01	OCCUPATIONAL HEALTH							76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR							76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE							76.07
76.09	BONE MARROW PROCUREMENT							76.09
76.10	BIARIATRICS							76.10
76.11	HEPATOLOGY							76.11
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC							90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER							90.02
90.03	PSYCH SOCIAL REHAB							90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER							90.07
90.08	OBT OUTPATIENT CENTER							90.08
90.09	ELMHURST IMMEDIATE CARE							90.09
90.10	LAGRANGE FAMILY PCC							90.10
90.12	NORTH RIVERSIDE PCC							90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC							90.14
90.15	OBT II PCC							90.15
90.16	HICKORY HILLS PCC							90.16
90.18	DARIEN PCC							90.18
90.20	ORLANAD PARK - FP							90.20
90.21	FAMILY PRACTICE MAYWOOD PCC							90.21
90.22	HOMER GLEN PCC							90.22
90.23	OAK PARK PCC							90.23
90.24	PARK RIDGE PCC							90.24
90.25	LOYOLA CLINIC AT GOTTLIEB							90.25
90.26	WOODRIDGE PCC							90.26
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER							90.28
90.29	BURR RIDGE PCC							90.29
90.30	RIVER FOREST							90.30
90.31	NORRIDGE							90.31
90.32	ELMWOOD PARK							90.32
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES							95
97	DURABLE MEDICAL EQUIP-SOLD							97
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY							101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	KIDNEY ACQUISITION							105
106	HEART ACQUISITION							106
107	LIVER ACQUISITION							107
108	LUNG ACQUISITION							108
109	PANCREAS ACQUISITION							109
110	INTESTINAL ACQUISITION							110
111	ISLET ACQUISITION							111
112	OTHER ORGAN ACQUISITION (SPECIFY)							112
116	HOSPICE							116
118	SUBTOTALS (sum of lines 1-117)							118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
190.01	HINES RADIATION THERAPY							190.01
190.02	HOME INFUSION THERAPY							190.02
190.03	OP HOSPITAL PHARMACY							190.03
190.04	HOSPITALIST							190.04



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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
PART I

	COST CENTER DESCRIPTIONS	EXTRAORDI-NARY CAP-REL COSTS	SUBTOTAL (cols.0-4) 2A	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL		
		0	2A	24	25	26		
190.05	STUDENT HEALTH							190.05
192	PHYSICIANS' PRIVATE OFFICES							192
192.01	FACULTY CLINICAL OPERATIONS							192.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)							202