



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 02/02/2015 Run Time: 10:08 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: 02/02/2015 TIME: 10:08 2. <input type="checkbox"/> MANUALLY SUBMITTED COST REPORT 3. <input type="checkbox"/> IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THE COST REPORT 4. <input type="checkbox"/> MEDICARE UTILIZATION. ENTER 'F' FOR FULL OR 'L' FOR LOW.		
CONTRACTOR USE ONLY	5. <input type="checkbox"/> COST REPORT STATUS 1 -AS SUBMITTED 2 -SETTLED WITHOUT AUDIT 3 -SETTLED WITH AUDIT 4 -REOPENED 5 -AMENDED	6. DATE RECEIVED: _____ 7. CONTRACTOR NO: _____ 8. <input type="checkbox"/> INITIAL REPORT FOR THIS PROVIDER CCN 9. <input type="checkbox"/> FINAL REPORT FOR THIS PROVIDER CCN	10. NPR DATE: _____ 11. CONTRACTOR'S VENDOR CODE: ____ 12. <input type="checkbox"/> IF LINE 5, COLUMN 1 IS 4: ENTER NUMBER OF TIMES REOPENED = 0-9.

PART II - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY NORTHWESTERN MEMORIAL HOSPITAL (14-0281) {(PROVIDER NAME(S) AND NUMBER(S))} FOR THE COST REPORTING PERIOD BEGINNING 09/01/2013 AND ENDING 08/31/2014, 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 V	TITLE XVIII		HIT	TITLE XIX	
		1	PART A 2	PART B 3	4	5	
1	HOSPITAL		4,164,512	280,607			1
2	SUBPROVIDER - IPF		71,140				2
3	SUBPROVIDER - IRF						3
4	SUBPROVIDER (OTHER)						4
5	SWING BED - SNF						5
6	SWING BED - NF						6
7	SKILLED NURSING FACILITY						7
8	NURSING FACILITY						8
9	HOME HEALTH AGENCY						9
10	HEALTH CLINIC - RHC						10
11	HEALTH CLINIC - FQHC						11
12	OUTPATIENT REHABILITATION PROVIDER						12
200	TOTAL		4,235,652	280,607			200

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

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS



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PARTS I, II & III**

INFORMATION COLLECTION IS ESTIMATED 673 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORT CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MARYLAND 21244-1850.



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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

Hospital and Hospital Health Care Complex Address:											
1	Street: 251E HURON	P.O. Box:								1	
2	City: CHICAGO	State: IL	ZIP Code: 60611	County: COOK						2	
Hospital and Hospital-Based Component Identification:											
										Payment System (P, T, O, or N)	
	Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	V	XVIII	XIX		
	0	1	2	3	4	5	6	7	8		
3	Hospital	NORTHWESTERN MEMORIAL HOSPITAL	14-0281	16974	1	09/01/1972	N	P	O	3	
4	Subprovider - IPF	NORTHWESTERN MEMORIAL PSYCH UNIT	14-S281	16974	4	09/01/1984	N	P	O	4	
5	Subprovider - IRF									5	
6	Subprovider - (OTHER)									6	
7	Swing Beds - SNF									7	
8	Swing Beds - NF									8	
9	Hospital-Based SNF									9	
10	Hospital-Based NF									10	
11	Hospital-Based OLTC									11	
12	Hospital-Based HHA									12	
13	Separately Certified ASC									13	
14	Hospital-Based Hospice									14	
15	Hospital-Based Health Clinic - RHC									15	
16	Hospital-Based Health Clinic - FQHC									16	
17	Hospital-Based (CMHC)									17	
18	Renal Dialysis									18	
19	Other									19	
20	Cost Reporting Period (mm/dd/yyyy)	From: 09 / 01 / 2013	To: 08 / 31 / 2014								20
21	Type of control (see instructions)	2								21	
Inpatient PPS Information								1	2		
22	Does this facility qualify for and receive disproportionate share hospital payments in accordance with 42 CFR §412.106? In column 1, enter 'Y' for yes or 'N' for no. Is this facility subject to 42 CFR §412.06(c)(2)(Pickle amendment hospital)? In column 2, enter 'Y' for yes or 'N' for no.							Y	N	22	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)							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.	25,600	12,482		381	2,620	878	24			
25	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.							25			
26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.				1						26
27	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, '1' for urban or '2' for rural. If applicable, enter the effective date of the geographic reclassification in column 2.				1						27
35	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.										35
36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				Beginning:	Ending:					36
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.										37
38	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				Beginning:	Ending:					38
								1	2		



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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

39	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 'Y' for yes or 'N' for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 'Y' for yes or 'N' for no. (see instructions)	N	N	39
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WORKSHEET S-2
PART I

Prospective Payment System (PPS)-Capital		V	XVIII	XIX	
		1	2	3	
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	Y	N	45
46	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for no.	N	N	N	47
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	N	48
Teaching Hospitals		1	2	3	
56	Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	Y			56
57	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y' did residents start training in the first month of this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2. If column 2 is 'Y', complete Worksheet E-4. If column 2 is 'N', complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57
58	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub 15-1, section 2148? If yes, complete Worksheet D-5.	N			58
59	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	Y			59
60	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter 'Y' for yes or 'N' for no. (see instructions)	Y			60
		Y/N	IME	Direct GME	
61	Did your hospital receive FTE slots under ACA section 5503? Enter 'Y' for yes or 'N' for no in column 1. (see instructions)	N			61
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)				61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)				61.02
61.03	Enter the baseline FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)				61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions)				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)				61.06
Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program (see instructions). Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.					
	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
	1	2	3	4	
Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program (see instructions). Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.					
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)					
62	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				62
62.01	Enter the number of FTE residents that rotated from a teaching health center (THC) into your hospital in this cost reporting period of HRSA THC program. (see instructions)				62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings					
63	Has your facility trained residents in non-provider settings during this cost reporting period? Enter 'Y' for yes or 'N' for no. If yes, complete lines 64-67. (see instructions)	Y			63



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WORKSHEET S-2
PART I

Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings-This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	RATIO (col. 1/ col. 1 + col. 2))	
64	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		13.16	319.21	0.039594	64	
Enter in lines 65-65.49 in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 ÷ column 4)). (see instructions)							
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))		
	1	2	3	4	5		
65	INTERNAL MEDICINE	1400	21.55	115.30	0.157472	65	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings-Effective for cost reporting periods beginning on or after July 1, 2010				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	RATIO (col. 1/ col. 1 + col. 2))	
66	Enter in column 1, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		12.87	357.95	0.034707	66	
Enter in lines 67-67.49, column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 ÷ column 4)). (see instructions)							
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))		
	1	2	3	4	5		
67	INTERNAL MEDICINE	1400	22.80	112.89	0.168030	67	
Inpatient Psychiatric Facility PPS				1	2	3	
70	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter 'Y' for yes or 'N' for no.		Y			70	
71	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, enter 1, 2, or 3 respectively in column 3. If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5.		Y	N		71	
Inpatient Rehabilitation Facility PPS				1	2	3	
75	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter 'Y' for yes or 'N' for no.		N			75	
76	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, enter 1, 2, or 3 respectively in column 3. If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5.					76	
Long Term Care Hospital PPS							
80	Is this a Long Term Care Hospital (LTCH)? Enter 'Y' for yes or 'N' for no.			N		80	
TEFRA Providers							
85	Is this a new hospital under 42 CFR §413.40(f)(1)(i) TEFRA?. Enter 'Y' for yes or 'N' for no.			N		85	
86	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR §413.40(f)(1)(ii)? Enter 'Y' for yes, or 'N' for no.					86	



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WORKSHEET S-2
PART I

Title V and XIX Services		V	XIX		
		1	2		
90	Does this facility have title V and/or XIX inpatient hospital services? Enter 'Y' for yes, or 'N' for no in applicable column.	N	Y	90	
91	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter 'Y' for yes, or 'N' for no in the applicable column.	N	N	91	
92	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? Enter 'Y' for yes or 'N' for no in the applicable column.		N	92	
93	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	93	
94	Does title V or title XIX reduce capital cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	94	
95	If line 94 is 'Y', enter the reduction percentage in the applicable column.			95	
96	Does title V or title XIX reduce operating cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	96	
97	If line 96 is 'Y', enter the reduction percentage in the applicable column.			97	
Rural Providers		1	2		
105	Does this hospital qualify as a Critical Access Hospital (CAH)?	N		105	
106	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106	
107	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter 'Y' for yes and 'N' for no in column 1. If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes, complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter 'Y' for yes or 'N' for no in column 2.			107	
108	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR §412.113(c). Enter 'Y' for yes or 'N' for no.	N		108	
		Physical	Occupational	Speech	Respiratory
109	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter 'Y' for yes or 'N' for each therapy.				109
Miscellaneous Cost Reporting Information					
115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is 'E', enter in column 3 either '93' percent for short term hospital or '98'	N		115	
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	N		116	
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	Y		117	
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118	
		Premiums	Paid Losses	Self Insurance	
118.01	List amounts of malpractice premiums and paid losses:	4,319,328	32,767,171	15,253,372	118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.	N	N	120	
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	Y		121	
Transplant Center Information					
125	Does this facility operate a transplant center? Enter 'Y' for yes or 'N' for no. If yes, enter certification date(s)(mm/dd/yyyy) below.	Y		125	
126	If this is a Medicare certified kidney transplant center enter the certification date in column 1 and termination date, if applicable in column 2.	07/01/1973		126	
127	If this is a Medicare certified heart transplant center enter the certification date in column 1 and termination date, if applicable in column 2.	09/29/2006		127	
128	If this is a Medicare certified liver transplant center enter the certification date in column 1 and termination date, if applicable in column 2.	02/02/1996		128	
129	If this is a Medicare certified lung transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			129	
130	If this is a Medicare certified pancreas transplant center enter the certification date in column 1 and termination date, if applicable in column 2.	07/01/1999		130	
131	If this is a Medicare certified intestinal transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			131	
132	If this is a Medicare certified islet transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			132	
133	If this is a Medicare certified other transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			133	
134	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable in column 2.			134	



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WORKSHEET S-2
PART I

All Providers						
		1	2			
140	Are there any related organization or home office costs as defined in CMS Pub 15-1, Chapter 10? Enter 'Y' for yes, or 'N' for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number (see instructions)	Y	HB0640		140	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.						
141	Name: NORTHWESTERN MEMORIAL HEALTHCA	Contractor's Name: NGS - INC		Contractor's Number: 06101		
142	Street: 251 E HURON ST	P.O. Box: PO BOX 6			142	
143	City: CHICAGO	State: IL	ZIP Code: 60611		143	
144	Are provider based physicians' costs included in Worksheet A?	Y			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.	Y			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	2	3	
155	Hospital	N	N	N	N	
156	Subprovider - IPF	N	N	N	N	
157	Subprovider - IRF	N	N			
158	Subprovider - Other					
159	SNF	N	N			
160	HHA	N	N			
161	CMHC		N			
161.10	CORF					
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)	0.25			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	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)	Y			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	12/02/2014	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.	Y			7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	Y			8
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	Y			9
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	Y			10
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N			11
BAD DEBTS					
		Y/N			
		1			
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.	Y			12
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.	N			13
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.	N			14
BED COMPLEMENT					
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	Y			15
PART A					
		Y/N	DATE	Y/N	DATE
		1	2	3	4
PS&R REPORT DATA					
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (see instructions)	N		N	16
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (see instructions)	Y	11/19/2014	Y	11/19/2014
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



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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N		21
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

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

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

CAPITAL RELATED COSTS			
22	HAVE ASSETS BEEN RELIEFED FOR MEDICARE PURPOSES? IF YES, SEE INSTRUCTIONS.		22
23	HAVE CHANGES OCCURRED IN THE MEDICARE DEPRECIATION EXPENSE DUE TO APPRAISALS MADE DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		23
24	WERE NEW LEASES AND/OR AMENDMENTS TO EXISTING LEASES ENTERED INTO DURING THIS COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		24
25	HAVE THERE BEEN NEW CAPITALIZED LEASES ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		25
26	WERE ASSETS SUBJECT TO SEC. 2314 OF DEFRA ACQUIRED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		26
27	HAS THE PROVIDER'S CAPITALIZED POLICY CHANGED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		27
INTEREST EXPENSE			
28	WERE NEW LOANS, MORTGAGE AGREEMENTS OR LETTERS OF CREDIT ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		28
29	DID THE PROVIDER HAVE A FUNDED DEPRECIATION ACCOUNT AND/OR BOND FUNDS (debt service reserve fund) TREATED AS A FUNDED DEPRECIATION ACCOUNT? IF YES, SEE INSTRUCTIONS.		29
30	HAS EXISTING DEBT BEEN REPLACED PRIOR TO ITS SCHEDULED MATURITY WITH NEW DEBT? IF YES, SEE INSTRUCTIONS.		30
31	HAS DEBT BEEN RECALLED BEFORE SCHEDULED MATURITY WITHOUT ISSUANCE OF NEW DEBT? IF YES, SEE INSTRUCTIONS.		31
PURCHASED SERVICES			
32	HAVE CHANGES OR NEW AGREEMENTS OCCURRED IN PATIENT CARE SERVICES FURNISHED THROUGH CONTRACTUAL ARRANGEMENTS WITH SUPPLIERS OF SERVICES? IF YES, SEE INSTRUCTIONS.		32
33	IF LINE 32 IS YES, WERE THE REQUIREMENTS OF SEC. 2135.2 APPLIED PERTAINING TO COMPETITIVE BIDDING? IF NO, SEE INSTRUCTIONS.		33
PROVIDER-BASED PHYSICIANS			
34	ARE SERVICES FURNISHED AT THE PROVIDER FACILITY UNDER AN ARRANGEMENT WITH PROVIDER-BASED PHYSICIANS? IF YES, SEE INSTRUCTIONS.		34
35	IF LINE 34 IS YES, WERE THERE NEW AGREEMENTS OR AMENDED EXISTING AGREEMENTS WITH THE PROVIDER-BASED PHYSICIANS DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		35
HOME OFFICE COSTS		Y/N	DATE
36	WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT?	1	2
37	IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.		
38	IF LINE 36 IS YES, WAS THE FISCAL YEAR END OF THE HOME OFFICE DIFFERENT FROM THAT OF THE PROVIDER? IF YES, ENTER IN COLUMN 2 THE FISCAL YEAR END OF THE HOME OFFICE.		
39	IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS.		
40	IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.		
COST REORT PREPARER INFORMATION			
41	FIRST NAME: JOHN	LAST NAME: VANDER LAAN	TITLE: MANAGER OF REIMB
42	EMPLOYER: NORTHWESTERN MEMORIAL HOSPITAL		
43	PHONE NUMBER: 312 926 6618	E-MAIL ADDRESS: JVANDERL@NMH.ORG	



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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I

	COMPONENT	WKST A LINE NO.	NO. OF BEDS	BED DAYS AVAILABL E	CAH HOURS	INPATIENT DAYS/OUTPATIENT VISITS/TRIPS				
						TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS	
		1	2	3	4	5	6	7	8	
1	HOSPITAL ADULTS & PEDS. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	660	240,643			56,883	19,298	171,883	1
2	HMO AND OTHER (see instructions)						5,430	10,746		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)		660	240,643			56,883	19,298	171,883	7
8	INTENSIVE CARE UNIT	31	106	38,690			12,352	2,563	28,608	8
9	CORONARY CARE UNIT	32								9
10	BURN INTENSIVE CARE UNIT	33								10
11	SURGICAL INTENSIVE CARE UNIT	34								11
12	SPECIAL CARE NURSERY	35	86	31,390				4,414	21,180	12
13	NURSERY	43						4,062	26,231	13
14	TOTAL (see instructions)		852	310,723			69,235	30,337	247,902	14
15	CAH VISITS									15
16	SUBPROVIDER - IPF	40	29	10,585			2,525	1,873	8,293	16
17	SUBPROVIDER - IRF	41								17
18	SUBPROVIDER I	42								18
19	SKILLED NURSING FACILITY	44								19
20	NURSING FACILITY	45								20
21	OTHER LONG TERM CARE	46								21
22	HOME HEALTH AGENCY	101								22
23	ASC (Distinct Part)	115								23
24	HOSPICE (Distinct Part)	116								24
24.10	HOSPICE (non-distinct part)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	TOTAL (sum of lines 14-26)		881							27
28	OBSERVATION BED DAYS								9,274	28
29	AMBULANCE TRIPS									29
30	EMPLOYEE DISCOUNT DAYS (see instructions)								2,509	30
31	EMPLOYEE DISCOUNT DAYS-IRF									31
32	LABOR & DELIVERY DAYS (see instructions)		36	13,140				878	5,744	32
32.01	TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (see instructions)								143	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	EMPLOYEE S ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS	
		9	10	11	12	13	14	15	
1	HOSPITAL ADULTS & PEDS. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					11,895	6,666	46,124	1
2	HMO AND OTHER (see instructions)					833			2
3	HMO IPF SUBPROVIDER								3
4	HMO IRF SUBPROVIDER								4
5	HOSPITAL ADULTS & PEDS. SWING BED SNF								5
6	HOSPITAL ADULTS & PEDS. SWING BED NF								6
7	TOTAL ADULTS & PEDS. (exclude observation beds)(see instructions)								7
8	INTENSIVE CARE UNIT								8
9	CORONARY CARE UNIT								9
10	BURN INTENSIVE CARE UNIT								10
11	SURGICAL INTENSIVE CARE UNIT								11
12	SPECIAL CARE NURSERY								12
13	NURSERY								13
14	TOTAL (see instructions)	505.43	5,061.90			11,895	6,666	46,124	14
15	CAH VISITS								15
16	SUBPROVIDER - IPF	3.31	41.80			250	205	1,015	16
17	SUBPROVIDER - IRF								17
18	SUBPROVIDER I								18
19	SKILLED NURSING FACILITY								19
20	NURSING FACILITY								20
21	OTHER LONG TERM CARE								21
22	HOME HEALTH AGENCY								22
23	ASC (Distinct Part)								23
24	HOSPICE (Distinct Part)								24
24.10	HOSPICE (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	TOTAL (sum of lines 14-26)	508.74	5,103.70						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		
SALARIES								
1	TOTAL SALARIES (see instructions)	200	407,024,402	-5,839,508	401,184,894	11,761,291.00	34.11	1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN-PART A - ADMINISTRATIVE		10,160,442		10,160,442	51,292.00	198.09	4
4.01	PHYSICIAN-PART A - TEACHING		3,907,527		3,907,527	19,726.00	198.09	4.01
5	PHYSICIAN-PART B							5
6	NON-PHYSICIAN-PART B							6
7	INTERNS & RESIDENTS (in an approved program)	21	37,902,677	-9,837,416	28,065,261	1,057,837.43	26.53	7
7.01	CONTRACTED INTERNS & RESIDENTS (in an approved program)							7.01
8	HOME OFFICE PERSONNEL							8
9	SNF	44						9
10	EXCLUDED AREA SALARIES (see instructions)		14,336,058	-1,499,215	12,836,843	12,716,200.00	1.01	10
OTHER WAGES & RELATED COSTS								
11	CONTRACT LABOR (see instructions)		2,036,871		2,036,871	36,230.00	56.22	11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES							12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE							13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS							14
15	HOME OFFICE: PHYSICIAN PART A - ADMINISTRATIVE							15
16	HOME OFFICE & CONTRACT PHYSICIANS PART A - TEACHING							16
WAGE-RELATED COSTS								
17	WAGE-RELATED COSTS (core)(see instructions)		86,232,632		86,232,632			17
18	WAGE-RELATED COSTS (other)(see instructions)							18
19	EXCLUDED AREAS		2,983,985		2,983,985			19
20	NON-PHYSICIAN ANESTHETIST PART A							20
21	NON-PHYSICIAN ANESTHETIST PART B							21
22	PHYSICIAN PART A - ADMINISTRATIVE		886,528		886,528			22
22.01	PHYSICIAN PART A - TEACHING		340,943		340,943			22.01
23	PHYSICIAN PART B							23
24	WAGE-RELATED COSTS (RHC/FQHC)							24
25	INTERNS & RESIDENTS (in an approved program)		6,564,673		6,564,673			25
OVERHEAD COSTS - DIRECT SALARIES								
26	EMPLOYEE BENEFITS DEPARTMENT							26
27	ADMINISTRATIVE & GENERAL		53,704,967	-2,033,272	51,671,695	1,250,451.00	41.32	27
28	ADMINISTRATIVE & GENERAL UNDER CONTRACT (see instructions)							28
29	MAINTENANCE & REPAIRS							29
30	OPERATION OF PLANT		1,240,080		1,240,080	41,518.45	29.87	30
31	LAUNDRY & LINEN SERVICE							31
32	HOUSEKEEPING		7,797,432		7,797,432	388,988.27	20.05	32
33	HOUSEKEEPING UNDER CONTRACT (see instructions)							33
34	DIETARY		7,658,384	-1,910,611	5,747,773	282,832.71	20.32	34
35	DIETARY UNDER CONTRACT (see instructions)							35
36	CAFETERIA			1,910,361	1,910,361	94,277.57	20.26	36
37	MAINTENANCE OF PERSONNEL							37
38	NURSING ADMINISTRATION		18,132,658	3,482	18,136,140	546,645.50	33.18	38
39	CENTRAL SERVICES AND SUPPLY		6,068,122		6,068,122	262,286.93	23.14	39
40	PHARMACY		13,505,505	-829,890	12,675,615	295,667.00	42.87	40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		1,872,932	-952	1,871,980	60,913.29	30.73	41
42	SOCIAL SERVICE		976,843		976,843	35,272.13	27.69	42
43	OTHER GENERAL SERVICE							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (see instructions)		365,214,198	3,997,908	369,212,106	10,683,727.57	34.56	1
2	EXCLUDED AREA SALARIES (see instructions)		14,336,058	-1,499,215	12,836,843	12,716,200.00	1.01	2
3	SUBTOTAL SALARIES (line 1 minus line 2)		350,878,140	5,497,123	356,375,263	-2,032,472.43	-175.34	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (see instructions)		2,036,871		2,036,871	36,230.00	56.22	4
5	SUBTOTAL WAGE-RELATED COSTS (see instructions)		87,119,160		87,119,160		24.45%	5



COMPU-MAX

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HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PARTS II-III

6	TOTAL (sum of lines 3 through 5)		440,034,171	5,497,123	445,531,294	-1,996,242.43	-223.18	6
7	TOTAL OVERHEAD COST (see instructions)		110,956,923	-2,860,882	108,096,041	3,258,852.85	33.17	7



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HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART IV - WAGE RELATED COST

PART A - CORE LIST

		AMOUNT REPORTED	
	RETIREMENT COST		
1	401K EMPLOYER CONTRIBUTIONS	17,959,408	1
2	TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3	NONQUALIFIED DEFINED BENEFIT PLAN COST (see instructions)		3
4	QUALIFIED DEFINED BENEFIT PLAN COST (see instructions)		4
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization):		
5	401k/TSA PLAN ADMINISTRATION FEES	-6,175	5
6	LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7	EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
	HEALTH AND INSURANCE COST		
8	HEALTH INSURANCE (Purchased or Self Funded)	30,638,294	8
9	PRESCRIPTION DRUG PLAN	11,378,807	9
10	DENTAL, HEARING AND VISION PLAN	1,104,904	10
11	LIFE INSURANCE (If employee is owner or beneficiary)	472,590	11
12	ACCIDENTAL INSURANCE (If employee is owner or beneficiary)		12
13	DISABILITY INSURANCE (If employee is owner or beneficiary)	4,471,156	13
14	LONG-TERM CARE INSURANCE (If employee is owner or beneficiary)		14
15	WORKERS' COMPENSATION INSURANCE	3,060,520	15
16	RETIREMENT HEALTH CARE COST (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		16
	TAXES		
17	FICA-EMPLOYERS PORTION ONLY	25,364,325	17
18	MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19	UNEMPLOYMENT INSURANCE	1,120,183	19
20	STATE OR FEDERAL UNEMPLOYMENT TAXES		20
	OTHER		
21	EXECUTIVE DEFERRED COMPENSATION (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)		21
22	DAY CARE COSTS AND ALLOWANCES		22
23	TUITION REIMBURSEMENT	1,444,748	23
24	TOTAL WAGE RELATED COST (Sum of lines 1-23)	97,008,760	24

PART B - OTHER THAN CORE RELATED COST

25	OTHER WAGE RELATED (OTHER WAGE REL		25
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NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	Supporting Exhibit for Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 02/02/2015 Run Time: 10:08 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 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)		0.204469	1
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MEDICAID (see instructions for each line)

2	NET REVENUE FROM MEDICAID		89,018,399	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		381,055,333	6
7	MEDICAID COST (line 1 times line 6)		77,914,003	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.			8

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

9	NET REVENUE FROM STAND-ALONE SCHIP			9
10	STAND-ALONE SCHIP CHARGES			10
11	STAND-ALONE SCHIP COST (line 1 times line 10)			11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (line 11 minus line 9) IF LINE 11 IS LESS THAN LINE 9, THEN ENTER ZERO.			12

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

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

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE				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)				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	125,569,039	8,842,009	134,411,048	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (line 1 times line 20)	25,674,976	1,807,917	27,482,893	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	142,932	378,862	521,794	22
23	COST OF CHARITY CARE (line 21 minus line 22)	25,532,044	1,429,055	26,961,099	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)		47,478,342	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (see instructions)		3,436,960	27
28	NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (line 26 minus line 27)		44,041,382	28
29	COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (line 1 times line 28)		9,005,097	29
30	COST OF UNCOMPENSATED CARE (line 23, column 3 plus line 29)		35,966,196	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (line 19 plus line 30)		35,966,196	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- FICATION S	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
GENERAL SERVICE COST CENTERS										
1	00100	CAP REL COSTS-BLDG & FIXT		81,129,915	81,129,915		81,129,915	-1,876,069	79,253,846	1
2	00200	CAP REL COSTS-MVBLE EQUIP		25,909,639	25,909,639	6,087,651	31,997,290	-167,023	31,830,267	2
3	00300	OTHER CAP REL COSTS							-0-	3
4	00400	EMPLOYEE BENEFITS DEPARTMENT		66,147,523	66,147,523	474,750	66,622,273	-3,293,897	63,328,376	4
5.01	00540	NONPATIENT PHONES	490,597	33,618	524,215		524,215	-4	524,211	5.01
5.02	00550	DATA PROCESSING	2,163,600	13,920,604	16,084,204	3,473,676	19,557,880	-387,821	19,170,059	5.02
5.03	00560	PURCHASING RECEIVING & STORES	1,044,008	2,106,776	3,150,784	-3,529,632	-378,848	378,848		5.03
5.04	00570	ADMITTING	14,727,892	6,273,870	21,001,762	68,983	21,070,745	-284,944	20,785,801	5.04
5.05	00591	ADMINISTRATIVE & GENERAL	35,278,870	323,298,570	358,577,440	-9,043,814	349,533,626	159,627,701	189,905,925	5.05
7	00700	OPERATION OF PLANT	1,240,080	46,383,834	47,623,914	-4,254,794	43,369,120	-6,002,339	37,366,781	7
8	00800	LAUNDRY & LINEN SERVICE				3,529,632	3,529,632		3,529,632	8
9	00900	HOUSEKEEPING	7,797,432	2,797,580	10,595,012	3,334	10,598,346	-78,870	10,519,476	9
10	01000	DIETARY	7,658,384	6,045,148	13,703,532	-3,609,394	10,094,138	-713,006	9,381,132	10
11	01100	CAFETERIA				3,609,394	3,609,394	-3,609,394		11
12	01200	MAINTENANCE OF PERSONNEL								12
13	01300	NURSING ADMINISTRATION	18,132,658	3,049,717	21,182,375	164,559	21,346,934	-1,214,523	20,132,411	13
14	01400	CENTRAL SERVICES & SUPPLY	6,068,122	7,693,355	13,761,477		13,761,477	-186,772	13,574,705	14
15	01500	PHARMACY	13,505,505	59,156,639	72,662,144	-54,750,092	17,912,052	-2,328,300	15,583,752	15
16	01600	MEDICAL RECORDS & LIBRARY	1,872,932	1,070,004	2,942,936		2,942,936	-44,323	2,898,613	16
17	01700	SOCIAL SERVICE	976,843	692,300	1,669,143		1,669,143	-93,685	1,575,458	17
21	02100	I&R SERVICES-SALARY & FRINGES APPRVD	37,902,677	11,640,104	49,542,781	-9,347,281	40,195,500	-65,659	40,129,841	21
22	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				13,467,248	13,467,248	-9,112,907	4,354,341	22
23	02300	PARAMED ED PRGM-(SPECIFY)				866,426	866,426		866,426	23
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)				88,560	88,560	-1,194	87,366	23.01
23.02	02302	PARAMED ED PRGM-(NM SCHL)				39,665	39,665	-1,919	37,746	23.02
23.03	02303	PARAMED ED PRGM-(RAD THER)				21,532	21,532		21,532	23.03
23.04	02304	PARAMED ED PRGM-(NUCLEAR MED)				21,242	21,242		21,242	23.04
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)				20,985	20,985		20,985	23.05
INPATIENT ROUTINE SERV COST CENTERS										
30	03000	ADULTS & PEDIATRICS	76,801,596	19,274,490	96,076,086	-2,559,597	93,516,489	-8,840,536	84,675,953	30
31	03100	INTENSIVE CARE UNIT	20,489,884	4,960,919	25,450,803	-219,930	25,230,873	-254,246	24,976,627	31
35	02060	SPECIAL CARE NURSERY	12,716,391	1,662,996	14,379,387	-713,034	13,666,353	-1,515,435	12,150,918	35
40	04000	SUBPROVIDER - IPF	3,021,693	188,304	3,209,997	68,925	3,278,922	-55,487	3,223,435	40
43	04300	NURSERY				2,861,567	2,861,567		2,861,567	43
ANCILLARY SERVICE COST CENTERS										
50	05000	OPERATING ROOM	22,492,517	92,567,987	115,060,504	-74,697,731	40,362,773	-9,454,032	30,908,741	50
51	05100	RECOVERY ROOM	6,922,500	596,081	7,518,581	5,740	7,524,321	-10,394	7,513,927	51
52	05200	DELIVERY ROOM & LABOR ROOM	13,459,925	4,645,522	18,105,447	-1,425,415	16,680,032	-788,528	15,891,504	52
53	05300	ANESTHESIOLOGY	1,526,003	2,865,447	4,391,450	-2,360,665	2,030,785	-81,112	1,949,673	53
54	05400	RADIOLOGY-DIAGNOSTIC	17,509,724	13,023,925	30,533,649	-8,098,573	22,435,076	-375,134	22,059,942	54
55	05500	RADIOLOGY-THERAPEUTIC	6,072,215	2,370,073	8,442,288	-319,368	8,122,920	-276,338	7,846,582	55
56	05600	RADIOISOTOPE	1,863,784	5,780,022	7,643,806	-4,022,173	3,621,633	-238,439	3,383,194	56
57	05700	CT SCAN	4,449,016	2,321,866	6,770,882	-605,840	6,165,042	-37,457	6,127,585	57
58	05800	MRI	6,544,830	4,184,551	10,729,381	-1,282,997	9,446,384	-52,711	9,393,673	58
59	05900	CARDIAC CATHETERIZATION	1,556,755	5,765,827	7,322,582	-5,773,027	1,549,555	-101,092	1,448,463	59
59.01	03650	VASCULAR LAB	1,014,605	17,153	1,031,758	7,313	1,039,071	-61,220	977,851	59.01
59.02	03140	CARDIAC GRAPHICS	2,968,056	1,370,414	4,338,470	-77,139	4,261,331	-154,434	4,106,897	59.02
59.03	03560	PULMONARY FUNCTION	585,194	214,375	799,569	-21,302	778,267	-22,857	755,410	59.03
59.04	03290	EPS	1,072,731	10,444,903	11,517,634	-10,873,443	644,191	-53,433	590,758	59.04
59.05	03340	GI	4,044,909	3,831,218	7,876,127	-567,329	7,308,798	-103,625	7,205,173	59.05
60	06000	LABORATORY	15,058,504	43,615,926	58,674,430	86,092	58,760,522	-665,259	58,095,263	60
62	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		11,695,757	11,695,757	-101,182	11,594,575		11,594,575	62
63	06300	BLOOD STORING, PROCESSING & TRANS.	2,744,692	2,489,424	5,234,116	10,525	5,244,641	-43,413	5,201,228	63
63.01	06301	CELL THERAPY LAB								63.01
65	06500	RESPIRATORY THERAPY	2,460,844	2,763,643	5,224,487	-670,642	4,553,845	-959,785	3,594,060	65
66	06600	PHYSICAL THERAPY	341,226	919,844	1,261,070	-848,127	412,943	-101,673	311,270	66
67	06700	OCCUPATIONAL THERAPY	202,328	45,199	247,527	-16,763	230,764	-32,397	198,367	67
70	07000	ELECTROENCEPHALOGRAPHY	1,925,278	1,236,882	3,162,160	29,262	3,191,422	-160,986	3,030,436	70
71	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				48,312,961	48,312,961		48,312,961	71



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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATION S	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
72	07200	IMPL. DEV. CHARGED TO PATIENTS				62,069,501	62,069,501		62,069,501	72
73	07300	DRUGS CHARGED TO PATIENTS				56,932,963	56,932,963		56,932,963	73
76.97	07697	CARDIAC REHABILITATION	277,357	110,226	387,583	1,284	388,867	-60,098	328,769	76.97
		OUTPATIENT SERVICE COST CENTERS								
90	09000	CLINIC	1,946,370	297,325	2,243,695	-146,931	2,096,764	-51,788	2,044,976	90
90.01	09001	PSYCH CLINIC	3,356,216	1,500,158	4,856,374	195,405	5,051,779	-585,211	4,466,568	90.01
90.02	09002	TRANSPLANT CLINIC	392,333	238,518	630,851	325,117	955,968	-10,559	945,409	90.02
90.03	09003	OB CLINIC	973,284	256,035	1,229,319	676,478	1,905,797	-974,001	931,796	90.03
91	09100	EMERGENCY	10,379,539	1,771,900	12,151,439	134,369	12,285,808	-425,741	11,860,067	91
92	09200	OBSERVATION BEDS (NON-DISTINCT PART)								92
92.01	09201	OBSERVATION BEDS-DISTINCT	1,680,138	148,500	1,828,638		1,828,638	-79	1,828,559	92.01
		OTHER REIMBURSABLE COST CENTERS								
100	10000	I&R SERVICES-NOT APPRVD PRGM				498,559	498,559		498,559	100
		SPECIAL PURPOSE COST CENTERS								
105	10500	KIDNEY ACQUISITION	813,303	7,163,893	7,977,196	1,152,194	9,129,390	-583,105	8,546,285	105
106	10600	HEART ACQUISITION	435,911	1,738,712	2,174,623	229,515	2,404,138	-55,881	2,348,257	106
107	10700	LIVER ACQUISITION	624,986	4,841,132	5,466,118	587,819	6,053,937	-633,647	5,420,290	107
108	10800	LUNG ACQUISITION	34,320	182,084	216,404		216,404	-6,706	209,698	108
109	10900	PANCREAS ACQUISITION	28,874	839,808	868,682	95,687	964,369	-23,419	940,950	109
116	11600	HOSPICE		1,649	1,649		1,649	-1,649		116
118		SUBTOTALS (sum of lines 1-117)	397,647,431	915,291,884	1,312,939,315	6,282,698	1,319,222,013	-216,563,409	1,102,658,604	118
		NONREIMBURSABLE COST CENTERS								
190	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	38,984	2,080	41,064		41,064	-31	41,033	190
191	19100	RESEARCH		3,581	3,581	1,645,685	1,649,266	-615	1,648,651	191
191.01	19101	SPONSERED PROJECT	263,904	55,787	319,691	6,236,529	6,556,220	-1,851,182	4,705,038	191.01
194	07950	REAL ESTATE	10,279	25,128,196	25,138,475	27,322	25,165,797	-25,165,797		194
194.01	07951	MARKETING, OTHER NON-REIMB	2,015,605	7,954,472	9,970,077	301,128	10,271,205	-1,233,044	9,038,161	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	7,048,199	7,445,162	14,493,361	-14,493,362	-1	1		194.02
200		TOTAL (sum of lines 118-199)	407,024,402	955,881,162	1,362,905,564		1,362,905,564	-244,814,077	1,118,091,487	200



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	
1	RECLASS SALARY TO NON 615200	A	MARKETING, OTHER NON-REIMB	194.01		9,996	1
2	RECLASS SALARY TO NON 615200	A	ADMINISTRATIVE & GENERAL	5.05		234,050	2
3	RECLASS SALARY TO NON 615200	A	DIETARY	10		250	3
4	RECLASS SALARY TO NON 615200	A	SPECIAL CARE NURSERY	35		1,350,149	4
5	RECLASS SALARY TO NON 615200	A	LABORATORY	60	37,418	43,128	5
6	RECLASS SALARY TO NON 615200	A	ELECTROENCEPHALOGRAPHY	70		3,600	6
7	RECLASS SALARY TO NON 615200	A	ELECTROENCEPHALOGRAPHY	70	300		7
8	RECLASS SALARY TO NON 615200	A	I&R SERVICES-OTHER PRGM COSTS	22		212,892	8
9	RECLASS SALARY TO NON 615200	A	DATA PROCESSING	5.02		162,855	9
10	RECLASS SALARY TO NON 615200	A	ADMINISTRATIVE & GENERAL	5.05		2,672	10
11	RECLASS SALARY TO NON 615200	A	MEDICAL RECORDS & LIBRARY	16		952	11
12	RECLASS SALARY TO NON 615200	A	CLINIC	90		8,369	12
13	RECLASS SALARY TO NON 615200	A	ADULTS & PEDIATRICS	30		265,200	13
14	RECLASS NON SAL 615453	A	I&R SERVICES-OTHER PRGM COSTS	22		1,411,841	14
15	RECLASS NON RESIDENT SAL TO LN 22	A	I&R SERVICES-OTHER PRGM COSTS	22	6,971,379		15
16	RECL SAL TO NON 615201 NMFF 1643	A	I&R SERVICES-OTHER PRGM COSTS	22		181,981	16
17	RECL SAL TO NON 615201 NMFF 1651	A	I&R SERVICES-OTHER PRGM COSTS	22		113,566	17
18	RECL SAL TO NON 615201 NMFF 1652	A	I&R SERVICES-OTHER PRGM COSTS	22		206,627	18
19	RECL SAL TO NON 615201 NMFF 1662	A	I&R SERVICES-OTHER PRGM COSTS	22		13,428	19
20	RECL SAL TO NON 615201 NMFF 1663	A	I&R SERVICES-OTHER PRGM COSTS	22		314,946	20
21	RECL SAL TO NON 615201 NMFF 1664	A	I&R SERVICES-OTHER PRGM COSTS	22		1,430,102	21
22	RECL SAL TO NON 615201 NMFF 1666	A	I&R SERVICES-OTHER PRGM COSTS	22		977,769	22
23	RECL SAL TO NON 615201 NMFF 1667	A	I&R SERVICES-OTHER PRGM COSTS	22		16,903	23
24	RECL SAL TO NON 615201 NMFF 1668	A	I&R SERVICES-OTHER PRGM COSTS	22		11,349	24
25	RECL SAL TO NON 615201 NMFF 1669	A	I&R SERVICES-OTHER PRGM COSTS	22		20,061	25
26	RECL SAL TO NON 615201 NMFF 1672	A	I&R SERVICES-OTHER PRGM COSTS	22		12,383	26
27	RECL SAL TO NON 615201 NMFF 1682	A	I&R SERVICES-OTHER PRGM COSTS	22		11,504	27
28	RECL PROG SUPP 615201 CC 1447	A	ADMINISTRATIVE & GENERAL	5.05	187,809		28
29	RECL PROG SUPP 615201 CC 1445	A	LIVER ACQUISITION	107	25,773		29
30	RECL PROG SUPP 615201 CC 1455	A	SUBPROVIDER - IPF	40	35,714		30
31	RECL PROG SUPP 615201 CC 1532	A	ADMINISTRATIVE & GENERAL	5.05	20,770		31
32	RECL PROG SUPP 615201 CC 1433	A	EMERGENCY	91		17,960	32
33	RECL AP SALARY TO NON CC 1054	A	ADMINISTRATIVE & GENERAL	5.05		162,522	33
34	RECL ADDIT NU LIAB TO NON CC 1054	A	ADMINISTRATIVE & GENERAL	5.05		162,522	34
35	RECL FY13ACC ADJ 615201 CC 1054	A	ADMINISTRATIVE & GENERAL	5.05	14,678		35
36	RECL PROG SUPP 615201 CC 1054	A	ADMINISTRATIVE & GENERAL	5.05	271,248		36
37	RECL VACANT 615201 CC 1379	A	ADMINISTRATIVE & GENERAL	5.05		998	37
38	RECL VACANT 615201 CC 1420	A	INTENSIVE CARE UNIT	31		6,782	38
39	RECL SAL TO NON 615201 NMFF 1484	A	OPERATING ROOM	50		131,901	39
40	RECL FY13ACC ADJ 615201 CC1519	A	LABORATORY	60	7,338		40
41	RECL FY13ACC ADJ 615201 CC 1780	A	ADMINISTRATIVE & GENERAL	5.05	210		41
42	RECL FY13ACC ADJ 615201 CC 1750	A	PSYCH CLINIC	90.01	51		42
500	TOTAL RECLASSIFICATIONS				7,572,688	7,499,258	500
	CODE LETTER - A						
1	RECLASS HOME OFFICE EQUIP DEPREC	B	CAP REL COSTS-MVBLE EQUIP	2		6,087,651	1
500	TOTAL RECLASSIFICATIONS					6,087,651	500
	CODE LETTER - B						
1	DRUG RECLASS	C	DRUGS CHARGED TO PATIENTS	73		56,932,963	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
500	TOTAL RECLASSIFICATIONS					56,932,963	500
	CODE LETTER - C						
1	IMPLANT RECLASS	D	IMPL. DEV. CHARGED TO PATIENT	72		62,069,501	1
2							2
3							3
4							4
5							5



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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	
6							6
7							7
8							8
9							9
500	TOTAL RECLASSIFICATIONS CODE LETTER - D					62,069,501	500
1	MED SUPPLY RECLASS	E	MEDICAL SUPPLIES CHARGED TO P	71		48,312,961	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
500	TOTAL RECLASSIFICATIONS CODE LETTER - E					48,312,961	500
1	NN RECLASS	F	NURSERY	43	2,536,691	324,876	1
500	TOTAL RECLASSIFICATIONS CODE LETTER - F				2,536,691	324,876	500
1	DIETARY RECLASS	G	CAFETERIA	11	1,910,361	1,699,033	1
500	TOTAL RECLASSIFICATIONS CODE LETTER - G				1,910,361	1,699,033	500
1	0	H					1
500	TOTAL RECLASSIFICATIONS CODE LETTER - H						500
1	RECLASS SCHOOLS	I					1
500	TOTAL RECLASSIFICATIONS CODE LETTER - I						500
1	RECLASS LAUNDRY SERVICES	K	LAUNDRY & LINEN SERVICE	8		3,529,632	1
500	TOTAL RECLASSIFICATIONS CODE LETTER - K					3,529,632	500
1	CAPITAL RELATED COST RECLASS	M	DATA PROCESSING	5.02		3,473,676	1
2	CAPITAL RELATED COST RECLASS	M	ADMITTING	5.04		68,983	2
3	CAPITAL RELATED COST RECLASS	M	HOUSEKEEPING	9		3,334	3
4	CAPITAL RELATED COST RECLASS	M	INTENSIVE CARE UNIT	31		2,880	4
5	CAPITAL RELATED COST RECLASS	M	RECOVERY ROOM	51		2,400	5
6	CAPITAL RELATED COST RECLASS	M	ADMINISTRATIVE & GENERAL	5.05		1,032,587	6
7	CAPITAL RELATED COST RECLASS	M	ANESTHESIOLOGY	53		28,560	7
8	CAPITAL RELATED COST RECLASS	M	RADIOISOTOPE	56		2,000	8
9	CAPITAL RELATED COST RECLASS	M	CARDIAC CATHETERIZATION	59		22,940	9
10	CAPITAL RELATED COST RECLASS	M	CARDIAC GRAPHICS	59.02		25,379	10
11	CAPITAL RELATED COST RECLASS	M	GI	59.05		20,935	11
12	CAPITAL RELATED COST RECLASS	M	RESPIRATORY THERAPY	65		2,800	12
13	CAPITAL RELATED COST RECLASS	M	ELECTROENCEPHALOGRAPHY	70		7,600	13
14	CAPITAL RELATED COST RECLASS	M	REAL ESTATE	194		27,322	14
15	CAPITAL RELATED COST RECLASS	M	MARKETING, OTHER NON-REIMB	194.01		301,128	15
500	TOTAL RECLASSIFICATIONS CODE LETTER - M					5,022,524	500
1	RECLASS FRINGE PART A 615201	N	NURSING ADMINISTRATION	13		3,466	1
2	RECLASS FRINGE PART A 615201	N	PHARMACY	15		10,723	2
3	RECLASS FRINGE PART A 615201	N	I&R SERVICES-OTHER PRGM COSTS	22		423,516	3



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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	
4	RECLASS FRINGE PART A 615201	N	ADULTS & PEDIATRICS	30		67,066	4
5	RECLASS FRINGE PART A 615201	N	INTENSIVE CARE UNIT	31		52,122	5
6	RECLASS FRINGE PART A 615201	N	SUBPROVIDER - IPF	40		4,546	6
7	RECLASS FRINGE PART A 615201	N	OPERATING ROOM	50		118,951	7
8	RECLASS FRINGE PART A 615201	N	RECOVERY ROOM	51		10,613	8
9	RECLASS FRINGE PART A 615201	N	DELIVERY ROOM & LABOR ROOM	52		29,882	9
10	RECLASS FRINGE PART A 615201	N	ANESTHESIOLOGY	53		20,377	10
11	RECLASS FRINGE PART A 615201	N	RADIOLOGY-DIAGNOSTIC	54		44,171	11
12	RECLASS FRINGE PART A 615201	N	RADIOLOGY-THERAPEUTIC	55		11,045	12
13	RECLASS FRINGE PART A 615201	N	RADIOISOTOPE	56		5,364	13
14	RECLASS FRINGE PART A 615201	N	CT SCAN	57		4,614	14
15	RECLASS FRINGE PART A 615201	N	MRI	58		4,614	15
16	RECLASS FRINGE PART A 615201	N	CARDIAC CATHETERIZATION	59		12,196	16
17	RECLASS FRINGE PART A 615201	N	VASCULAR LAB	59.01		5,699	17
18	RECLASS FRINGE PART A 615201	N	CARDIAC GRAPHICS	59.02		23,122	18
19	RECLASS FRINGE PART A 615201	N	PULMONARY FUNCTION	59.03		2,699	19
20	RECLASS FRINGE PART A 615201	N	EPS	59.04		12,196	20
21	RECLASS FRINGE PART A 615201	N	GI	59.05		12,410	21
22	RECLASS FRINGE PART A 615201	N	LABORATORY	60		3,207	22
23	RECLASS FRINGE PART A 615201	N	BLOOD STORING, PROCESSING & T	63		8,202	23
24	RECLASS FRINGE PART A 615201	N	RESPIRATORY THERAPY	65		12,141	24
25	RECLASS FRINGE PART A 615201	N	ELECTROENCEPHALOGRAPHY	70		16,881	25
26	RECLASS FRINGE PART A 615201	N	CARDIAC REHABILITATION	76.97		1,001	26
27	RECLASS FRINGE PART A 615201	N	CLINIC	90		5,775	27
28	RECLASS FRINGE PART A 615201	N	PSYCH CLINIC	90.01		11,908	28
29	RECLASS FRINGE PART A 615201	N	OB CLINIC	90.03		4,614	29
30	RECLASS FRINGE PART A 615201	N	EMERGENCY	91		27,155	30
31	RECLASS FRINGE PART A 615201	N	KIDNEY ACQUISITION	105		6,476	31
32	RECLASS FRINGE PART A 615201	N	HEART ACQUISITION	106		11,857	32
33	RECLASS FRINGE PART A 615201	N	LIVER ACQUISITION	107		13,753	33
34	RECLASS FRINGE PART A 615201	N	PANCREAS ACQUISITION	109		3,885	34
35	RECLASS FRINGE PART A 615201	N	SPONSERED PROJECT	191.01		2,261	35
36	RECLASS FRINGE PART A 615203	N	NURSING ADMINISTRATION	13		35,253	36
37	RECLASS FRINGE PART A 615203	N	I&R SERVICES-OTHER PRGM COSTS	22		88,367	37
38	RECLASS FRINGE PART A 615203	N	PHYSICAL THERAPY	66		8,856	38
39	RECLASS FRINGE PART A 615211	N	I&R SERVICES-OTHER PRGM COSTS	22		289,087	39
40	RECLASS FRINGE PART A 615213	N	I&R SERVICES-OTHER PRGM COSTS	22		31,896	40
41	RECLASS FRINGE PART A 615200	N	SPECIAL CARE NURSERY	35		20,291	41
42	RECLASS FRINGE PART A 615200	N	ADULTS & PEDIATRICS	30		6,363	42
43	RECLASS FRINGE PART A 615200	N	I&R SERVICES-OTHER PRGM COSTS	22		12,824	43
500	TOTAL RECLASSIFICATIONS					1,501,445	500
	CODE LETTER - N						
1	PROFESSIONAL SERVICES 615200	O	I&R SERVICES-OTHER PRGM COSTS	22	149,700		1
2	PROFESSIONAL SERVICES 615200	O	I&R SERVICES-OTHER PRGM COSTS	22		12,362	2
3	PROFESSIONAL SERVICES 615200	O	CLINIC	90	8,369		3
4	PROFESSIONAL SERVICES 615200	O	PSYCH CLINIC	90.01		14,746	4
5	PROFESSIONAL SERVICES 615200	O	SPONSERED PROJECT	191.01		480	5
6	PROFESSIONAL SERVICES 615200	O	SPONSERED PROJECT	191.01	30,000		6
7	PROFESSIONAL SERVICES 615200	O	SPONSERED PROJECT	191.01		17,546	7
8	PROFESSIONAL FRINGE 641800	O	I&R SERVICES-OTHER PRGM COSTS	22		1,921	8
9	PROFESSIONAL FRINGE 641800	O	CLINIC	90		2,276	9
10	ACCREDITED FELLOWSHIP SALARY	O	I&R SERVICES-SALARY & FRINGES	21	2,069,315		10
11	CALCULATED FELLOW FRINGE BENEFIT	O	I&R SERVICES-SALARY & FRINGES	21		490,135	11
12	NON ACCREDITED FELLOWSHIP SALARY	O	I&R SERVICES-NOT APPRVD PRGM	100	327,942		12
13	CALCULATED NON ACC FELLOW FRINGE	O	I&R SERVICES-NOT APPRVD PRGM	100		77,676	13
14	OTHER FRINGES 648000	O	EMPLOYEE BENEFITS DEPARTMENT	4		775,878	14
15	SALARY EXPENSE 615201	O	PSYCH CLINIC	90.01	127,288		15
16	SALARY EXPENSE 615201	O	SPONSERED PROJECT	191.01	197,151		16
17	SALARY EXPENSE 615201	O	SPONSERED PROJECT	191.01	27,387		17
18	SALARY EXPENSE 615201	O	SUBPROVIDER - IPF	40	60,769		18
19	SALARY EXPENSE 615201	O	SPONSERED PROJECT	191.01		502	19
20	SALARY FRINGE EXP 641801	O	SPONSERED PROJECT	191.01		5,120	20
21	SALARY EXPENSE 615203	O	EMERGENCY	91	39,403		21
22	SALARY EXPENSE 615203	O	EMERGENCY	91	16,320		22
23	SALARY EXPENSE 615203	O	EMERGENCY	91	37,034		23
24	SALARY EXPENSE 615203	O	EMERGENCY	91	4,523		24
25	SALARY EXPENSE 615203	O	EMERGENCY	91	29,598		25
26	SALARY EXPENSE 615203	O	EMERGENCY	91	38,122		26
27	SALARY EXPENSE 615203	O	I&R SERVICES-NOT APPRVD PRGM	100	34,186		27



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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	
28	SALARY EXPENSE 615203	O	I&R SERVICES-NOT APPRVD PRGM	100	58,755		28
29	SALARY EXPENSE 615203	O	RESEARCH	191	13,529		29
30	NM200 EXPENSE RECLASS	O	SPONSERED PROJECT	191.01		55,497	30
31	NM200 EXPENSE RECLASS	O	SPONSERED PROJECT	191.01		18,615	31
32	NM200 EXPENSE RECLASS	O	SPONSERED PROJECT	191.01		22,835	32
33	SALARY FRINGE EXP 641803	O	SPONSERED PROJECT	191.01		109,920	33
34	ON CALL	O	OB CLINIC	90.03		14,000	34
35	RECLASS CPS FOOTBALL EXAMS	O	SPONSERED PROJECT	191.01		10,732	35
36	LEASED MD 615253	O	SPONSERED PROJECT	191.01		73,529	36
37	SALARY EXPENSE PAYROLL	O	NURSING ADMINISTRATION	13	3,482		37
38	SALARY EXPENSE PAYROLL	O	I&R SERVICES-OTHER PRGM COSTS	22	125,298		38
39	SALARY EXPENSE PAYROLL	O	ADULTS & PEDIATRICS	30	133,994		39
40	SALARY EXPENSE PAYROLL	O	SPECIAL CARE NURSERY	35	104,894		40
41	SALARY EXPENSE PAYROLL	O	PSYCH CLINIC	90.01	31,413		41
42	SALARY EXPENSE PAYROLL	O	OB CLINIC	90.03	398,199		42
43	SALARY EXPENSE PAYROLL RESEARCH	O	RESEARCH	191	1,476,956		43
44	SALARY EXPENSE PAYROLL SPONSORED	O	SPONSERED PROJECT	191.01	695,916		44
45	NON SALARY EXPENSES	O	ADMINISTRATIVE & GENERAL	5.05		309,872	45
46	NON SALARY EXPENSES	O	NURSING ADMINISTRATION	13		129,934	46
47	NON SALARY EXPENSES	O	I&R SERVICES-OTHER PRGM COSTS	22		199,835	47
48	NON SALARY EXPENSES	O	PARAMED ED PRGM-(CHAPLAINCY)	23.01		12,909	48
49	NON SALARY EXPENSES	O	PARAMED ED PRGM-(NM SCHL)	23.02		16,075	49
50	NON SALARY EXPENSES	O	ADULTS & PEDIATRICS	30		260,722	50
51	NON SALARY EXPENSES	O	SPECIAL CARE NURSERY	35		125,828	51
52	NON SALARY EXPENSES	O	CLINIC	90		48,432	52
53	NON SALARY EXPENSES	O	PSYCH CLINIC	90.01		1,852	53
54	NON SALARY EXPENSES	O	OB CLINIC	90.03		271,181	54
55	NON SALARY EXPENSES	O	EMERGENCY	91		59,543	55
56	NON SALARY EXPENSES	O	RESEARCH	191		155,200	56
57	NON SALARY EXPENSES	O	SPONSERED PROJECT	191.01		4,958,666	57
500	TOTAL RECLASSIFICATIONS				6,239,543	8,253,819	500
	CODE LETTER - O						
1	MALPRACTICE	P	NURSING ADMINISTRATION	13		6,504	1
2			PHARMACY	15		3,063	2
3			I&R SERVICES-OTHER PRGM COSTS	22		225,711	3
4			ADULTS & PEDIATRICS	30		20,333	4
5			INTENSIVE CARE UNIT	31		14,761	5
6			SPECIAL CARE NURSERY	35		4,258	6
7			SUBPROVIDER - IPF	40		3,610	7
8			OPERATING ROOM	50		33,687	8
9			RECOVERY ROOM	51		3,006	9
10			DELIVERY ROOM & LABOR ROOM	52		8,462	10
11			ANESTHESIOLOGY	53		5,771	11
12			RADIOLOGY-DIAGNOSTIC	54		12,509	12
13			RADIOLOGY-THERAPEUTIC	55		3,128	13
14			RADIOISOTOPE	56		1,519	14
15			CT SCAN	57		1,307	15
16			MRI	58		1,307	16
17			CARDIAC CATHETERIZATION	59		3,454	17
18			VASCULAR LAB	59.01		1,614	18
19			CARDIAC GRAPHICS	59.02		6,548	19
20			PULMONARY FUNCTION	59.03		764	20
21			EPS	59.04		3,454	21
22			GI	59.05		3,514	22
23			LABORATORY	60		2,339	23
24			BLOOD STORING, PROCESSING & T	63		2,323	24
25			RESPIRATORY THERAPY	65		3,438	25
26			PHYSICAL THERAPY	66		1,382	26
27			ELECTROENCEPHALOGRAPHY	70		4,781	27
28			CARDIAC REHABILITATION	76.97		283	28
29			CLINIC	90		1,955	29
30			PSYCH CLINIC	90.01		8,198	30
31			OB CLINIC	90.03		1,307	31
32			EMERGENCY	91		18,069	32
33			KIDNEY ACQUISITION	105		1,834	33
34			HEART ACQUISITION	106		3,358	34
35			LIVER ACQUISITION	107		3,895	35
36			PANCREAS ACQUISITION	109		1,100	36
37			SPONSERED PROJECT	191.01		10,372	37



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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	
500	TOTAL RECLASSIFICATIONS					432,918	500
	CODE LETTER - P						
1	TRANSPLANT RECLASS EX TO A&G	Q	ADMINISTRATIVE & GENERAL	5.05	15,847		1
2	RECLASS EXCLUDED TO A&G	Q	ADMINISTRATIVE & GENERAL	5.05	16,230		2
3	RECLASS EXCLUDED TO A&G	Q	ADMINISTRATIVE & GENERAL	5.05	84,989		3
4	RECLASS SALARY CC 1765	Q	KIDNEY ACQUISITION	105	68,769		4
5	RECLASS SALARY CC 1765	Q	HEART ACQUISITION	106	12,291		5
6	RECLASS SALARY CC 1765	Q	LIVER ACQUISITION	107	38,246		6
7	RECLASS SALARY CC 1765	Q	PANCREAS ACQUISITION	109	5,234		7
8	RECLASS SALARY CC 1765	Q	TRANSPLANT CLINIC	90.02	21,698		8
9	RECLASS OVERHEAD FROM 5.05	Q	KIDNEY ACQUISITION	105	749,031	223,156	9
10	RECLASS OVERHEAD FROM 5.05	Q	HEART ACQUISITION	106	133,877	39,886	10
11	RECLASS OVERHEAD FROM 5.05	Q	LIVER ACQUISITION	107	416,573	124,108	11
12	RECLASS OVERHEAD FROM 5.05	Q	PANCREAS ACQUISITION	109	57,005	16,983	12
13	RECLASS OVERHEAD FROM 5.05	Q	TRANSPLANT CLINIC	90.02	236,332	70,410	13
14	BONUS RECLASS	Q	KIDNEY ACQUISITION	105	11,189		14
15	BONUS RECLASS	Q	HEART ACQUISITION	106	1,688		15
16	BONUS RECLASS	Q	PANCREAS ACQUISITION	109	3,136		16
17	RECLASS SALARY CC 1301 TO TRANSPLAN	Q	KIDNEY ACQUISITION	105	107,586		17
18	RECLASS SALARY CC 1301 TO TRANSPLAN	Q	HEART ACQUISITION	106	42,788		18
19	RECLASS SALARY CC 1301 TO TRANSPLAN	Q	LIVER ACQUISITION	107	76,233		19
20	RECLASS SALARY CC 1301 TO TRANSPLAN	Q	PANCREAS ACQUISITION	109	8,344		20
500	TOTAL RECLASSIFICATIONS				2,107,086	474,543	500
	CODE LETTER - Q						
1	PATHOLOGY ADMINISTRATION	R	LABORATORY	60	1,850,079		1
500	TOTAL RECLASSIFICATIONS				1,850,079		500
	CODE LETTER - R						
1	NM SCHOOLS	S	PARAMED ED PRGM-(SPECIFY)	23	493,051		1
2	NM SCHOOLS	S	PARAMED ED PRGM-(CHAPLAINCY)	23.01	75,651		2
3	NMSCHOOLS CC 1025	S	ADMINISTRATIVE & GENERAL	5.05	54,435		3
4	NMSCHOOLS CC 1025	S	PARAMED ED PRGM-(NM SCHL)	23.02	13,609	913	4
5	NMSCHOOLS CC 1025	S	PARAMED ED PRGM-(RAD THER)	23.03	13,609	913	5
6	NMSCHOOLS CC 1025	S	PARAMED ED PRGM-(NUCLEAR MED)	23.04	13,609	913	6
7	NMSCHOOLS CC 1025	S	PARAMED ED PRGM-(SONOGRAPHY)	23.05	13,609	913	7
500	TOTAL RECLASSIFICATIONS				677,573	3,652	500
	CODE LETTER - S						
1	RECLASS RENT EXPENSE OF NM SCHOOLS	T	PARAMED ED PRGM-(NM SCHL)	23.02		9,068	1
2			PARAMED ED PRGM-(RAD THER)	23.03		7,010	2
3			PARAMED ED PRGM-(NUCLEAR MED)	23.04		6,720	3
4			PARAMED ED PRGM-(SONOGRAPHY)	23.05		6,463	4
5	RECLASS NM PHARMACY SCHOOL EXPENSES	T	PARAMED ED PRGM-(SPECIFY)	23	336,839	36,536	5
500	TOTAL RECLASSIFICATIONS				336,839	65,797	500
	CODE LETTER - T						
	GRAND TOTAL (INCREASES)				23,230,860	202,210,573	

(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

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	WKST A-7 REF.	
		1	6	7	8	9	10	
1	RECLASS SALARY TO NON 615200	A	MARKETING, OTHER NON-REIMB	194.01	9,996		1	
2	RECLASS SALARY TO NON 615200	A	ADMINISTRATIVE & GENERAL	5.05	234,050		2	
3	RECLASS SALARY TO NON 615200	A	DIETARY	10	250		3	
4	RECLASS SALARY TO NON 615200	A	SPECIAL CARE NURSERY	35	1,350,149		4	
5	RECLASS SALARY TO NON 615200	A	SPECIAL CARE NURSERY	35	80,546		5	
6	RECLASS SALARY TO NON 615200	A	ELECTROENCEPHALOGRAPHY	70	3,600		6	
7	RECLASS SALARY TO NON 615200	A	ELECTROENCEPHALOGRAPHY	70		300	7	
8	RECLASS SALARY TO NON 615200	A	I&R SERVICES-SALARY & FRINGES	21	212,892		8	
9	RECLASS SALARY TO NON 615200	A	DATA PROCESSING	5.02	162,855		9	
10	RECLASS SALARY TO NON 615200	A	ADMINISTRATIVE & GENERAL	5.05	2,672		10	
11	RECLASS SALARY TO NON 615200	A	MEDICAL RECORDS & LIBRARY	16	952		11	
12	RECLASS SALARY TO NON 615200	A	CLINIC	90	8,369		12	
13	RECLASS SALARY TO NON 615200	A	ADULTS & PEDIATRICS	30	265,200		13	
14	RECLASS NON SAL 615453	A	I&R SERVICES-SALARY & FRINGES	21	1,411,841		14	
15	RECLASS NON RESIDENT SAL TO LN 22	A	I&R SERVICES-SALARY & FRINGES	21	6,971,379		15	
16	RECL SAL TO NON 615201 NMFF 1643	A	I&R SERVICES-SALARY & FRINGES	21	181,981		16	
17	RECL SAL TO NON 615201 NMFF 1651	A	I&R SERVICES-SALARY & FRINGES	21	113,566		17	
18	RECL SAL TO NON 615201 NMFF 1652	A	I&R SERVICES-SALARY & FRINGES	21	206,627		18	
19	RECL SAL TO NON 615201 NMFF 1662	A	I&R SERVICES-SALARY & FRINGES	21	13,428		19	
20	RECL SAL TO NON 615201 NMFF 1663	A	I&R SERVICES-SALARY & FRINGES	21	314,946		20	
21	RECL SAL TO NON 615201 NMFF 1664	A	I&R SERVICES-SALARY & FRINGES	21	1,430,102		21	
22	RECL SAL TO NON 615201 NMFF 1666	A	I&R SERVICES-SALARY & FRINGES	21	977,769		22	
23	RECL SAL TO NON 615201 NMFF 1667	A	I&R SERVICES-SALARY & FRINGES	21	16,903		23	
24	RECL SAL TO NON 615201 NMFF 1668	A	I&R SERVICES-SALARY & FRINGES	21	11,349		24	
25	RECL SAL TO NON 615201 NMFF 1669	A	I&R SERVICES-SALARY & FRINGES	21	20,061		25	
26	RECL SAL TO NON 615201 NMFF 1672	A	I&R SERVICES-SALARY & FRINGES	21	12,383		26	
27	RECL SAL TO NON 615201 NMFF 1682	A	I&R SERVICES-SALARY & FRINGES	21	11,504		27	
28	RECL PROG SUPP 615201 CC 1447	A	ADMINISTRATIVE & GENERAL	5.05		187,809	28	
29	RECL PROG SUPP 615201 CC 1445	A	LIVER ACQUISITION	107		25,773	29	
30	RECL PROG SUPP 615201 CC 1455	A	SUBPROVIDER - IPF	40		35,714	30	
31	RECL PROG SUPP 615201 CC 1532	A	ADMINISTRATIVE & GENERAL	5.05		20,770	31	
32	RECL PROG SUPP 615201 CC 1433	A	EMERGENCY	91	17,960		32	
33	RECL AP SALARY TO NON CC 1054	A	ADMINISTRATIVE & GENERAL	5.05	162,522		33	
34	RECL ADDIT NU LIAB TO NON CC 1054	A	ADMINISTRATIVE & GENERAL	5.05	162,522		34	
35	RECL FY13ACC ADJ 615201 CC 1054	A	ADMINISTRATIVE & GENERAL	5.05		14,678	35	
36	RECL PROG SUPP 615201 CC 1054	A	ADMINISTRATIVE & GENERAL	5.05		271,248	36	
37	RECL VACANT 615201 CC 1379	A	ADMINISTRATIVE & GENERAL	5.05	998		37	
38	RECL VACANT 615201 CC 1420	A	INTENSIVE CARE UNIT	31	6,782		38	
39	RECL SAL TO NON 615201 NMFF 1484	A	OPERATING ROOM	50	131,901		39	
40	RECL FY13ACC ADJ 615201 CC1519	A	LABORATORY	60		7,338	40	
41	RECL FY13ACC ADJ 615201 CC 1780	A	ADMINISTRATIVE & GENERAL	5.05		210	41	
42	RECL FY13ACC ADJ 615201 CC 1750	A	PSYCH CLINIC	90.01		51	42	
500	TOTAL RECLASSIFICATIONS				14,508,055	563,891	500	
	CODE LETTER - A							
1	RECLASS HOME OFFICE EQUIP DEPREC	B	ADMINISTRATIVE & GENERAL	5.05		6,087,651	14	
500	TOTAL RECLASSIFICATIONS					6,087,651	500	
	CODE LETTER - B							
1	DRUG RECLASS	C	PHARMACY	15		53,606,059	1	
2			RADIOLOGY-DIAGNOSTIC	54		35,030	2	
3			RADIOLOGY-THERAPEUTIC	55		25,339	3	
4			RADIOISOTOPE	56		689,815	4	
5			CT SCAN	57		611,761	5	
6			MRI	58		1,242,928	6	
7			CARDIAC CATHETERIZATION	59		126,758	7	
8			CARDIAC GRAPHICS	59.02		132,188	8	
9			WHOLE BLOOD & PACKED RED BLOO	62		101,182	9	
10			RESPIRATORY THERAPY	65		9,444	10	
11			CLINIC	90		213,738	11	
12			TRANSPLANT CLINIC	90.02		3,323	12	
13			EMERGENCY	91		135,398	13	
500	TOTAL RECLASSIFICATIONS					56,932,963	500	
	CODE LETTER - C							
1	IMPLANT RECLASS	D	OPERATING ROOM	50		45,112,402	1	
2			RADIOLOGY-DIAGNOSTIC	54		1,825,262	2	
3			RADIOLOGY-THERAPEUTIC	55		307,687	3	
4			RADIOISOTOPE	56		3,341,241	4	



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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
5			CARDIAC CATHETERIZATION	59		3,254,505	5
6			PULMONARY FUNCTION	59.03		15,347	6
7			EPS	59.04		8,019,994	7
8			GI	59.05		187,861	8
9			PHYSICAL THERAPY	66		5,202	9
500	TOTAL RECLASSIFICATIONS					62,069,501	500
	CODE LETTER - D						
1	MED SUPPLY RECLASS	E	PHARMACY	15		291,393	1
2			ADULTS & PEDIATRICS	30		40,270	2
3			INTENSIVE CARE UNIT	31		289,693	3
4			SPECIAL CARE NURSERY	35		887,759	4
5			OPERATING ROOM	50		29,668,388	5
6			RECOVERY ROOM	51		10,279	6
7			DELIVERY ROOM & LABOR ROOM	52		1,463,759	7
8			ANESTHESIOLOGY	53		2,415,373	8
9			RADIOLOGY-DIAGNOSTIC	54		5,912,018	9
10			RADIOLOGY-THERAPEUTIC	55		515	10
11			MRI	58		45,990	11
12			CARDIAC CATHETERIZATION	59		2,430,354	12
13			PULMONARY FUNCTION	59.03		9,418	13
14			EPS	59.04		2,869,099	14
15			GI	59.05		416,327	15
16			RESPIRATORY THERAPY	65		679,577	16
17			PHYSICAL THERAPY	66		853,163	17
18			OCCUPATIONAL THERAPY	67		16,763	18
19			OB CLINIC	90.03		12,823	19
500	TOTAL RECLASSIFICATIONS					48,312,961	500
	CODE LETTER - E						
1	NN RECLASS	F	ADULTS & PEDIATRICS	30	2,536,691	324,876	1
500	TOTAL RECLASSIFICATIONS				2,536,691	324,876	500
	CODE LETTER - F						
1	DIETARY RECLASS	G	DIETARY	10	1,910,361	1,699,033	1
500	TOTAL RECLASSIFICATIONS				1,910,361	1,699,033	500
	CODE LETTER - G						
1	0	H					1
500	TOTAL RECLASSIFICATIONS						500
	CODE LETTER - H						
1	RECLASS SCHOOLS	I					1
500	TOTAL RECLASSIFICATIONS						500
	CODE LETTER - I						
1	RECLASS LAUNDRY SERVICES	K	PURCHASING RECEIVING & STORES	5.03		3,529,632	1
500	TOTAL RECLASSIFICATIONS					3,529,632	500
	CODE LETTER - K						
1	CAPITAL RELATED COST RECLASS	M	EMPLOYEE BENEFITS DEPARTMENT	4		301,128	1
2	CAPITAL RELATED COST RECLASS	M	OPERATION OF PLANT	7		4,254,794	2
3	CAPITAL RELATED COST RECLASS	M	NURSING ADMINISTRATION	13		14,080	3
4	CAPITAL RELATED COST RECLASS	M	OPERATING ROOM	50		69,579	4
5	CAPITAL RELATED COST RECLASS	M	RADIOLOGY-DIAGNOSTIC	54		382,943	5
6	CAPITAL RELATED COST RECLASS	M					6
7	CAPITAL RELATED COST RECLASS	M					7
8	CAPITAL RELATED COST RECLASS	M					8
9	CAPITAL RELATED COST RECLASS	M					9
10	CAPITAL RELATED COST RECLASS	M					10
11	CAPITAL RELATED COST RECLASS	M					11
12	CAPITAL RELATED COST RECLASS	M					12
13	CAPITAL RELATED COST RECLASS	M					13
14	CAPITAL RELATED COST RECLASS	M					14
15	CAPITAL RELATED COST RECLASS	M					15
500	TOTAL RECLASSIFICATIONS					5,022,524	500
	CODE LETTER - M						
1	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		3,466	1



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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	
2	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		10,723	2	
3	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		423,516	3	
4	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		67,066	4	
5	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		52,122	5	
6	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		4,546	6	
7	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		118,951	7	
8	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		10,613	8	
9	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		29,882	9	
10	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		20,377	10	
11	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		44,171	11	
12	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		11,045	12	
13	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		5,364	13	
14	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		4,614	14	
15	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		4,614	15	
16	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		12,196	16	
17	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		5,699	17	
18	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		23,122	18	
19	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		2,699	19	
20	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		12,196	20	
21	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		12,410	21	
22	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		3,207	22	
23	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		8,202	23	
24	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		12,141	24	
25	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		16,881	25	
26	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		1,001	26	
27	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		5,775	27	
28	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		11,908	28	
29	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		4,614	29	
30	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		27,155	30	
31	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		6,476	31	
32	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		11,857	32	
33	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		13,753	33	
34	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		3,885	34	
35	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		2,261	35	
36	RECLASS FRINGE PART A 615203	N	ADMINISTRATIVE & GENERAL	5.05		35,253	36	
37	RECLASS FRINGE PART A 615203	N	ADMINISTRATIVE & GENERAL	5.05		88,367	37	
38	RECLASS FRINGE PART A 615203	N	ADMINISTRATIVE & GENERAL	5.05		8,856	38	
39	RECLASS FRINGE PART A 615211	N	ADMINISTRATIVE & GENERAL	5.05		289,087	39	
40	RECLASS FRINGE PART A 615213	N	ADMINISTRATIVE & GENERAL	5.05		31,896	40	
41	RECLASS FRINGE PART A 615200	N	ADMINISTRATIVE & GENERAL	5.05		20,291	41	
42	RECLASS FRINGE PART A 615200	N	ADMINISTRATIVE & GENERAL	5.05		6,363	42	
43	RECLASS FRINGE PART A 615200	N	ADMINISTRATIVE & GENERAL	5.05		12,824	43	
500	TOTAL RECLASSIFICATIONS					1,501,445	500	
	CODE LETTER - N							
1	PROFESSIONAL SERVICES 615200	O	OTHER COMPANY WIDE ACTIVITY	194.02	149,700		1	
2	PROFESSIONAL SERVICES 615200	O	OTHER COMPANY WIDE ACTIVITY	194.02	12,362		2	
3	PROFESSIONAL SERVICES 615200	O	OTHER COMPANY WIDE ACTIVITY	194.02	8,369		3	
4	PROFESSIONAL SERVICES 615200	O	OTHER COMPANY WIDE ACTIVITY	194.02	14,746		4	
5	PROFESSIONAL SERVICES 615200	O	OTHER COMPANY WIDE ACTIVITY	194.02	480		5	
6	PROFESSIONAL SERVICES 615200	O	OTHER COMPANY WIDE ACTIVITY	194.02	30,000		6	
7	PROFESSIONAL SERVICES 615200	O	OTHER COMPANY WIDE ACTIVITY	194.02	17,546		7	
8	PROFESSIONAL FRINGE 641800	O	OTHER COMPANY WIDE ACTIVITY	194.02		1,921	8	
9	PROFESSIONAL FRINGE 641800	O	OTHER COMPANY WIDE ACTIVITY	194.02		2,276	9	
10	ACCREDITED FELLOWSHIP SALARY	O	OTHER COMPANY WIDE ACTIVITY	194.02	2,069,315		10	
11	CALCULATED FELLOW FRINGE BENEFIT	O	OTHER COMPANY WIDE ACTIVITY	194.02	490,135		11	
12	NON ACCREDITED FELLOWSHIP SALARY	O	OTHER COMPANY WIDE ACTIVITY	194.02	327,942		12	
13	CALCULATED NON ACC FELLOW FRINGE	O	OTHER COMPANY WIDE ACTIVITY	194.02	77,676		13	
14	OTHER FRINGES 648000	O	OTHER COMPANY WIDE ACTIVITY	194.02		775,878	14	
15	SALARY EXPENSE 615201	O	OTHER COMPANY WIDE ACTIVITY	194.02	127,288		15	
16	SALARY EXPENSE 615201	O	OTHER COMPANY WIDE ACTIVITY	194.02	197,151		16	
17	SALARY EXPENSE 615201	O	OTHER COMPANY WIDE ACTIVITY	194.02	27,387		17	
18	SALARY EXPENSE 615201	O	OTHER COMPANY WIDE ACTIVITY	194.02	60,769		18	
19	SALARY EXPENSE 615201	O	OTHER COMPANY WIDE ACTIVITY	194.02	502		19	
20	SALARY FRINGE EXP 641801	O	OTHER COMPANY WIDE ACTIVITY	194.02		5,120	20	
21	SALARY EXPENSE 615203	O	OTHER COMPANY WIDE ACTIVITY	194.02	39,403		21	
22	SALARY EXPENSE 615203	O	OTHER COMPANY WIDE ACTIVITY	194.02	16,320		22	
23	SALARY EXPENSE 615203	O	OTHER COMPANY WIDE ACTIVITY	194.02	37,034		23	
24	SALARY EXPENSE 615203	O	OTHER COMPANY WIDE ACTIVITY	194.02	4,523		24	



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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	
25	SALARY EXPENSE 615203	O	OTHER COMPANY WIDE ACTIVITY	194.02	29,598		25	
26	SALARY EXPENSE 615203	O	OTHER COMPANY WIDE ACTIVITY	194.02	38,122		26	
27	SALARY EXPENSE 615203	O	OTHER COMPANY WIDE ACTIVITY	194.02	34,186		27	
28	SALARY EXPENSE 615203	O	OTHER COMPANY WIDE ACTIVITY	194.02	58,755		28	
29	SALARY EXPENSE 615203	O	OTHER COMPANY WIDE ACTIVITY	194.02	13,529		29	
30	NM200 EXPENSE RECLASS	O	OTHER COMPANY WIDE ACTIVITY	194.02	55,497		30	
31	NM200 EXPENSE RECLASS	O	OTHER COMPANY WIDE ACTIVITY	194.02	18,615		31	
32	NM200 EXPENSE RECLASS	O	OTHER COMPANY WIDE ACTIVITY	194.02	22,835		32	
33	SALARY FRINGE EXP 641803	O	OTHER COMPANY WIDE ACTIVITY	194.02		109,920	33	
34	ON CALL	O	OTHER COMPANY WIDE ACTIVITY	194.02	14,000		34	
35	RECLASS CPS FOOTBALL EXAMS	O	OTHER COMPANY WIDE ACTIVITY	194.02	10,732		35	
36	LEASED MD 615253	O	OTHER COMPANY WIDE ACTIVITY	194.02	73,529		36	
37	SALARY EXPENSE PAYROLL	O	OTHER COMPANY WIDE ACTIVITY	194.02	3,482		37	
38	SALARY EXPENSE PAYROLL	O	OTHER COMPANY WIDE ACTIVITY	194.02	125,298		38	
39	SALARY EXPENSE PAYROLL	O	OTHER COMPANY WIDE ACTIVITY	194.02	133,994		39	
40	SALARY EXPENSE PAYROLL	O	OTHER COMPANY WIDE ACTIVITY	194.02	104,894		40	
41	SALARY EXPENSE PAYROLL	O	OTHER COMPANY WIDE ACTIVITY	194.02	31,413		41	
42	SALARY EXPENSE PAYROLL	O	OTHER COMPANY WIDE ACTIVITY	194.02	398,199		42	
43	SALARY EXPENSE PAYROLL RESEARCH	O	OTHER COMPANY WIDE ACTIVITY	194.02	1,476,956		43	
44	SALARY EXPENSE PAYROLL SPONSORED	O	OTHER COMPANY WIDE ACTIVITY	194.02	695,916		44	
45	NON SALARY EXPENSES	O	OTHER COMPANY WIDE ACTIVITY	194.02		309,872	45	
46	NON SALARY EXPENSES	O	OTHER COMPANY WIDE ACTIVITY	194.02		129,934	46	
47	NON SALARY EXPENSES	O	OTHER COMPANY WIDE ACTIVITY	194.02		199,835	47	
48	NON SALARY EXPENSES	O	OTHER COMPANY WIDE ACTIVITY	194.02		12,909	48	
49	NON SALARY EXPENSES	O	OTHER COMPANY WIDE ACTIVITY	194.02		16,075	49	
50	NON SALARY EXPENSES	O	OTHER COMPANY WIDE ACTIVITY	194.02		260,722	50	
51	NON SALARY EXPENSES	O	OTHER COMPANY WIDE ACTIVITY	194.02		125,828	51	
52	NON SALARY EXPENSES	O	OTHER COMPANY WIDE ACTIVITY	194.02		48,432	52	
53	NON SALARY EXPENSES	O	OTHER COMPANY WIDE ACTIVITY	194.02		1,852	53	
54	NON SALARY EXPENSES	O	OTHER COMPANY WIDE ACTIVITY	194.02		271,181	54	
55	NON SALARY EXPENSES	O	OTHER COMPANY WIDE ACTIVITY	194.02		59,543	55	
56	NON SALARY EXPENSES	O	OTHER COMPANY WIDE ACTIVITY	194.02		155,200	56	
57	NON SALARY EXPENSES	O	OTHER COMPANY WIDE ACTIVITY	194.02		4,958,666	57	
500	TOTAL RECLASSIFICATIONS				7,048,198	7,445,164	500	
	CODE LETTER - O							
1	MALPRACTICE	P	ADMINISTRATIVE & GENERAL	5.05		6,504	1	
2			ADMINISTRATIVE & GENERAL	5.05		3,063	2	
3			ADMINISTRATIVE & GENERAL	5.05		225,711	3	
4			ADMINISTRATIVE & GENERAL	5.05		20,333	4	
5			ADMINISTRATIVE & GENERAL	5.05		14,761	5	
6			ADMINISTRATIVE & GENERAL	5.05		4,258	6	
7			ADMINISTRATIVE & GENERAL	5.05		3,610	7	
8			ADMINISTRATIVE & GENERAL	5.05		33,687	8	
9			ADMINISTRATIVE & GENERAL	5.05		3,006	9	
10			ADMINISTRATIVE & GENERAL	5.05		8,462	10	
11			ADMINISTRATIVE & GENERAL	5.05		5,771	11	
12			ADMINISTRATIVE & GENERAL	5.05		12,509	12	
13			ADMINISTRATIVE & GENERAL	5.05		3,128	13	
14			ADMINISTRATIVE & GENERAL	5.05		1,519	14	
15			ADMINISTRATIVE & GENERAL	5.05		1,307	15	
16			ADMINISTRATIVE & GENERAL	5.05		1,307	16	
17			ADMINISTRATIVE & GENERAL	5.05		3,454	17	
18			ADMINISTRATIVE & GENERAL	5.05		1,614	18	
19			ADMINISTRATIVE & GENERAL	5.05		6,548	19	
20			ADMINISTRATIVE & GENERAL	5.05		764	20	
21			ADMINISTRATIVE & GENERAL	5.05		3,454	21	
22			ADMINISTRATIVE & GENERAL	5.05		3,514	22	
23			ADMINISTRATIVE & GENERAL	5.05		2,339	23	
24			ADMINISTRATIVE & GENERAL	5.05		2,323	24	
25			ADMINISTRATIVE & GENERAL	5.05		3,438	25	
26			ADMINISTRATIVE & GENERAL	5.05		1,382	26	
27			ADMINISTRATIVE & GENERAL	5.05		4,781	27	
28			ADMINISTRATIVE & GENERAL	5.05		283	28	
29			ADMINISTRATIVE & GENERAL	5.05		1,955	29	
30			ADMINISTRATIVE & GENERAL	5.05		8,198	30	
31			ADMINISTRATIVE & GENERAL	5.05		1,307	31	
32			ADMINISTRATIVE & GENERAL	5.05		18,069	32	
33			ADMINISTRATIVE & GENERAL	5.05		1,834	33	



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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	
34			ADMINISTRATIVE & GENERAL	5.05		3,358	34	
35			ADMINISTRATIVE & GENERAL	5.05		3,895	35	
36			ADMINISTRATIVE & GENERAL	5.05		1,100	36	
37			ADMINISTRATIVE & GENERAL	5.05		10,372	37	
500	TOTAL RECLASSIFICATIONS					432,918	500	
	CODE LETTER - P							
1	TRANSPLANT RECLASS EX TO A&G	Q	KIDNEY ACQUISITION	105	15,847		1	
2	RECLASS EXCLUDED TO A&G	Q	HEART ACQUISITION	106	16,230		2	
3	RECLASS EXCLUDED TO A&G	Q	LIVER ACQUISITION	107	84,989		3	
4	RECLASS SALARY CC 1765	Q	ADULTS & PEDIATRICS	30	68,769		4	
5	RECLASS SALARY CC 1765	Q	ADULTS & PEDIATRICS	30	12,291		5	
6	RECLASS SALARY CC 1765	Q	ADULTS & PEDIATRICS	30	38,246		6	
7	RECLASS SALARY CC 1765	Q	ADULTS & PEDIATRICS	30	5,234		7	
8	RECLASS SALARY CC 1765	Q	ADULTS & PEDIATRICS	30	21,698		8	
9	RECLASS OVERHEAD FROM 5.05	Q	ADMINISTRATIVE & GENERAL	5.05	749,031	223,156	9	
10	RECLASS OVERHEAD FROM 5.05	Q	ADMINISTRATIVE & GENERAL	5.05	133,877	39,886	10	
11	RECLASS OVERHEAD FROM 5.05	Q	ADMINISTRATIVE & GENERAL	5.05	416,573	124,108	11	
12	RECLASS OVERHEAD FROM 5.05	Q	ADMINISTRATIVE & GENERAL	5.05	57,005	16,983	12	
13	RECLASS OVERHEAD FROM 5.05	Q	ADMINISTRATIVE & GENERAL	5.05	236,332	70,410	13	
14	BONUS RECLASS	Q	ADMINISTRATIVE & GENERAL	5.05	11,189		14	
15	BONUS RECLASS	Q	ADMINISTRATIVE & GENERAL	5.05	1,688		15	
16	BONUS RECLASS	Q	ADMINISTRATIVE & GENERAL	5.05	3,136		16	
17	RECLASS SALARY CC 1301 TO TRANSPLAN	Q	ADMINISTRATIVE & GENERAL	5.05	107,586		17	
18	RECLASS SALARY CC 1301 TO TRANSPLAN	Q	ADMINISTRATIVE & GENERAL	5.05	42,788		18	
19	RECLASS SALARY CC 1301 TO TRANSPLAN	Q	ADMINISTRATIVE & GENERAL	5.05	76,233		19	
20	RECLASS SALARY CC 1301 TO TRANSPLAN	Q	ADMINISTRATIVE & GENERAL	5.05	8,344		20	
500	TOTAL RECLASSIFICATIONS				2,107,086	474,543	500	
	CODE LETTER - Q							
1	PATHOLOGY ADMINISTRATION	R	LABORATORY	60		1,850,079	1	
500	TOTAL RECLASSIFICATIONS					1,850,079	500	
	CODE LETTER - R							
1	NM SCHOOLS	S	PHARMACY	15	493,051		1	
2	NM SCHOOLS	S	ADMINISTRATIVE & GENERAL	5.05	75,651		2	
3	NMSCHOOLS CC 1025	S	ADMINISTRATIVE & GENERAL	5.05		54,435	3	
4	NMSCHOOLS CC 1025	S	ADMINISTRATIVE & GENERAL	5.05	13,609	913	4	
5	NMSCHOOLS CC 1025	S	ADMINISTRATIVE & GENERAL	5.05	13,609	913	5	
6	NMSCHOOLS CC 1025	S	ADMINISTRATIVE & GENERAL	5.05	13,609	913	6	
7	NMSCHOOLS CC 1025	S	ADMINISTRATIVE & GENERAL	5.05	13,609	913	7	
500	TOTAL RECLASSIFICATIONS				623,138	58,087	500	
	CODE LETTER - S							
1	RECLASS RENT EXPENSE OF NM SCHOOLS	T	ADMINISTRATIVE & GENERAL	5.05		29,261	1	
2							2	
3							3	
4							4	
5	RECLASS NM PHARMACY SCHOOL EXPENSES	T	PHARMACY	15	336,839	36,536	5	
500	TOTAL RECLASSIFICATIONS				336,839	65,797	500	
	CODE LETTER - T							
	GRAND TOTAL (DECREASES)				29,070,368	196,371,065		

(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.



COMPU-MAX

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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 RETIRE- MENTS	ENDING BALANCE	FULLY DEPREC- IATED ASSETS	
			PURCHASES	DONATION	TOTAL				
		1	2	3	4	5	6	7	
1	LAND	182,419,354	26,206,000		26,206,000		208,625,354		1
2	LAND IMPROVEMENTS	2,270,840					2,270,840		2
3	BUILDINGS AND FIXTURES	1,512,144,330	65,610,762		65,610,762	13,042,101	1,564,712,991		3
4	BUILDING IMPROVEMENTS	16,021,590					16,021,590		4
5	FIXED EQUIPMENT								5
6	MOVABLE EQUIPMENT	334,861,798	10,393,125		10,393,125	10,617,404	334,637,519		6
7	HIT DESIGNATED ASSETS								7
8	SUBTOTAL (sum of lines 1-7)	2,047,717,912	102,209,887		102,209,887	23,659,505	2,126,268,294		8
9	RECONCILING ITEMS								9
10	TOTAL (line 7 minus line 9)	2,047,717,912	102,209,887		102,209,887	23,659,505	2,126,268,294		10

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

	DESCRIPTION	SUMMARY OF CAPITAL							TOTAL(1) (Sum of cols. 9 through 14)	
		DEPREC- IATION	LEASE	INTEREST	INSURANCE (see instr.)	TAXES (see instr.)	OTHER CAPITAL- RELATED COSTS (see instr.)			
*		9	10	11	12	13	14	15		
1	CAP REL COSTS-BLDG & FIXT	81,129,915						81,129,915	1	
2	CAP REL COSTS-MVBLE EQUIP	25,909,639						25,909,639	2	
3	TOTAL (sum of lines 1-2)	107,039,554						107,039,554	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	CAPITAL- IZED 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	1,791,630,775		1,791,630,775	0.842617					1
2	CAP REL COSTS-MVBLE EQUIP	334,637,519		334,637,519	0.157383					2
3	TOTAL (sum of lines 1-2)	2,126,268,294		2,126,268,294	1.000000					3

	DESCRIPTION	SUMMARY OF CAPITAL							TOTAL(2) (sum of cols. 9 through 14)	
		DEPREC- IATION	LEASE	INTEREST	INSURANCE (see instr.)	TAXES (see instr.)	OTHER CAPITAL- RELATED COSTS (see instr.)			
*		9	10	11	12	13	14	15		
1	CAP REL COSTS-BLDG & FIXT	81,129,915						-1,876,069	79,253,846	1
2	CAP REL COSTS-MVBLE EQUIP	25,909,639						5,920,628	31,830,267	2
3	TOTAL (sum of lines 1-2)	107,039,554						4,044,559	111,084,113	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)	A	-1,876,069	CAP REL COSTS-BLDG & FIXT	1	14
2	INVESTMENT INCOME-MOVABLE EQUIPMENT (chapter 2)	A	-167,023	CAP REL COSTS-MVBLE EQUIP	2	14
3	INVESTMENT INCOME-OTHER (chapter 2)					3
4	TRADE, QUANTITY, AND TIME DISCOUNTS (chapter 8)					4
5	REFUNDS AND REBATES OF EXPENSES (chapter 8)					5
6	RENTAL OF PROVIDER SPACE BY SUPPLIERS (chapter 8)					6
7	TELEPHONE SERVICES (PAY STATIONS EXCL) (chapter 21)					7
8	TELEVISION AND RADIO SERVICE (chapter 21)					8
9	PARKING LOT (chapter 21)					9
10	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-10,113,955			10
11	SALE OF SCRAP, WASTE, ETC. (chapter 23)					11
12	RELATED ORGANIZATION TRANSACTIONS (chapter 10)	WKST A-8-1	-49,440,523			12
13	LAUNDRY AND LINEN SERVICE					13
14	CAFETERIA - EMPLOYEES AND GUESTS					14
15	RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16	SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17	SALE OF DRUGS TO OTHER THAN PATIENTS					17
18	SALE OF MEDICAL RECORDS AND ABSTRACTS					18
19	NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					19
20	VENDING MACHINES					20
21	INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (chapter 21)					21
22	INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENTS					22
23	ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		RESPIRATORY THERAPY	65	23
24	ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		PHYSICAL THERAPY	66	24
25	UTIL REVIEW-PHYSICIANS' COMPENSATION (chapter 21)			UTILIZATION REVIEW-SNF	114	25
26	DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26
27	DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27
28	NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29	PHYSICIANS' ASSISTANT					29
30	ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67	30
31	ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		SPEECH PATHOLOGY	68	31
32	CAH HIT ADJ FOR DEPRECIATION AND					32
33						33
33.01	SUPPORT NO TIME STUDIES	A	-1,167,416	ADMINISTRATIVE & GENERAL	5.05	33.01
33.02	SUPPORT NO TIME STUDIES	A	-903,925	NURSING ADMINISTRATION	13	33.02
33.03	SUPPORT NO TIME STUDIES	A	-3,972,470	I&R SERVICES-OTHER PRGM COSTS APRVD	22	33.03
33.04	SUPPORT NO TIME STUDIES	A	-7,787,608	ADULTS & PEDIATRICS	30	33.04
33.05	SUPPORT NO TIME STUDIES	A	-6,782	INTENSIVE CARE UNIT	31	33.05
33.06	SUPPORT NO TIME STUDIES	A	-1,373,455	SPECIAL CARE NURSERY	35	33.06
33.07	SUPPORT NO TIME STUDIES	A	42,949	SUBPROVIDER - IPF	40	33.07
33.08	SUPPORT NO TIME STUDIES	A	-8,829,670	OPERATING ROOM	50	33.08
33.09	SUPPORT NO TIME STUDIES	A	-600,398	DELIVERY ROOM & LABOR ROOM	52	33.09
33.10	SUPPORT NO TIME STUDIES	A	-319,147	LABORATORY	60	33.10
33.11	SUPPORT NO TIME STUDIES	A	-6,020	PHYSICAL THERAPY	66	33.11
33.12	SUPPORT NO TIME STUDIES	A	51	PSYCH CLINIC	90.01	33.12
33.13	SUPPORT NO TIME STUDIES	A	-10,061	TRANSPLANT CLINIC	90.02	33.13
33.14	SUPPORT NO TIME STUDIES	A	-113,514	OB CLINIC	90.03	33.14
33.15	SUPPORT NO TIME STUDIES	A	-8,582	EMERGENCY	91	33.15
33.16	SUPPORT NO TIME STUDIES	A	-515,648	KIDNEY ACQUISITION	105	33.16
33.17	SUPPORT NO TIME STUDIES	A	-489,875	LIVER ACQUISITION	107	33.17
33.18	SUPPORT NO TIME STUDIES	A	-1,700,227	SPONSORED PROJECT	191.01	33.18
34	BUILDING & RENTAL	B	-2,733,409	EMPLOYEE BENEFITS DEPARTMENT	4	34
34.01	BUILDING & RENTAL	B	-2,541,738	ADMINISTRATIVE & GENERAL	5.05	34.01
34.02	BUILDING & RENTAL	B	-2,800,349	OPERATION OF PLANT	7	34.02
34.03	BUILDING & RENTAL	B	-283,449	PSYCH CLINIC	90.01	34.03

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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
34.04	BUILDING & RENTAL	B	-38,809,501	REAL ESTATE	194	34.04
35						35
36	OTHER INCOME	B	-294,725	EMPLOYEE BENEFITS DEPARTMENT	4	36
36.01	OTHER INCOME	B	-4,335	PURCHASING RECEIVING & STORES	5.03	36.01
36.02	OTHER INCOME	B	-2,708	ADMITTING	5.04	36.02
36.03	OTHER INCOME	B	-11,294,853	ADMINISTRATIVE & GENERAL	5.05	36.03
36.04	OTHER INCOME	B	-2,410,222	OPERATION OF PLANT	7	36.04
36.05	OTHER INCOME	B	-62,359	HOUSEKEEPING	9	36.05
36.06	OTHER INCOME	B	-710,985	DIETARY	10	36.06
36.07	OTHER INCOME	B	-85,990	CENTRAL SERVICES & SUPPLY	14	36.07
36.08	OTHER INCOME	B	-2,290,370	PHARMACY	15	36.08
36.09	OTHER INCOME	B	-31,267	SOCIAL SERVICE	17	36.09
36.10	OTHER INCOME	B	-65,659	I&R SERVICES-SALARY & FRINGES APPRVD	21	36.10
36.11	OTHER INCOME	B	-700,999	ADULTS & PEDIATRICS	30	36.11
36.12	OTHER INCOME	B	-143,542	RADIOLOGY-THERAPEUTIC	55	36.12
36.13	OTHER INCOME	B	-193,534	RADIOISOTOPE	56	36.13
36.14	OTHER INCOME	B	-14,850	VASCULAR LAB	59.01	36.14
36.15	OTHER INCOME	B	-825	CARDIAC GRAPHICS	59.02	36.15
36.16	OTHER INCOME	B	-3,502	PULMONARY FUNCTION	59.03	36.16
36.17	OTHER INCOME	B	-954,362	RESPIRATORY THERAPY	65	36.17
36.18	OTHER INCOME	B	-12,392	PHYSICAL THERAPY	66	36.18
36.19	OTHER INCOME	B	-31,600	OCCUPATIONAL THERAPY	67	36.19
36.20	OTHER INCOME	B	-60,034	CARDIAC REHABILITATION	76.97	36.20
36.21	OTHER INCOME	B	-67,001	PSYCH CLINIC	90.01	36.21
36.22	OTHER INCOME	B	-126,015	LIVER ACQUISITION	107	36.22
36.23	OTHER INCOME	B	-2,639,016	REAL ESTATE	194	36.23
37	FOOD & MISC	B	-11,974	ADMINISTRATIVE & GENERAL	5.05	37
37.01	FOOD & MISC	B	-3,914,218	CAFETERIA	11	37.01
37.02	FOOD & MISC	B	445	NURSING ADMINISTRATION	13	37.02
37.03	FOOD & MISC	B	-900	OPERATING ROOM	50	37.03
37.04	FOOD & MISC	B	-786,090	OB CLINIC	90.03	37.04
38	REAL ESTATE TAXES	A	-200,069	EMPLOYEE BENEFITS DEPARTMENT	4	38
38.01	REAL ESTATE TAXES	A	-275,747	OPERATION OF PLANT	7	38.01
38.02	REAL ESTATE TAXES	A	-6,729,930	REAL ESTATE	194	38.02
38.03	HAP ASSESSMENT	A	-63,682,949	ADMINISTRATIVE & GENERAL	5.05	38.03
38.04	INTEREST EXPENSE	A	-28,756,285	ADMINISTRATIVE & GENERAL	5.05	38.04
39						39
39.66	OIG LINE 4 EMPLOYEE BENEFITS	A	-65,694	EMPLOYEE BENEFITS DEPARTMENT	4	39.66
39.67	OIG LINE 5.01 NON PATIENT PHONES	A	-4	NONPATIENT PHONES	5.01	39.67
39.68	OIG LINE 5.02 DATA PROCESSING	A	-387,821	DATA PROCESSING	5.02	39.68
39.69	OIG LINE 5.03 PURCH REC & STORES	A	-30,517	PURCHASING RECEIVING & STORES	5.03	39.69
39.70	OIG LINE 5.04 ADMITTING FINANCIAL	A	-282,236	ADMITTING	5.04	39.70
39.71	OIG LINE 5.05 ADMIN & GENERAL	A	-1,509,651	ADMINISTRATIVE & GENERAL	5.05	39.71
39.72	OIG LINE 7 OPERATION OF PLANT	A	-516,021	OPERATION OF PLANT	7	39.72
39.73	OIG LINE 9 HOUSEKEEPING	A	-16,511	HOUSEKEEPING	9	39.73
39.74	OIG LINE 10 DIETARY	A	-2,021	DIETARY	10	39.74
39.75	OIG LINE 13 NURSING ADMIN	A	-186,737	NURSING ADMINISTRATION	13	39.75
39.76	OIG LINE 14 CENTRAL SERV SUPPLY	A	-100,782	CENTRAL SERVICES & SUPPLY	14	39.76
39.77	OIG LINE 15 PHARMACY	A	-37,930	PHARMACY	15	39.77
39.78	OIG LINE 16 MEDICAL RECORDS LIBRAR	A	-44,323	MEDICAL RECORDS & LIBRARY	16	39.78
39.79	OIG LINE 17 SOCIAL SERVICE	A	-62,418	SOCIAL SERVICE	17	39.79
39.80	OIG LINE 22 INTERNS & RESIDENT OTH	A	-89,378	I&R SERVICES-OTHER PRGM COSTS APPRVD	22	39.80
39.81	OIG LINE 23.01 PARA MED CHAPLAINCY	A	-1,194	PARAMED ED PRGM-(CHAPLAINCY)	23.01	39.81
39.82	OIG LINE 23.02 PARAMED NM SCHOOLS	A	-1,919	PARAMED ED PRGM-(NM SCHL)	23.02	39.82
39.83	OIG LINE 30 ADULT & PEDIATRICS	A	-25,995	ADULTS & PEDIATRICS	30	39.83
39.84	OIG LN 31 ICU	A	-1,317	INTENSIVE CARE UNIT	31	39.84
39.85	OIG LINE 35 SCN	A	-14,676	SPECIAL CARE NURSERY	35	39.85
39.86	OIG LINE 40 PSYCHIATRY	A	-3,137	SUBPROVIDER - IPF	40	39.86
39.87	OIG LINE 50 OPERATING ROOM	A	-84,878	OPERATING ROOM	50	39.87
39.88	OIG LINE 51 RECOVERY ROOM	A	-3,914	RECOVERY ROOM	51	39.88
39.89	OIG LINE 52 DELIVERY & LABOR ROOMS	A	-4,283	DELIVERY ROOM & LABOR ROOM	52	39.89
39.90	OIG LINE 53 ANESTHESIOLOGY	A	-5,704	ANESTHESIOLOGY	53	39.90
39.91	OIG LINE 54 RADIOLOGY-DIAGNOSTIC	A	-16,386	RADIOLOGY-DIAGNOSTIC	54	39.91
39.92	OIG LINE 55 RADIOLOGY-THERAPEUTIC	A	-43,169	RADIOLOGY-THERAPEUTIC	55	39.92



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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
39.93	OIG LINE 56 RADIOISOTOPE	A	-1,434	RADIOISOTOPE	56	39.93
39.94	OIG LINE 57 CT	A	-78	CT SCAN	57	39.94
39.95	OIG LINE 58 MRI	A	-15,332	MRI	58	39.95
39.96	OIG LINE 59 CATHETERIZATION LAB	A	-2,092	CARDIAC CATHETERIZATION	59	39.96
39.97	OIG LINE 59.01 VASCULAR LABORATORY	A	-153	VASCULAR LAB	59.01	39.97
39.98	OIG LINE 59.02 CARDIO GRAPHICS	A	-16,116	CARDIAC GRAPHICS	59.02	39.98
39.99	OIG LINE 59.03 PULMONARY FUNCTION	A	-443	PULMONARY FUNCTION	59.03	39.99
40	OIG LINE 59.04 EPS	A	-2,007	EPS	59.04	40
40.01	OIG LINE 5.05 GI LABORATORY	A	-2,888	GI	59.05	40.01
40.02	OIG LINE 60 LABORATORY	A	-308,925	LABORATORY	60	40.02
40.03	OIG LINE 63 BLOOD STOR, PROC&ADMIN	A	-2,043	BLOOD STORING, PROCESSING & TRANS.	63	40.03
40.04	OIG LINE 65 OXYGEN THERAPY	A	-5,423	RESPIRATORY THERAPY	65	40.04
40.05	OIG LINE 66 PHYSICAL THERAPY	A	-39,728	PHYSICAL THERAPY	66	40.05
40.06	OIG LINE 67 OCCUPATIONAL THERAPY	A	-797	OCCUPATIONAL THERAPY	67	40.06
40.07	OIG LINE 70 ELECTROENCEPHALOGRAPHY	A	-23,919	ELECTROENCEPHALOGRAPHY	70	40.07
40.08	OIG LINE 76.97 CARDIAC REHABILITAT	A	-64	CARDIAC REHABILITATION	76.97	40.08
40.09	OIG LINE 90 CLINIC	A	-3,724	CLINIC	90	40.09
40.10	OIG LINE 90.01 PSYCH CLINIC	A	-16,751	PSYCH CLINIC	90.01	40.10
40.11	OIG LINE 90.02 SOLID ORG CLINIC	A	-498	TRANSPLANT CLINIC	90.02	40.11
40.12	OIG LINE 90.03 OB CLINIC	A	-36,990	OB CLINIC	90.03	40.12
40.13	OIG LINE 91 EMERGENCY	A	-7,200	EMERGENCY	91	40.13
41	OIG LINE 92.01 OBSERVATION UNIT	A	-79	OBSERVATION BEDS-DISTINCT	92.01	41
42	OIG LINE 105 KIDNEY ACQUISITION	A	-38,170	KIDNEY ACQUISITION	105	42
43	OIG LINE 106 BCVI HEART TRANSPLANT	A	-51	HEART ACQUISITION	106	43
44	OIG LINE 107 LIVER TRANSPLANT	A	-1,405	LIVER ACQUISITION	107	44
45	OIG LINE 108 LUNG TRANSPLANT	A	-6,706	LUNG ACQUISITION	108	45
45.01	OIG LINE 109 PANCREAS ACQUISITION	A	-650	PANCREAS ACQUISITION	109	45.01
45.02	OIG LINE 116 PATIENT HOSPICE	A	-40	HOSPICE	116	45.02
45.03	OIG LINE 190 GIFT SHOP	A	-31	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190	45.03
46	OIG LINE 191 CRC	A	-615	RESEARCH	191	46
47	OIG LINE 191.01 SPONSORED PROJECT	A	-150,955	SPONSORED PROJECT	191.01	47
47.01	OIG LINE 194 REAL ESTATE	A	-106,997	REAL ESTATE	194	47.01
47.02	OIG LINE 194.01 MARKETING	A	-1,233,044	MARKETING, OTHER NON-REIMB	194.01	47.02
48						48
49	ELIMINATE HOSPICE EXPENSE	A	-1,609	HOSPICE	116	49
49.01	ELIMINATE ZERO BALANCE IN COL 7	A	413,700	PURCHASING RECEIVING & STORES	5.03	49.01
49.02	ELIMINATE ZERO BALANCE IN COL 7	A	304,824	CAFETERIA	11	49.02
49.03	ELIMINATE ZERO BALANCE IN COL 7	A	23,119,647	REAL ESTATE	194	49.03
49.04	ELIMINATE ZERO BALANCE IN COL 7	A	1	OTHER COMPANY WIDE ACTIVITY	194.02	49.04
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-244,814,077			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 subscripents thereof.

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	4	EMPLOYEE BENEFITS DEPARTMENT	1,329,276	1,329,276		1
2	5.02	DATA PROCESSING	2,656,315	2,656,315		2
3	5.05	ADMINISTRATIVE & GENERAL	103,346,739	152,787,262	-49,440,523	3
3.01	5.05	ADMINISTRATIVE & GENERAL	339,252	339,252		3.01
3.02	5.05	ADMINISTRATIVE & GENERAL	24,712,018	24,712,018		3.02
3.03	10	DIETARY	56	56		3.03
3.04	13	NURSING ADMINISTRATION	1,408,249	1,408,249		3.04
3.05	15	PHARMACY	80,127	80,127		3.05
3.06	17	SOCIAL SERVICE	161,746	161,746		3.06
3.07	21	I&R SERVICES-SALARY & FRINGES APPRVD	11,540,519	11,540,519		3.07
3.08	30	ADULTS & PEDIATRICS	8,479,863	8,479,863		3.08
3.09	31	INTENSIVE CARE UNIT	537,412	537,412		3.09
3.10	40	SUBPROVIDER - IPF	147,421	147,421		3.10
3.11	50	OPERATING ROOM	10,875,841	10,875,841		3.11
3.12	51	RECOVERY ROOM	78,613	78,613		3.12
3.13	52	DELIVERY ROOM & LABOR ROOM	1,577,491	1,577,491		3.13
3.14	53	ANESTHESIOLOGY	150,938	150,938		3.14
3.15	54	RADIOLOGY-DIAGNOSTIC	327,194	327,194		3.15
3.16	55	RADIOLOGY-THERAPEUTIC	81,818	81,818		3.16
3.17	56	RADIOISOTOPE	39,734	39,734		3.17
3.18	57	CT SCAN	34,180	34,180		3.18
3.19	58	MRI	34,180	34,180		3.19
3.20	59	CARDIAC CATHETERIZATION	90,338	90,338		3.20
3.21	59.01	VASCULAR LAB	42,212	42,212		3.21
3.22	59.02	CARDIAC GRAPHICS	206,289	206,289		3.22
3.23	59.03	PULMONARY FUNCTION	19,995	19,995		3.23
3.24	59.04	EPS	90,338	90,338		3.24
3.25	59.05	GI	91,926	91,926		3.25
3.26	60	LABORATORY	2,200,423	2,200,423		3.26
3.27	63	BLOOD STORING, PROCESSING & TRANS.	60,758	60,758		3.27
3.28	65	RESPIRATORY THERAPY	89,931	89,931		3.28
3.29	70	ELECTROENCEPHALOGRAPHY	125,047	125,047		3.29
3.30	76.97	CARDIAC REHABILITATION	7,412	7,412		3.30
3.31	90	CLINIC	42,776	42,776		3.31
3.32	90.01	PSYCH CLINIC	87,281	87,281		3.32
3.33	90.02	TRANSPLANT CLINIC	60,900	60,900		3.33
3.34	90.03	OB CLINIC	163,114	163,114		3.34
3.35	91	EMERGENCY	201,145	201,145		3.35
3.36	105	KIDNEY ACQUISITION	563,616	563,616		3.36
3.37	106	HEART ACQUISITION	126,369	126,369		3.37
3.38	107	LIVER ACQUISITION	669,228	669,228		3.38
3.39	109	PANCREAS ACQUISITION	28,781	28,781		3.39
3.40	116	HOSPICE	88	88		3.40
3.41	191.01	SPONSERED PROJECT	16,748	16,748		3.41
3.42	194	REAL ESTATE	45,629	45,629		3.42
3.43	194.02	OTHER COMPANY WIDE ACTIVITY	4,040,065	4,040,065		3.43
4						4
5	TOTALS (SUM OF LINES 1-4) TRANSFER COLUMN 6, LINE 5 TO WORKSHEET A-8, COLUMN 2, LINE 12		177,009,391	226,449,914	-49,440,523	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



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

WORKSHEET A-8-1

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	RELATED ORGANIZATION(S) AND/OR HOME OFFICE			
		PERCENTAGE OF OWNERSHIP	NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6

services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

SYMBOL (1)	NAME	RELATED ORGANIZATION(S) AND/OR HOME OFFICE				
		PERCENTAGE OF OWNERSHIP	NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
6	B		NM HEALTHCARE		HEALTH CARE	6
7	B		NM LAKE FOREST		HEALTH CARE	7
8	B		NM FOUNDATION		HEALTH CARE	8
9	B		NM MEDICAL GROUP		HEALTH CARE	9
9.01	B		NM INSURANCE CO	100.00	HEALTH CARE	9.01
9.02	B		N HEALTHCARE CORP	100.00	HEALTHCARE	9.02
10						10

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

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



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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

WKST A LINE #	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERATION	PROFESSIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN / PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT		
1	2	3	4	5	6	7	8	9		
1	5.05	ADMINISTRATIVE & GEN	1,801,335		1,801,335	177,200	6,112	520,695	26,035	1
2	13	NURSING ADMINISTRATI	208,846		208,846	177,200	916	78,036	3,902	2
3	15	PHARMACY	90,850		90,850	177,200	1,070	91,156	4,558	3
4	17	SOCIAL SERVICE								4
5	22	I&R SERVICES-OTHER P	6,749,489		6,749,489	177,200	17,287	1,472,719	73,636	5
6	30	ADULTS & PEDIATRICS	606,119		606,119	196,400	2,752	259,852	12,993	6
7	31	INTENSIVE CARE UNIT	438,211		438,211	165,600	2,227	177,303	8,865	7
8	35	SPECIAL CARE NURSERY	131,656		131,656	196,400	1	94	5	8
9	40	SUBPROVIDER - IPF	98,983		98,983	154,100	1	74	4	9
10	50	OPERATING ROOM	1,000,071		1,000,071	208,000	4,278	427,800	21,390	10
11	51	RECOVERY ROOM	89,226		89,226	177,200	936	79,740	3,987	11
12	52	DELIVERY ROOM & LABO	251,229		251,229	196,400	624	58,920	2,946	12
13	53	ANESTHESIOLOGY	171,314		171,314	200,300	936	90,135	4,507	13
14	54	RADIOLOGY-DIAGNOSTIC	371,365		371,365	225,300	1	108	5	14
15	55	RADIOLOGY-THERAPEUTI	92,863		92,863	225,300	1	108	5	15
16	56	RADIOISOTOPE	45,098		45,098	225,300	1	108	5	16
17	57	CT SCAN	38,794		38,794	225,300	1	108	5	17
18	58	MRI	38,794		38,794	225,300	1	108	5	18
19	59	CARDIAC CATHETERIZAT	102,534		102,534	165,600	1	80	4	19
20	59.01	VASCULAR LAB	47,911		47,911	165,600	1	80	4	20
21	59.02	CARDIAC GRAPHICS	194,395		194,395	165,200	634	50,354	2,518	21
22	59.03	PULMONARY FUNCTION	22,694		22,694	165,200	38	3,018	151	22
23	59.04	EPS	102,534		102,534	165,200	600	47,654	2,383	23
24	59.05	GI	104,336		104,336	177,200	1	85	4	24
25	60	LABORATORY	64,380		64,380	215,400	240	24,854	1,243	25
26	60	LABORATORY	1,850,079		1,850,079	215,400	27,942	2,893,609	144,680	26
27	63	BLOOD STORING, PROCE	68,961		68,961	215,400	244	25,268	1,263	27
28	65	RESPIRATORY THERAPY	102,072		102,072	177,200	1,443	122,933	6,147	28
29	66	PHYSICAL THERAPY	45,000		45,000	177,200	1	85	4	29
30	59.02	CARDIAC GRAPHICS								30
31	70	ELECTROENCEPHALOGRA	141,928		141,928	165,600	1	80	4	31
32	76.97	CARDIAC REHABILITATI	8,413		8,413	165,600	412	32,802	1,640	32
33	90	CLINIC	56,920		56,920	177,200	81	6,901	345	33
34	90.01	PSYCH CLINIC	226,333		226,333	154,100	1	74	4	34
35	90.03	OB CLINIC	38,794		38,794	165,600	1	80	4	35
36	91	EMERGENCY	619,370		619,370	177,200	2,246	191,342	9,567	36
37	105	KIDNEY ACQUISITION	30,412		30,412	208,000	1	100	5	37
38	106	HEART ACQUISITION	99,688		99,688	208,000	405	40,500	2,025	38
39	107	LIVER ACQUISITION	57,903		57,903	208,000	396	39,600	1,980	39
40	109	PANCREAS ACQUISITION	23,666		23,666	208,000	1	100	5	40
200		TOTAL	16,232,566		16,232,566		71,835	6,736,663	336,833	200

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	WKST A LINE #	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBER- SHIPS & CONTIN- UING EDUCATIO N	PROVIDER COMPON- ENT SHARE OF COL. 12	PHYSICIAN COST OF MALPRACT - ICE INSURANC E	PROVIDER COMPON- ENT SHARE OF COL. 14	ADJUSTED RCE LIMIT	RCE DISALLOW- ANCE	ADJUST- MENT	
	10	11	12	13	14	15	16	17	18	
1	5.05	ADMINISTRATIVE & GEN			58,328	58,328	579,023	1,222,312	1,222,312	1
2	13	NURSING ADMINISTRATI			6,504	6,504	84,540	124,306	124,306	2
3	15	PHARMACY			3,063	3,063	94,219			3
4	17	SOCIAL SERVICE								4
5	22	I&R SERVICES-OTHER P			225,711	225,711	1,698,430	5,051,059	5,051,059	5
6	30	ADULTS & PEDIATRICS			20,333	20,333	280,185	325,934	325,934	6
7	31	INTENSIVE CARE UNIT			14,761	14,761	192,064	246,147	246,147	7
8	35	SPECIAL CARE NURSERY			4,258	4,258	4,352	127,304	127,304	8
9	40	SUBPROVIDER - IPF			3,610	3,610	3,684	95,299	95,299	9
10	50	OPERATING ROOM			33,687	33,687	461,487	538,584	538,584	10
11	51	RECOVERY ROOM			3,006	3,006	82,746	6,480	6,480	11
12	52	DELIVERY ROOM & LABO			8,462	8,462	67,382	183,847	183,847	12
13	53	ANESTHESIOLOGY			5,771	5,771	95,906	75,408	75,408	13
14	54	RADIOLOGY-DIAGNOSTIC			12,509	12,509	12,617	358,748	358,748	14
15	55	RADIOLOGY-THERAPEUTI			3,128	3,128	3,236	89,627	89,627	15
16	56	RADIOISOTOPE			1,519	1,519	1,627	43,471	43,471	16
17	57	CT SCAN			1,307	1,307	1,415	37,379	37,379	17
18	58	MRI			1,307	1,307	1,415	37,379	37,379	18
19	59	CARDIAC CATHETERIZAT			3,454	3,454	3,534	99,000	99,000	19
20	59.01	VASCULAR LAB			1,614	1,614	1,694	46,217	46,217	20
21	59.02	CARDIAC GRAPHICS			6,548	6,548	56,902	137,493	137,493	21
22	59.03	PULMONARY FUNCTION			764	764	3,782	18,912	18,912	22
23	59.04	EPS			3,454	3,454	51,108	51,426	51,426	23
24	59.05	GI			3,514	3,514	3,599	100,737	100,737	24
25	60	LABORATORY			2,339	2,339	27,193	37,187	37,187	25
26	60	LABORATORY					2,893,609			26
27	63	BLOOD STORING, PROCE			2,323	2,323	27,591	41,370	41,370	27
28	65	RESPIRATORY THERAPY			3,438	3,438	126,371			28
29	66	PHYSICAL THERAPY			1,382	1,382	1,467	43,533	43,533	29
30	59.02	CARDIAC GRAPHICS								30
31	70	ELECTROENCEPHALOGRAP			4,781	4,781	4,861	137,067	137,067	31
32	76.97	CARDIAC REHABILITATI			283	283	33,085			32
33	90	CLINIC			1,955	1,955	8,856	48,064	48,064	33
34	90.01	PSYCH CLINIC			8,198	8,198	8,272	218,061	218,061	34
35	90.03	OB CLINIC			1,307	1,307	1,387	37,407	37,407	35
36	91	EMERGENCY			18,069	18,069	209,411	409,959	409,959	36
37	105	KIDNEY ACQUISITION			1,025	1,025	1,125	29,287	29,287	37
38	106	HEART ACQUISITION			3,358	3,358	43,858	55,830	55,830	38
39	107	LIVER ACQUISITION			1,951	1,951	41,551	16,352	16,352	39
40	109	PANCREAS ACQUISITION			797	797	897	22,769	22,769	40
200		TOTAL			477,818	477,818	7,214,481	10,113,955	10,113,955	200



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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMEN T	NONPATIENT PHONES	SUBTOTAL (cols.0-4)	
		0	1	2	4	5.01	4A	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	79,253,846	79,253,846					1
2	CAP REL COSTS-MVBLE EQUIP	31,830,267		31,830,267				2
4	EMPLOYEE BENEFITS DEPARTMENT	63,328,376	1,006,023	247,311	64,581,710			4
5.01	NONPATIENT PHONES	524,211	769,903	84,485	78,975	1,457,574		5.01
5.02	DATA PROCESSING	19,170,059	138,260	1,098,453	322,074	550,843	21,279,689	5.02
5.03	PURCHASING RECEIVING & STORES		54,929	44,026	168,061		267,016	5.03
5.04	ADMITTING	20,785,801	71,576	725,049	2,370,852	11,690	23,964,968	5.04
5.05	ADMINISTRATIVE & GENERAL	189,905,925	4,466,017	467,429	5,377,993	136,342	200,353,706	5.05
7	OPERATION OF PLANT	37,366,781	23,826,041	500,813	199,624	352,567	62,245,826	7
8	LAUNDRY & LINEN SERVICE	3,529,632	9,864				3,539,496	8
9	HOUSEKEEPING	10,519,476	897,367	917,620	1,255,207		13,589,670	9
10	DIETARY	9,381,132	1,907,026	664,990	925,259	1,552	12,879,959	10
11	CAFETERIA				307,524		307,524	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	20,132,411	1,058,719	316,647	2,919,501	230,498	24,657,776	13
14	CENTRAL SERVICES & SUPPLY	13,574,705	873,234	1,933,976	976,828	2,337	17,361,080	14
15	PHARMACY	15,583,752	306,444	546,153	2,040,482		18,476,831	15
16	MEDICAL RECORDS & LIBRARY	2,898,613	166,798	9,513	301,346		3,376,270	16
17	SOCIAL SERVICE	1,575,458		19,045	157,249	937	1,752,689	17
21	I&R SERVICES-SALARY & FRINGES APPRVD	40,129,841			4,517,862	1,104	44,648,807	21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,354,341	741,548	47,064	1,166,500		6,309,453	22
23	PARAMED ED PRGM-(SPECIFY)	866,426	2,844		133,593		1,002,863	23
23.01	PARAMED ED PRGM-(CHAPLAINCY)	87,366	4,740		12,178		104,284	23.01
23.02	PARAMED ED PRGM-(NM SCHL)	37,746	4,861		2,191		44,798	23.02
23.03	PARAMED ED PRGM-(RAD THER)	21,532	3,758		2,191		27,481	23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)	21,242	3,603		2,191		27,036	23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)	20,985	3,465		2,191		26,641	23.05
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	84,675,953	10,359,504	1,096,695	11,910,450	14,311	108,056,913	30
31	INTENSIVE CARE UNIT	24,976,627	1,729,598	668,436	3,297,308	1,407	30,673,376	31
35	SPECIAL CARE NURSERY	12,150,918	1,096,290	663,634	1,833,623		15,744,465	35
40	SUBPROVIDER - IPF	3,223,435	545,529	3,429	501,955		4,274,348	40
43	NURSERY	2,861,567			408,349		3,269,916	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	30,908,741	2,763,257	4,337,773	3,599,545	20,125	41,629,441	50
51	RECOVERY ROOM	7,513,927	261,584	109,579	1,114,363		8,999,453	51
52	DELIVERY ROOM & LABOR ROOM	15,891,504	1,396,506	519,898	2,166,738		19,974,646	52
53	ANESTHESIOLOGY	1,949,673	39,799	681,866	245,651	385	2,917,374	53
54	RADIOLOGY-DIAGNOSTIC	22,059,942	2,062,532	3,333,549	2,818,663	1,596	30,276,282	54
55	RADIOLOGY-THERAPEUTIC	7,846,582	668,191	2,732,174	977,487	32	12,224,466	55
56	RADIOISOTOPE	3,383,194	312,285	128,550	300,026		4,124,055	56
57	CT SCAN	6,127,585	327,747	145,670	716,189		7,317,191	57
58	MRI	9,393,673	266,309	3,588,169	1,053,567		14,301,718	58
59	CARDIAC CATHETERIZATION	1,448,463	96,437	40,377	250,602		1,835,879	59
59.01	VASCULAR LAB	977,851	63,000	72,770	163,328		1,276,949	59.01
59.02	CARDIAC GRAPHICS	4,106,897	207,614	304,471	477,789	88	5,096,859	59.02
59.03	PULMONARY FUNCTION	755,410	86,460	74,315	94,203		1,010,388	59.03
59.04	EPS	590,758	135,897	1,911,596	172,685		2,810,936	59.04
59.05	GI	7,205,173	282,176	644,677	651,137		8,783,163	59.05
60	LABORATORY	58,095,263	887,704	1,818,554	2,729,098	8,413	63,539,032	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	11,594,575					11,594,575	62
63	BLOOD STORING, PROCESSING & TRANS.	5,201,228	222,811	251,001	441,832		6,116,872	63
63.01	CELL THERAPY LAB							63.01
65	RESPIRATORY THERAPY	3,594,060	89,875	341,429	396,139	16,917	4,438,420	65
66	PHYSICAL THERAPY	311,270	107,298	6,850	54,930		480,348	66
67	OCCUPATIONAL THERAPY	198,367	28,586	358	32,570		259,881	67
70	ELECTROENCEPHALOGRAPHY	3,030,436	141,829	238,992	309,394	5,568	3,726,219	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	48,312,961					48,312,961	71
72	IMPL. DEV. CHARGED TO PATIENTS	62,069,501					62,069,501	72
73	DRUGS CHARGED TO PATIENTS	56,932,963					56,932,963	73
76.97	CARDIAC REHABILITATION	328,769		2,275	44,648		375,692	76.97
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	2,044,976	154,413	16,586	313,321		2,529,296	90
90.01	PSYCH CLINIC	4,466,568	10,736	71	565,829	26,014	5,069,218	90.01
90.02	TRANSPLANT CLINIC	945,409	23,520	9,742	104,693	3,009	1,086,373	90.02
90.03	OB CLINIC	931,796	226,738	34,643	220,777		1,413,954	90.03
91	EMERGENCY	11,860,067	721,722	107,635	1,694,537		14,383,961	91



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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMEN T	NONPATIENT PHONES	SUBTOTAL (cols.0-4)	
		0	1	2	4	5.01	4A	
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT	1,828,559		145,493	270,464		2,244,516	92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R SERVICES-NOT APPRVD PRGM	498,559			67,752		566,311	100
	SPECIAL PURPOSE COST CENTERS							
105	KIDNEY ACQUISITION	8,546,285	52,138	193	279,139	13,542	8,891,297	105
106	HEART ACQUISITION	2,348,257	6,985		98,248	3,511	2,457,001	106
107	LIVER ACQUISITION	5,420,290	25,316		176,563	6,501	5,628,670	107
108	LUNG ACQUISITION	209,698			5,525		215,223	108
109	PANCREAS ACQUISITION	940,950	4,066		16,515		961,531	109
116	HOSPICE							116
118	SUBTOTALS (sum of lines 1-117)	1,102,658,604	61,721,472	31,654,024	63,815,504	1,409,289	1,084,135,496	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	41,033	17,611		6,276		64,920	190
191	RESEARCH	1,648,651	112,480	14,979	239,934	16,668	2,032,712	191
191.0	SPONSERED PROJECT	4,705,038		736	195,484	3,896	4,905,154	191.0
1								1
194	REAL ESTATE		17,385,136	12,778	1,655	27,721	17,427,290	194
194.0	MARKETING, OTHER NON-REIMB	9,038,161	17,147	532	322,857		9,378,697	194.0
1								1
194.0	OTHER COMPANY WIDE ACTIVITY			147,218			147,218	194.0
2								2
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	1,118,091,487	79,253,846	31,830,267	64,581,710	1,457,574	1,118,091,487	202

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	DATA PROCESSING	SUBTOTAL (cols.0-4)	PURCH REC STORES	ADMITTING	SUBTOTAL (cols.0-4)	ADMIN + GENERAL	
		5.02		5.03	5.04		5.05	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	NONPATIENT PHONES							5.01
5.02	DATA PROCESSING	21,279,689						5.02
5.03	PURCHASING RECEIVING & STORES	5,180	272,196	272,196				5.03
5.04	ADMITTING	464,944	24,429,912	5,961	24,435,873			5.04
5.05	ADMINISTRATIVE & GENERAL	3,887,504	204,241,210	49,282		204,290,492	204,290,492	5.05
7	OPERATION OF PLANT	1,207,631	63,453,457	15,483		63,468,940	14,189,180	7
8	LAUNDRY & LINEN SERVICE	68,670	3,608,166	880		3,609,046	806,842	8
9	HOUSEKEEPING	263,653	13,853,323	3,380		13,856,703	3,097,818	9
10	DIETARY	249,884	13,129,843	3,204		13,133,047	2,936,037	10
11	CAFETERIA	5,966	313,490	76		313,566	70,101	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	478,386	25,136,162	6,133		25,142,295	5,620,837	13
14	CENTRAL SERVICES & SUPPLY	336,822	17,697,902	4,318		17,702,220	3,957,526	14
15	PHARMACY	358,469	18,835,300	4,596		18,839,896	4,211,866	15
16	MEDICAL RECORDS & LIBRARY	65,503	3,441,773	840		3,442,613	769,634	16
17	SOCIAL SERVICE	34,004	1,786,693	436		1,787,129	399,532	17
21	I&R SERVICES-SALARY & FRINGES APPRVD	866,232	45,515,039	11,106		45,526,145	10,177,871	21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	122,410	6,431,863	1,569		6,433,432	1,438,264	22
23	PARAMED ED PRGM-(SPECIFY)	19,457	1,022,320	249		1,022,569	228,607	23
23.01	PARAMED ED PRGM-(CHAPLAINCY)	2,023	106,307	26		106,333	23,772	23.01
23.02	PARAMED ED PRGM-(NM SCHL)	869	45,667	11		45,678	10,212	23.02
23.03	PARAMED ED PRGM-(RAD THER)	533	28,014	7		28,021	6,264	23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)	525	27,561	7		27,568	6,163	23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)	517	27,158	7		27,165	6,073	23.05
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	2,096,412	110,153,325	26,877	1,910,087	112,090,289	25,059,245	30
31	INTENSIVE CARE UNIT	595,094	31,268,470	7,630	632,865	31,908,965	7,133,600	31
35	SPECIAL CARE NURSERY	305,458	16,049,923	3,916	363,791	16,417,630	3,670,342	35
40	SUBPROVIDER - IPF	82,927	4,357,275	1,063	78,612	4,436,950	991,929	40
43	NURSERY	63,440	3,333,356	813	86,488	3,420,657	764,725	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	807,653	42,437,094	10,355	3,625,108	46,072,557	10,300,027	50
51	RECOVERY ROOM	174,598	9,174,051	2,238	294,404	9,470,693	2,117,278	51
52	DELIVERY ROOM & LABOR ROOM	387,528	20,362,174	4,968	638,135	21,005,277	4,695,961	52
53	ANESTHESIOLOGY	56,600	2,973,974	726	316,325	3,291,025	735,745	53
54	RADIOLOGY-DIAGNOSTIC	587,390	30,863,672	7,531	1,503,237	32,374,440	7,237,662	54
55	RADIOLOGY-THERAPEUTIC	237,167	12,461,633	3,041	761,283	13,225,957	2,956,808	55
56	RADIOISOTOPE	80,011	4,204,066	1,026	295,495	4,500,587	1,006,156	56
57	CT SCAN	141,961	7,459,152	1,820	1,423,177	8,884,149	1,986,149	57
58	MRI	277,468	14,579,186	3,557	1,181,310	15,764,053	3,524,227	58
59	CARDIAC CATHETERIZATION	35,618	1,871,497	457	274,262	2,146,216	479,810	59
59.01	VASCULAR LAB	24,774	1,301,723	318	152,652	1,454,693	325,213	59.01
59.02	CARDIAC GRAPHICS	98,884	5,195,743	1,268	695,336	5,892,347	1,317,299	59.02
59.03	PULMONARY FUNCTION	19,603	1,029,991	251	61,758	1,092,000	244,129	59.03
59.04	EPS	54,535	2,865,471	699	159,644	3,025,814	676,454	59.04
59.05	GI	170,402	8,953,565	2,185	416,471	9,372,221	2,095,263	59.05
60	LABORATORY	1,232,721	64,771,753	15,804	3,604,667	68,392,224	15,289,834	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	224,946	11,819,521	2,884	310,706	12,133,111	2,712,490	62
63	BLOOD STORING, PROCESSING & TRANS.	118,673	6,235,545	1,521	195,486	6,432,552	1,438,068	63
63.01	CELL THERAPY LAB							63.01
65	RESPIRATORY THERAPY	86,110	4,524,530	1,104	653,482	5,179,116	1,157,848	65
66	PHYSICAL THERAPY	9,319	489,667	119	42,541	532,327	119,008	66
67	OCCUPATIONAL THERAPY	5,042	264,923	65	23,874	288,862	64,578	67
70	ELECTROENCEPHALOGRAPHY	72,292	3,798,511	927	216,742	4,016,180	897,861	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	937,320	49,250,281	12,017	810,465	50,072,763	11,194,317	71
72	IMPL. DEV. CHARGED TO PATIENTS	1,204,210	63,273,711	15,439	892,139	64,181,289	14,348,433	72
73	DRUGS CHARGED TO PATIENTS	1,104,556	58,037,519	14,161	1,375,412	59,427,092	13,285,580	73
76.97	CARDIAC REHABILITATION	7,289	382,981	93	15,809	398,883	89,175	76.97
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	49,071	2,578,367	629	24,743	2,603,739	582,094	90
90.01	PSYCH CLINIC	98,348	5,167,566	1,261	50,141	5,218,968	1,166,758	90.01
90.02	TRANSPLANT CLINIC	21,077	1,107,450	270	28,839	1,136,559	254,090	90.02
90.03	OB CLINIC	27,432	1,441,386	352	9,819	1,451,557	324,512	90.03
91	EMERGENCY	279,063	14,663,024	3,578	1,096,220	15,762,822	3,523,952	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92



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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	DATA PROCESSING	SUBTOTAL (cols.0-4)	PURCH REC STORES	ADMITTING	SUBTOTAL (cols.0-4)	ADMIN + GENERAL	
		5.02		5.03	5.04		5.05	
92.01	OBSERVATION BEDS-DISTINCT	43,546	2,288,062	558	52,832	2,341,452	523,457	92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R SERVICES-NOT APPRVD PRGM	10,987	577,298	141		577,439	129,093	100
	SPECIAL PURPOSE COST CENTERS							
105	KIDNEY ACQUISITION	172,500	9,063,797	2,212	87,919	9,153,928	2,046,461	105
106	HEART ACQUISITION	47,668	2,504,669	611	15,714	2,520,994	563,596	106
107	LIVER ACQUISITION	109,202	5,737,872	1,400	48,896	5,788,168	1,294,009	107
108	LUNG ACQUISITION	4,176	219,399	54	2,296	221,749	49,574	108
109	PANCREAS ACQUISITION	18,655	980,186	239	6,691	987,116	220,681	109
116	HOSPICE							116
118	SUBTOTALS (sum of lines 1-117)	20,620,908	1,083,476,715	263,749	24,435,873	1,083,468,268	196,550,090	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,260	66,180	16		66,196	14,799	190
191	RESEARCH	39,437	2,072,149	506		2,072,655	463,365	191
191.0 1	SPONSERED PROJECT	95,165	5,000,319	1,220		5,001,539	1,118,149	191.0 1
194	REAL ESTATE	338,107	17,765,397	4,335		17,769,732	3,972,619	194
194.0 1	MARKETING, OTHER NON-REIMB	181,956	9,560,653	2,333		9,562,986	2,137,911	194.0 1
194.0 2	OTHER COMPANY WIDE ACTIVITY	2,856	150,074	37		150,111	33,559	194.0 2
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	21,279,689	1,118,091,487	272,196	24,435,873	1,118,091,487	204,290,492	202



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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7	8	9	10	11	13	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	NONPATIENT PHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING RECEIVING & STORES							5.03
5.04	ADMITTING							5.04
5.05	ADMINISTRATIVE & GENERAL							5.05
7	OPERATION OF PLANT	77,658,120						7
8	LAUNDRY & LINEN SERVICE	28,340	4,444,228					8
9	HOUSEKEEPING	1,935,843	110,825	19,001,189				9
10	DIETARY	4,491,303	257,123	1,127,436	21,944,946			10
11	CAFETERIA					383,667		11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	2,061,094	117,996	517,389		25,374	33,484,985	13
14	CENTRAL SERVICES & SUPPLY	1,713,978	98,124	430,254		12,435		14
15	PHARMACY	766,123	43,860	192,317		15,129		15
16	MEDICAL RECORDS & LIBRARY	592,515	33,921	148,737		2,821		16
17	SOCIAL SERVICE					1,619		17
21	I&R SERVICES-SALARY & FRINGES APPRVD	1,914,737	109,617	480,650		1,911	29,843	21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)	8,175	468	2,052				23
23.01	PARAMED ED PRGM-(CHAPLAINCY)	13,625	780	3,420		95		23.01
23.02	PARAMED ED PRGM-(NM SCHL)	13,972	800	3,507				23.02
23.03	PARAMED ED PRGM-(RAD THER)	10,801	618	2,711				23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)	10,355	593	2,599				23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)	9,959	570	2,500				23.05
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	24,482,530	1,401,599	6,145,768	17,906,476	111,600	15,153,567	30
31	INTENSIVE CARE UNIT	4,971,251	284,599	1,247,916	3,172,509	26,322	3,772,417	31
35	SPECIAL CARE NURSERY	2,018,188	115,539	506,619		13,399	2,018,547	35
40	SUBPROVIDER - IPF	1,567,968	89,765	393,602	865,961	3,993	194,812	40
43	NURSERY							43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	7,202,137	412,315	1,807,928		25,962	3,536,447	50
51	RECOVERY ROOM	847,476	48,517	212,739		7,573	1,176,624	51
52	DELIVERY ROOM & LABOR ROOM	2,616,995	149,820	656,935		18,223	2,396,934	52
53	ANESTHESIOLOGY	89,132	5,103	22,375		3,117		53
54	RADIOLOGY-DIAGNOSTIC	5,148,970	294,773	1,292,528		21,484	468,741	54
55	RADIOLOGY-THERAPEUTIC	1,692,674	96,904	424,906		6,399	94,771	55
56	RADIOISOTOPE	897,567	51,385	225,313		1,930	9,311	56
57	CT SCAN	1,098,920	62,912	275,858		5,440	207,844	57
58	MRI	926,204	53,024	232,502		7,187	297,112	58
59	CARDIAC CATHETERIZATION	277,207	15,870	69,586		1,643	145,450	59
59.01	VASCULAR LAB	181,089	10,367	45,458		1,035		59.01
59.02	CARDIAC GRAPHICS	596,726	34,162	149,794		4,060	5,336	59.02
59.03	PULMONARY FUNCTION	248,520	14,228	62,385		685	22,270	59.03
59.04	EPS	390,617	22,362	98,055		1,186	91,201	59.04
59.05	GI	811,060	46,432	203,598		5,069	602,542	59.05
60	LABORATORY	2,872,006	164,420	720,950		24,300	710	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS							62
63	BLOOD STORING, PROCESSING & TRANS.	729,261	41,749	183,064		3,587	116,621	63
63.01	CELL THERAPY LAB							63.01
65	RESPIRATORY THERAPY	224,937	12,877	56,465		3,302	11,584	65
66	PHYSICAL THERAPY	296,926	16,999	74,536		476		66
67	OCCUPATIONAL THERAPY	82,147	4,703	20,621		281		67
70	ELECTROENCEPHALOGRAPHY	407,661	23,338	102,334		2,617		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
76.97	CARDIAC REHABILITATION					320		76.97
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	564,968	32,344	141,822		2,501	247,562	90
90.01	PSYCH CLINIC	30,867	1,767	7,748		419	188,955	90.01
90.02	TRANSPLANT CLINIC	67,580	3,869	16,964		673	74,564	90.02
90.03	OB CLINIC	255,110	14,605	64,039		1,166	156,375	90.03
91	EMERGENCY	2,074,373	118,756	520,723		14,287	2,114,990	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92



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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7	8	9	10	11	13	
92.01	OBSERVATION BEDS-DISTINCT					2,152	345,460	92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R SERVICES-NOT APPRVD PRGM							100
	SPECIAL PURPOSE COST CENTERS							
105	KIDNEY ACQUISITION	245,201	14,038	61,552		938	116	105
106	HEART ACQUISITION	32,849	1,881	8,246		280	1,680	106
107	LIVER ACQUISITION	119,058	6,816	29,887		643	2,570	107
108	LUNG ACQUISITION							108
109	PANCREAS ACQUISITION	19,125	1,095	4,801		34	29	109
116	HOSPICE							116
118	SUBTOTALS (sum of lines 1-117)	77,658,120	4,444,228	19,001,189	21,944,946	383,667	33,484,985	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
191	RESEARCH							191
191.0	SPONSERED PROJECT							191.0
1								1
194	REAL ESTATE							194
194.0	MARKETING, OTHER NON-REIMB							194.0
1								1
194.0	OTHER COMPANY WIDE ACTIVITY							194.0
2								2
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	77,658,120	4,444,228	19,001,189	21,944,946	383,667	33,484,985	202



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COST ALLOCATION - GENERAL SERVICE COSTS

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	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	
		14	15	16	17	21	22	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	NONPATIENT PHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING RECEIVING & STORES							5.03
5.04	ADMITTING							5.04
5.05	ADMINISTRATIVE & GENERAL							5.05
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY							10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION							13
14	CENTRAL SERVICES & SUPPLY	23,914,537						14
15	PHARMACY	80,740	24,149,931					15
16	MEDICAL RECORDS & LIBRARY	505		4,990,746				16
17	SOCIAL SERVICE				2,188,280			17
21	I&R SERVICES-SALARY & FRINGES APPRVD	490				58,241,264		21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						7,871,696	22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMED ED PRGM-(CHAPLAINCY)							23.01
23.02	PARAMED ED PRGM-(NM SCHL)							23.02
23.03	PARAMED ED PRGM-(RAD THER)							23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)							23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)							23.05
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	954,457	3,867,641	390,200	1,296,995	15,125,555	2,044,318	30
31	INTENSIVE CARE UNIT	580,791	2,209,885	129,284	191,414	6,415,911	867,153	31
35	SPECIAL CARE NURSERY	222,406	77,204	74,316	176,233	353,891	47,831	35
40	SUBPROVIDER - IPF	2,306	64	16,059		1,776,008	240,039	40
43	NURSERY			17,668	220			43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	11,293,082	1,369,909	739,445		14,568,508	1,969,031	50
51	RECOVERY ROOM	42,852	1,125,233	60,142	1,100	675,014	91,233	51
52	DELIVERY ROOM & LABOR ROOM	392,028	1,166,596	130,361	21,562	2,405,147	325,072	52
53	ANESTHESIOLOGY	359,155	1,387,087	64,620		98,303	13,286	53
54	RADIOLOGY-DIAGNOSTIC	1,469,226	602,751	307,087		4,417,082	596,998	54
55	RADIOLOGY-THERAPEUTIC	19,182	68,912	155,518	88,006	1,409,010	190,437	55
56	RADIOISOTOPE	705,148	21,018	60,365		190,053	25,687	56
57	CT SCAN	169,684	34,371	290,732				57
58	MRI	130,909	3,536,533	241,322				58
59	CARDIAC CATHETERIZATION	790,678	2,953	56,027		380,105	51,374	59
59.01	VASCULAR LAB	857	4,472	31,184				59.01
59.02	CARDIAC GRAPHICS	17,248	4,458,792	142,046		583,265	78,832	59.02
59.03	PULMONARY FUNCTION	25,176	41,496	12,616		216,267	29,230	59.03
59.04	EPS	1,471,270	93,162	32,613				59.04
59.05	GI	423,853	174,277	85,078		366,998	49,602	59.05
60	LABORATORY	2,144,584	297,289	736,375		3,597,891	486,279	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,638,354	512,056	63,472		275,248	37,202	62
63	BLOOD STORING, PROCESSING & TRANS.	289,716	450,194	39,935				63
63.01	CELL THERAPY LAB							63.01
65	RESPIRATORY THERAPY	348,847	195,899	133,496		190,053	25,687	65
66	PHYSICAL THERAPY	77,297		8,690		13,107	1,772	66
67	OCCUPATIONAL THERAPY	4,294		4,877		19,661	2,657	67
70	ELECTROENCEPHALOGRAPHY	35,827		44,277				70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS			165,565		157,285	21,258	71
72	IMPL. DEV. CHARGED TO PATIENTS			182,249				72
73	DRUGS CHARGED TO PATIENTS			280,974				73
76.97	CARDIAC REHABILITATION	886	75	3,230		6,554	886	76.97
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	5,320	844,191	5,055		1,022,351	138,178	90
90.01	PSYCH CLINIC	99	149,011	10,243	209,015	327,677	44,288	90.01
90.02	TRANSPLANT CLINIC	11,560	71,892	5,891		327,677	44,288	90.02
90.03	OB CLINIC	3,499	19,483	2,006	22,002	1,127,208	152,350	90.03
91	EMERGENCY	184,917	1,271,751	223,940	176,013	2,005,382	271,041	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92



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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	
		14	15	16	17	21	22	
92.01	OBSERVATION BEDS-DISTINCT	17,293	94,258	10,793	5,720			92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R SERVICES-NOT APPRVD PRGM							100
	SPECIAL PURPOSE COST CENTERS							
105	KIDNEY ACQUISITION		358	17,960				105
106	HEART ACQUISITION			3,210				106
107	LIVER ACQUISITION	1	1,118	9,989				107
108	LUNG ACQUISITION			469				108
109	PANCREAS ACQUISITION			1,367				109
116	HOSPICE							116
118	SUBTOTALS (sum of lines 1-117)	23,914,537	24,149,931	4,990,746	2,188,280	58,051,211	7,846,009	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
191	RESEARCH					190,053	25,687	191
191.0	SPONSERED PROJECT							191.0
1								1
194	REAL ESTATE							194
194.0	MARKETING, OTHER NON-REIMB							194.0
1								1
194.0	OTHER COMPANY WIDE ACTIVITY							194.0
2								2
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	23,914,537	24,149,931	4,990,746	2,188,280	58,241,264	7,871,696	202



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COST ALLOCATION - GENERAL SERVICE COSTS

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	COST CENTER DESCRIPTIONS	PARAMED EDUCATION PHARMACY 23	PARAMED EDUCATION CHAPLAINCY 23.01	PARAMED EDUCATION SCHOOLS 23.02	PARAMED EDUCATION SCHOOLS 23.03	PARAMED EDUCATION SCHOOLS 23.04	PARAMED EDUCATION SCHOOLS 23.05	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	NONPATIENT PHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING RECEIVING & STORES							5.03
5.04	ADMITTING							5.04
5.05	ADMINISTRATIVE & GENERAL							5.05
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY							10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION							13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY							16
17	SOCIAL SERVICE							17
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)	1,261,871						23
23.01	PARAMED ED PRGM-(CHAPLAINCY)		148,025					23.01
23.02	PARAMED ED PRGM-(NM SCHL)			74,169				23.02
23.03	PARAMED ED PRGM-(RAD THER)				48,415			23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)					47,278		23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)						46,267	23.05
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	1,071,952	125,746	63,006	41,128	40,162	39,304	30
31	INTENSIVE CARE UNIT	189,919	22,279	11,163	7,287	7,116	6,963	31
35	SPECIAL CARE NURSERY							35
40	SUBPROVIDER - IPF							40
43	NURSERY							43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM							50
51	RECOVERY ROOM							51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE							56
57	CT SCAN							57
58	MRI							58
59	CARDIAC CATHETERIZATION							59
59.01	VASCULAR LAB							59.01
59.02	CARDIAC GRAPHICS							59.02
59.03	PULMONARY FUNCTION							59.03
59.04	EPS							59.04
59.05	GI							59.05
60	LABORATORY							60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS							62
63	BLOOD STORING, PROCESSING & TRANS.							63
63.01	CELL THERAPY LAB							63.01
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
67	OCCUPATIONAL THERAPY							67
70	ELECTROENCEPHALOGRAPHY							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
76.97	CARDIAC REHABILITATION							76.97
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC							90
90.01	PSYCH CLINIC							90.01
90.02	TRANSPLANT CLINIC							90.02
90.03	OB CLINIC							90.03
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92



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COST ALLOCATION - GENERAL SERVICE COSTS

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	COST CENTER DESCRIPTIONS	PARAMED EDUCATION PHARMACY	PARAMED EDUCATION CHAPLAINCY	PARAMED EDUCATION SCHOOLS	PARAMED EDUCATION SCHOOLS	PARAMED EDUCATION SCHOOLS	PARAMED EDUCATION SCHOOLS	
92.01	OBSERVATION BEDS-DISTINCT	23	23.01	23.02	23.03	23.04	23.05	92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R SERVICES-NOT APPRVD PRGM							100
	SPECIAL PURPOSE COST CENTERS							
105	KIDNEY ACQUISITION							105
106	HEART ACQUISITION							106
107	LIVER ACQUISITION							107
108	LUNG ACQUISITION							108
109	PANCREAS ACQUISITION							109
116	HOSPICE							116
118	SUBTOTALS (sum of lines 1-117)	1,261,871	148,025	74,169	48,415	47,278	46,267	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
191	RESEARCH							191
191.0	SPONSERED PROJECT							191.0
1								1
194	REAL ESTATE							194
194.0	MARKETING, OTHER NON-REIMB							194.0
1								1
194.0	OTHER COMPANY WIDE ACTIVITY							194.0
2								2
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	1,261,871	148,025	74,169	48,415	47,278	46,267	202



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COST ALLOCATION - GENERAL SERVICE COSTS

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	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL		
		24	25	26		
	GENERAL SERVICE COST CENTERS					
1	CAP REL COSTS-BLDG & FIXT					1
2	CAP REL COSTS-MVBLE EQUIP					2
4	EMPLOYEE BENEFITS DEPARTMENT					4
5.01	NONPATIENT PHONES					5.01
5.02	DATA PROCESSING					5.02
5.03	PURCHASING RECEIVING & STORES					5.03
5.04	ADMITTING					5.04
5.05	ADMINISTRATIVE & GENERAL					5.05
7	OPERATION OF PLANT					7
8	LAUNDRY & LINEN SERVICE					8
9	HOUSEKEEPING					9
10	DIETARY					10
11	CAFETERIA					11
12	MAINTENANCE OF PERSONNEL					12
13	NURSING ADMINISTRATION					13
14	CENTRAL SERVICES & SUPPLY					14
15	PHARMACY					15
16	MEDICAL RECORDS & LIBRARY					16
17	SOCIAL SERVICE					17
21	I&R SERVICES-SALARY & FRINGES APPRVD					21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD					22
23	PARAMED ED PRGM-(SPECIFY)					23
23.01	PARAMED ED PRGM-(CHAPLAINCY)					23.01
23.02	PARAMED ED PRGM-(NM SCHL)					23.02
23.03	PARAMED ED PRGM-(RAD THER)					23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)					23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)					23.05
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS	227,411,538	-17,169,873	210,241,665		30
31	INTENSIVE CARE UNIT	63,156,744	-7,283,064	55,873,680		31
35	SPECIAL CARE NURSERY	25,712,145	-401,722	25,310,423		35
40	SUBPROVIDER - IPF	10,579,456	-2,016,047	8,563,409		40
43	NURSERY	4,203,270		4,203,270		43
	ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	99,297,348	-16,537,539	82,759,809		50
51	RECOVERY ROOM	15,876,474	-766,247	15,110,227		51
52	DELIVERY ROOM & LABOR ROOM	35,980,911	-2,730,219	33,250,692		52
53	ANESTHESIOLOGY	6,068,948	-111,589	5,957,359		53
54	RADIOLOGY-DIAGNOSTIC	54,231,742	-5,014,080	49,217,662		54
55	RADIOLOGY-THERAPEUTIC	20,429,484	-1,599,447	18,830,037		55
56	RADIOISOTOPE	7,694,520	-215,740	7,478,780		56
57	CT SCAN	13,016,059		13,016,059		57
58	MRI	24,713,073		24,713,073		58
59	CARDIAC CATHETERIZATION	4,416,919	-431,479	3,985,440		59
59.01	VASCULAR LAB	2,054,368		2,054,368		59.01
59.02	CARDIAC GRAPHICS	13,279,907	-662,097	12,617,810		59.02
59.03	PULMONARY FUNCTION	2,009,002	-245,497	1,763,505		59.03
59.04	EPS	5,902,734		5,902,734		59.04
59.05	GI	14,235,993	-416,600	13,819,393		59.05
60	LABORATORY	94,726,862	-4,084,170	90,642,692		60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	17,371,933	-312,450	17,059,483		62
63	BLOOD STORING, PROCESSING & TRANS.	9,724,747		9,724,747		63
63.01	CELL THERAPY LAB					63.01
65	RESPIRATORY THERAPY	7,540,111	-215,740	7,324,371		65
66	PHYSICAL THERAPY	1,141,138	-14,879	1,126,259		66
67	OCCUPATIONAL THERAPY	492,681	-22,318	470,363		67
70	ELECTROENCEPHALOGRAPHY	5,530,095		5,530,095		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	61,611,188	-178,543	61,432,645		71
72	IMPL. DEV. CHARGED TO PATIENTS	78,711,971		78,711,971		72
73	DRUGS CHARGED TO PATIENTS	72,993,646		72,993,646		73
76.97	CARDIAC REHABILITATION	500,009	-7,440	492,569		76.97
	OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	6,190,125	-1,160,529	5,029,596		90
90.01	PSYCH CLINIC	7,355,815	-371,965	6,983,850		90.01
90.02	TRANSPLANT CLINIC	2,015,607	-371,965	1,643,642		90.02
90.03	OB CLINIC	3,593,912	-1,279,558	2,314,354		90.03
91	EMERGENCY	28,262,947	-2,276,423	25,986,524		91
92	OBSERVATION BEDS (NON-DISTINCT PART)					92



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	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL		
		24	25	26		
92.01	OBSERVATION BEDS-DISTINCT	3,340,585		3,340,585		92.01
	OTHER REIMBURSABLE COST CENTERS					
100	I&R SERVICES-NOT APPRVD PRGM	706,532		706,532		100
	SPECIAL PURPOSE COST CENTERS					
105	KIDNEY ACQUISITION	11,540,552		11,540,552		105
106	HEART ACQUISITION	3,132,736		3,132,736		106
107	LIVER ACQUISITION	7,252,259		7,252,259		107
108	LUNG ACQUISITION	271,792		271,792		108
109	PANCREAS ACQUISITION	1,234,248		1,234,248		109
116	HOSPICE					116
118	SUBTOTALS (sum of lines 1-117)	1,075,512,126	-65,897,220	1,009,614,906		118
	NONREIMBURSABLE COST CENTERS					
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	80,995		80,995		190
191	RESEARCH	2,751,760	-215,740	2,536,020		191
191.0 1	SPONSERED PROJECT	6,119,688		6,119,688		191.0 1
194	REAL ESTATE	21,742,351		21,742,351		194
194.0 1	MARKETING, OTHER NON-REIMB	11,700,897		11,700,897		194.0 1
194.0 2	OTHER COMPANY WIDE ACTIVITY	183,670		183,670		194.0 2
200	CROSS FOOT ADJUSTMENTS					200
201	NEGATIVE COST CENTER					201
202	TOTAL (sum of lines 118-201)	1,118,091,487	-66,112,960	1,051,978,527		202



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMEN T	NONPATIENT PHONES	
		0	1	2	2A	4	5.01	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT		1,006,023	247,311	1,253,334	1,253,334		4
5.01	NONPATIENT PHONES		769,903	84,485	854,388	1,533	855,921	5.01
5.02	DATA PROCESSING		138,260	1,098,453	1,236,713	6,250	323,468	5.02
5.03	PURCHASING RECEIVING & STORES		54,929	44,026	98,955	3,261		5.03
5.04	ADMITTING		71,576	725,049	796,625	46,010	6,865	5.04
5.05	ADMINISTRATIVE & GENERAL		4,466,017	467,429	4,933,446	104,368	80,063	5.05
7	OPERATION OF PLANT		23,826,041	500,813	24,326,854	3,874	207,035	7
8	LAUNDRY & LINEN SERVICE		9,864		9,864			8
9	HOUSEKEEPING		897,367	917,620	1,814,987	24,359		9
10	DIETARY		1,907,026	664,990	2,572,016	17,956	911	10
11	CAFETERIA					5,968		11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION		1,058,719	316,647	1,375,366	56,657	135,354	13
14	CENTRAL SERVICES & SUPPLY		873,234	1,933,976	2,807,210	18,957	1,373	14
15	PHARMACY		306,444	546,153	852,597	39,599		15
16	MEDICAL RECORDS & LIBRARY		166,798	9,513	176,311	5,848		16
17	SOCIAL SERVICE			19,045	19,045	3,052	550	17
21	I&R SERVICES-SALARY & FRINGES APPRVD					87,676	648	21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD		741,548	47,064	788,612	22,638		22
23	PARAMED ED PRGM-(SPECIFY)		2,844		2,844	2,593		23
23.01	PARAMED ED PRGM-(CHAPLAINCY)		4,740		4,740	236		23.01
23.02	PARAMED ED PRGM-(NM SCHL)		4,861		4,861	43		23.02
23.03	PARAMED ED PRGM-(RAD THER)		3,758		3,758	43		23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)		3,603		3,603	43		23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)		3,465		3,465	43		23.05
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS		10,359,504	1,096,695	11,456,199	231,167	8,404	30
31	INTENSIVE CARE UNIT		1,729,598	668,436	2,398,034	63,989	826	31
35	SPECIAL CARE NURSERY		1,096,290	663,634	1,759,924	35,584		35
40	SUBPROVIDER - IPF		545,529	3,429	548,958	9,741		40
43	NURSERY					7,925		43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM		2,763,257	4,337,773	7,101,030	69,855	11,818	50
51	RECOVERY ROOM		261,584	109,579	371,163	21,626		51
52	DELIVERY ROOM & LABOR ROOM		1,396,506	519,898	1,916,404	42,049		52
53	ANESTHESIOLOGY		39,799	681,866	721,665	4,767	226	53
54	RADIOLOGY-DIAGNOSTIC		2,062,532	3,333,549	5,396,081	54,700	937	54
55	RADIOLOGY-THERAPEUTIC		668,191	2,732,174	3,400,365	18,970	19	55
56	RADIOISOTOPE		312,285	128,550	440,835	5,822		56
57	CT SCAN		327,747	145,670	473,417	13,899		57
58	MRI		266,309	3,588,169	3,854,478	20,446		58
59	CARDIAC CATHETERIZATION		96,437	40,377	136,814	4,863		59
59.01	VASCULAR LAB		63,000	72,770	135,770	3,170		59.01
59.02	CARDIAC GRAPHICS		207,614	304,471	512,085	9,272	52	59.02
59.03	PULMONARY FUNCTION		86,460	74,315	160,775	1,828		59.03
59.04	EPS		135,897	1,911,596	2,047,493	3,351		59.04
59.05	GI		282,176	644,677	926,853	12,636		59.05
60	LABORATORY		887,704	1,818,554	2,706,258	52,962	4,940	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS							62
63	BLOOD STORING, PROCESSING & TRANS.		222,811	251,001	473,812	8,574		63
63.01	CELL THERAPY LAB							63.01
65	RESPIRATORY THERAPY		89,875	341,429	431,304	7,688	9,934	65
66	PHYSICAL THERAPY		107,298	6,850	114,148	1,066		66
67	OCCUPATIONAL THERAPY		28,586	358	28,944	632		67
70	ELECTROENCEPHALOGRAPHY		141,829	238,992	380,821	6,004	3,269	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
76.97	CARDIAC REHABILITATION			2,275	2,275	866		76.97
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC		154,413	16,586	170,999	6,080		90
90.01	PSYCH CLINIC		10,736	71	10,807	10,981	15,276	90.01
90.02	TRANSPLANT CLINIC		23,520	9,742	33,262	2,032	1,767	90.02
90.03	OB CLINIC		226,738	34,643	261,381	4,285		90.03
91	EMERGENCY		721,722	107,635	829,357	32,885		91



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMEN T	NONPATIENT PHONES	
		0	1	2	2A	4	5.01	
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT			145,493	145,493	5,249		92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R SERVICES-NOT APPRVD PRGM					1,315		100
	SPECIAL PURPOSE COST CENTERS							
105	KIDNEY ACQUISITION		52,138	193	52,331	5,417	7,952	105
106	HEART ACQUISITION		6,985		6,985	1,907	2,062	106
107	LIVER ACQUISITION		25,316		25,316	3,426	3,818	107
108	LUNG ACQUISITION					107		108
109	PANCREAS ACQUISITION		4,066		4,066	321		109
116	HOSPICE							116
118	SUBTOTALS (sum of lines 1-117)		61,721,472	31,654,024	93,375,496	1,238,464	827,567	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		17,611		17,611	122		190
191	RESEARCH		112,480	14,979	127,459	4,656	9,788	191
191.0	SPONSERED PROJECT			736	736	3,794	2,288	191.0
1								1
194	REAL ESTATE		17,385,136	12,778	17,397,914	32	16,278	194
194.0	MARKETING, OTHER NON-REIMB		17,147	532	17,679	6,266		194.0
1								1
194.0	OTHER COMPANY WIDE ACTIVITY			147,218	147,218			194.0
2								2
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)		79,253,846	31,830,267	111,084,113	1,253,334	855,921	202



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	DATA PROCESSING 5.02	PURCH REC STORES 5.03	ADMITTING 5.04	ADMIN + GENERAL 5.05	OPERATION OF PLANT 7	LAUNDRY + LINEN SERVICE 8	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	NONPATIENT PHONES							5.01
5.02	DATA PROCESSING	1,566,431						5.02
5.03	PURCHASING RECEIVING & STORES	381	102,597					5.03
5.04	ADMITTING	34,222	2,248	885,970				5.04
5.05	ADMINISTRATIVE & GENERAL	286,289	18,547		5,422,713			5.05
7	OPERATION OF PLANT	88,887	5,838		376,625	25,009,113		7
8	LAUNDRY & LINEN SERVICE	5,054	332		21,416	9,127	45,793	8
9	HOUSEKEEPING	19,406	1,275		82,226	623,421	1,142	9
10	DIETARY	18,393	1,208		77,932	1,446,384	2,649	10
11	CAFETERIA	439	29		1,861			11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	35,211	2,313		149,194	663,757	1,216	13
14	CENTRAL SERVICES & SUPPLY	24,792	1,628		105,045	551,972	1,011	14
15	PHARMACY	26,385	1,733		111,796	246,723	452	15
16	MEDICAL RECORDS & LIBRARY	4,821	317		20,428	190,814	350	16
17	SOCIAL SERVICE	2,503	164		10,605			17
21	I&R SERVICES-SALARY & FRINGES APPRVD	63,758	4,187		270,152	616,624	1,129	21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	9,010	592		38,176			22
23	PARAMED ED PRGM-(SPECIFY)	1,432	94		6,068	2,633	5	23
23.01	PARAMED ED PRGM-(CHAPLAINCY)	149	10		631	4,388	8	23.01
23.02	PARAMED ED PRGM-(NM SCHL)	64	4		271	4,500	8	23.02
23.03	PARAMED ED PRGM-(RAD THER)	39	3		166	3,478	6	23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)	39	3		164	3,335	6	23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)	38	2		161	3,207	6	23.05
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	154,305	10,134	69,086	665,358	7,884,382	14,447	30
31	INTENSIVE CARE UNIT	43,802	2,877	22,890	189,348	1,600,947	2,932	31
35	SPECIAL CARE NURSERY	22,483	1,477	13,158	97,422	649,940	1,190	35
40	SUBPROVIDER - IPF	6,104	401	2,843	26,329	504,950	925	40
43	NURSERY	4,669	307	3,128	20,298			43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	59,447	3,904	133,264	273,395	2,319,385	4,248	50
51	RECOVERY ROOM	12,851	844	10,648	56,199	272,922	500	51
52	DELIVERY ROOM & LABOR ROOM	28,524	1,873	23,081	124,645	842,780	1,544	52
53	ANESTHESIOLOGY	4,166	274	11,441	19,529	28,704	53	53
54	RADIOLOGY-DIAGNOSTIC	43,235	2,839	54,370	192,110	1,658,180	3,037	54
55	RADIOLOGY-THERAPEUTIC	17,457	1,146	27,535	78,483	545,111	998	55
56	RADIOISOTOPE	5,889	387	10,688	26,706	289,054	529	56
57	CT SCAN	10,449	686	51,475	52,719	353,897	648	57
58	MRI	20,423	1,341	42,727	93,544	298,276	546	58
59	CARDIAC CATHETERIZATION	2,622	172	9,920	12,736	89,272	164	59
59.01	VASCULAR LAB	1,823	120	5,521	8,632	58,318	107	59.01
59.02	CARDIAC GRAPHICS	7,278	478	25,150	34,965	192,170	352	59.02
59.03	PULMONARY FUNCTION	1,443	95	2,234	6,480	80,034	147	59.03
59.04	EPS	4,014	264	5,774	17,955	125,795	230	59.04
59.05	GI	12,542	824	15,063	55,615	261,195	478	59.05
60	LABORATORY	90,734	5,959	130,377	405,839	924,904	1,694	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	16,557	1,087	11,238	71,998			62
63	BLOOD STORING, PROCESSING & TRANS.	8,735	574	7,071	38,171	234,852	430	63
63.01	CELL THERAPY LAB							63.01
65	RESPIRATORY THERAPY	6,338	416	23,636	30,733	72,439	133	65
66	PHYSICAL THERAPY	686	45	1,539	3,159	95,623	175	66
67	OCCUPATIONAL THERAPY	371	24	864	1,714	26,455	48	67
70	ELECTROENCEPHALOGRAPHY	5,321	349	7,839	23,832	131,284	240	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	68,991	4,531	29,314	297,132			71
72	IMPL. DEV. CHARGED TO PATIENTS	88,635	5,821	32,268	380,852			72
73	DRUGS CHARGED TO PATIENTS	81,300	5,339	49,747	352,640			73
76.97	CARDIAC REHABILITATION	536	35	572	2,367			76.97
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	3,612	237	895	15,451	181,943	333	90
90.01	PSYCH CLINIC	7,239	475	1,814	30,969	9,940	18	90.01
90.02	TRANSPLANT CLINIC	1,551	102	1,043	6,744	21,764	40	90.02
90.03	OB CLINIC	2,019	133	355	8,614	82,156	150	90.03
91	EMERGENCY	20,540	1,349	39,649	93,537	668,033	1,224	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	DATA PROCESSING	PURCH REC STORES	ADMITTING	ADMIN + GENERAL	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	
		5.02	5.03	5.04	5.05	7	8	
92.01	OBSERVATION BEDS-DISTINCT	3,205	211	1,911	13,894			92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R SERVICES-NOT APPRVD PRGM	809	53		3,427			100
	SPECIAL PURPOSE COST CENTERS							
105	KIDNEY ACQUISITION	12,697	834	3,180	54,319	78,965	145	105
106	HEART ACQUISITION	3,509	230	568	14,960	10,579	19	106
107	LIVER ACQUISITION	8,038	528	1,769	34,347	38,342	70	107
108	LUNG ACQUISITION	307	20	83	1,316			108
109	PANCREAS ACQUISITION	1,373	90	242	5,858	6,159	11	109
116	HOSPICE							116
118	SUBTOTALS (sum of lines 1-117)	1,517,941	99,412	885,970	5,217,258	25,009,113	45,793	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	93	6		393			190
191	RESEARCH	2,903	191		12,299			191
191.0 1	SPONSERED PROJECT	7,005	460		29,679			191.0 1
194	REAL ESTATE	24,886	1,634		105,446			194
194.0 1	MARKETING, OTHER NON-REIMB	13,393	880		56,747			194.0 1
194.0 2	OTHER COMPANY WIDE ACTIVITY	210	14		891			194.0 2
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	1,566,431	102,597	885,970	5,422,713	25,009,113	45,793	202



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		9	10	11	13	14	15	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	NONPATIENT PHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING RECEIVING & STORES							5.03
5.04	ADMITTING							5.04
5.05	ADMINISTRATIVE & GENERAL							5.05
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING	2,566,816						9
10	DIETARY	152,302	4,289,751					10
11	CAFETERIA			8,297				11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	69,893		549	2,489,510			13
14	CENTRAL SERVICES & SUPPLY	58,122		269		3,570,379		14
15	PHARMACY	25,980		327		12,054	1,317,646	15
16	MEDICAL RECORDS & LIBRARY	20,092		61		75		16
17	SOCIAL SERVICE			35				17
21	I&R SERVICES-SALARY & FRINGES APPRVD	64,930		41	2,219	73		21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)	277						23
23.01	PARAMED ED PRGM-(CHAPLAINCY)	462		2				23.01
23.02	PARAMED ED PRGM-(NM SCHL)	474						23.02
23.03	PARAMED ED PRGM-(RAD THER)	366						23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)	351						23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)	338						23.05
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	830,211	3,500,320	2,413	1,126,620	142,496	211,022	30
31	INTENSIVE CARE UNIT	168,577	620,155	569	280,468	86,709	120,574	31
35	SPECIAL CARE NURSERY	68,438		290	150,073	33,204	4,212	35
40	SUBPROVIDER - IPF	53,171	169,276	86	14,484	344	4	40
43	NURSERY							43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	244,228		561	262,925	1,686,060	74,744	50
51	RECOVERY ROOM	28,738		164	87,479	6,398	61,394	51
52	DELIVERY ROOM & LABOR ROOM	88,744		394	178,205	58,528	63,651	52
53	ANESTHESIOLOGY	3,023		67		53,620	75,681	53
54	RADIOLOGY-DIAGNOSTIC	174,604		465	34,850	219,348	32,887	54
55	RADIOLOGY-THERAPEUTIC	57,399		138	7,046	2,864	3,760	55
56	RADIOISOTOPE	30,437		42	692	105,275	1,147	56
57	CT SCAN	37,265		118	15,453	25,333	1,875	57
58	MRI	31,408		155	22,089	19,544	192,957	58
59	CARDIAC CATHETERIZATION	9,400		36	10,814	118,044	161	59
59.01	VASCULAR LAB	6,141		22		128	244	59.01
59.02	CARDIAC GRAPHICS	20,235		88	397	2,575	243,276	59.02
59.03	PULMONARY FUNCTION	8,427		15	1,656	3,759	2,264	59.03
59.04	EPS	13,246		26	6,781	219,653	5,083	59.04
59.05	GI	27,503		110	44,797	63,279	9,509	59.05
60	LABORATORY	97,391		525	53	320,176	16,220	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS					244,598	27,938	62
63	BLOOD STORING, PROCESSING & TRANS.	24,730		78	8,670	43,253	24,563	63
63.01	CELL THERAPY LAB							63.01
65	RESPIRATORY THERAPY	7,628		71	861	52,081	10,688	65
66	PHYSICAL THERAPY	10,069		10		11,540		66
67	OCCUPATIONAL THERAPY	2,786		6		641		67
70	ELECTROENCEPHALOGRAPHY	13,824		57		5,349		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
76.97	CARDIAC REHABILITATION			7		132	4	76.97
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	19,158		54	18,406	794	46,060	90
90.01	PSYCH CLINIC	1,047		9	14,048	15	8,130	90.01
90.02	TRANSPLANT CLINIC	2,292		15	5,544	1,726	3,923	90.02
90.03	OB CLINIC	8,651		25	11,626	522	1,063	90.03
91	EMERGENCY	70,343		309	157,243	27,607	69,388	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		9	10	11	13	14	15	
92.01	OBSERVATION BEDS-DISTINCT			47	25,684	2,582	5,143	92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R SERVICES-NOT APPRVD PRGM							100
	SPECIAL PURPOSE COST CENTERS							
105	KIDNEY ACQUISITION	8,315		20	9		20	105
106	HEART ACQUISITION	1,114		6	125			106
107	LIVER ACQUISITION	4,037		14	191		61	107
108	LUNG ACQUISITION							108
109	PANCREAS ACQUISITION	649		1	2			109
116	HOSPICE							116
118	SUBTOTALS (sum of lines 1-117)	2,566,816	4,289,751	8,297	2,489,510	3,570,379	1,317,646	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
191	RESEARCH							191
191.0	SPONSERED PROJECT							191.0
1								1
194	REAL ESTATE							194
194.0	MARKETING, OTHER NON-REIMB							194.0
1								1
194.0	OTHER COMPANY WIDE ACTIVITY							194.0
2								2
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	2,566,816	4,289,751	8,297	2,489,510	3,570,379	1,317,646	202



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION PHARMACY	PARAMED EDUCATION CHAPLAINCY	
		16	17	21	22	23	23.01	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	NONPATIENT PHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING RECEIVING & STORES							5.03
5.04	ADMITTING							5.04
5.05	ADMINISTRATIVE & GENERAL							5.05
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY							10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION							13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY	419,117						16
17	SOCIAL SERVICE		35,954					17
21	I&R SERVICES-SALARY & FRINGES APPRVD			1,111,437				21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD				859,028			22
23	PARAMED ED PRGM-(SPECIFY)					15,946		23
23.01	PARAMED ED PRGM-(CHAPLAINCY)						10,626	23.01
23.02	PARAMED ED PRGM-(NM SCHL)							23.02
23.03	PARAMED ED PRGM-(RAD THER)							23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)							23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)							23.05
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	32,806	21,310					30
31	INTENSIVE CARE UNIT	10,870	3,145					31
35	SPECIAL CARE NURSERY	6,248	2,896					35
40	SUBPROVIDER - IPF	1,350						40
43	NURSERY	1,485	4					43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	61,688						50
51	RECOVERY ROOM	5,056	18					51
52	DELIVERY ROOM & LABOR ROOM	10,960	354					52
53	ANESTHESIOLOGY	5,433						53
54	RADIOLOGY-DIAGNOSTIC	25,818						54
55	RADIOLOGY-THERAPEUTIC	13,075	1,446					55
56	RADIOISOTOPE	5,075						56
57	CT SCAN	24,443						57
58	MRI	20,289						58
59	CARDIAC CATHETERIZATION	4,710						59
59.01	VASCULAR LAB	2,622						59.01
59.02	CARDIAC GRAPHICS	11,943						59.02
59.03	PULMONARY FUNCTION	1,061						59.03
59.04	EPS	2,742						59.04
59.05	GI	7,153						59.05
60	LABORATORY	61,911						60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	5,336						62
63	BLOOD STORING, PROCESSING & TRANS.	3,358						63
63.01	CELL THERAPY LAB							63.01
65	RESPIRATORY THERAPY	11,224						65
66	PHYSICAL THERAPY	731						66
67	OCCUPATIONAL THERAPY	410						67
70	ELECTROENCEPHALOGRAPHY	3,723						70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,920						71
72	IMPL. DEV. CHARGED TO PATIENTS	15,323						72
73	DRUGS CHARGED TO PATIENTS	23,623						73
76.97	CARDIAC REHABILITATION	272						76.97
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	425						90
90.01	PSYCH CLINIC	861	3,434					90.01
90.02	TRANSPLANT CLINIC	495						90.02
90.03	OB CLINIC	169	361					90.03
91	EMERGENCY	18,828	2,892					91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION PHARMACY	PARAMED EDUCATION CHAPLAINCY	
		16	17	21	22	23	23.01	
92.01	OBSERVATION BEDS-DISTINCT	907	94					92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R SERVICES-NOT APPRVD PRGM							100
	SPECIAL PURPOSE COST CENTERS							
105	KIDNEY ACQUISITION	1,510						105
106	HEART ACQUISITION	270						106
107	LIVER ACQUISITION	840						107
108	LUNG ACQUISITION	39						108
109	PANCREAS ACQUISITION	115						109
116	HOSPICE							116
118	SUBTOTALS (sum of lines 1-117)	419,117	35,954					118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
191	RESEARCH							191
191.0	SPONSERED PROJECT							191.0
1								1
194	REAL ESTATE							194
194.0	MARKETING, OTHER NON-REIMB							194.0
1								1
194.0	OTHER COMPANY WIDE ACTIVITY							194.0
2								2
200	CROSS FOOT ADJUSTMENTS			1,111,437	859,028	15,946	10,626	200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	419,117	35,954	1,111,437	859,028	15,946	10,626	202



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 02/02/2015 Run Time: 10:08 Version: 2014.10
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	PARAMED EDUCATION SCHOOLS	PARAMED EDUCATION SCHOOLS	PARAMED EDUCATION SCHOOLS	PARAMED EDUCATION SCHOOLS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	
		23.02	23.03	23.04	23.05	24	25	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	NONPATIENT PHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING RECEIVING & STORES							5.03
5.04	ADMITTING							5.04
5.05	ADMINISTRATIVE & GENERAL							5.05
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY							10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION							13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY							16
17	SOCIAL SERVICE							17
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMED ED PRGM-(CHAPLAINCY)							23.01
23.02	PARAMED ED PRGM-(NM SCHL)	10,225						23.02
23.03	PARAMED ED PRGM-(RAD THER)		7,859					23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)			7,544				23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)				7,260			23.05
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS					26,360,680		30
31	INTENSIVE CARE UNIT					5,616,712		31
35	SPECIAL CARE NURSERY					2,846,539		35
40	SUBPROVIDER - IPF					1,338,966		40
43	NURSERY					37,816		43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM					12,306,552		50
51	RECOVERY ROOM					936,000		51
52	DELIVERY ROOM & LABOR ROOM					3,381,736		52
53	ANESTHESIOLOGY					928,649		53
54	RADIOLOGY-DIAGNOSTIC					7,893,461		54
55	RADIOLOGY-THERAPEUTIC					4,175,812		55
56	RADIOISOTOPE					922,578		56
57	CT SCAN					1,061,677		57
58	MRI					4,618,223		58
59	CARDIAC CATHETERIZATION					399,728		59
59.01	VASCULAR LAB					222,618		59.01
59.02	CARDIAC GRAPHICS					1,060,316		59.02
59.03	PULMONARY FUNCTION					270,218		59.03
59.04	EPS					2,452,407		59.04
59.05	GI					1,437,557		59.05
60	LABORATORY					4,819,943		60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS					378,752		62
63	BLOOD STORING, PROCESSING & TRANS.					876,871		63
63.01	CELL THERAPY LAB							63.01
65	RESPIRATORY THERAPY					665,174		65
66	PHYSICAL THERAPY					238,791		66
67	OCCUPATIONAL THERAPY					62,895		67
70	ELECTROENCEPHALOGRAPHY					581,912		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS					413,888		71
72	IMPL. DEV. CHARGED TO PATIENTS					522,899		72
73	DRUGS CHARGED TO PATIENTS					512,649		73
76.97	CARDIAC REHABILITATION					7,066		76.97
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC					464,447		90
90.01	PSYCH CLINIC					115,063		90.01
90.02	TRANSPLANT CLINIC					82,300		90.02
90.03	OB CLINIC					381,510		90.03
91	EMERGENCY					2,033,184		91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	PARAMED EDUCATION SCHOOLS	PARAMED EDUCATION SCHOOLS	PARAMED EDUCATION SCHOOLS	PARAMED EDUCATION SCHOOLS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	
		23.02	23.03	23.04	23.05	24	25	
92.01	OBSERVATION BEDS-DISTINCT					204,420		92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R SERVICES-NOT APPRVD PRGM					5,604		100
	SPECIAL PURPOSE COST CENTERS							
105	KIDNEY ACQUISITION					225,714		105
106	HEART ACQUISITION					42,334		106
107	LIVER ACQUISITION					120,797		107
108	LUNG ACQUISITION					1,872		108
109	PANCREAS ACQUISITION					18,887		109
116	HOSPICE							116
118	SUBTOTALS (sum of lines 1-117)					91,045,217		118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN					18,225		190
191	RESEARCH					157,296		191
191.0 1	SPONSERED PROJECT					43,962		191.0 1
194	REAL ESTATE					17,546,190		194
194.0 1	MARKETING, OTHER NON-REIMB					94,965		194.0 1
194.0 2	OTHER COMPANY WIDE ACTIVITY					148,333		194.0 2
200	CROSS FOOT ADJUSTMENTS	10,225	7,859	7,544	7,260	2,029,925		200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	10,225	7,859	7,544	7,260	111,084,113		202



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 02/02/2015 Run Time: 10:08 Version: 2014.10
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	TOTAL				
		26				
	GENERAL SERVICE COST CENTERS					
1	CAP REL COSTS-BLDG & FIXT					1
2	CAP REL COSTS-MVBLE EQUIP					2
4	EMPLOYEE BENEFITS DEPARTMENT					4
5.01	NONPATIENT PHONES					5.01
5.02	DATA PROCESSING					5.02
5.03	PURCHASING RECEIVING & STORES					5.03
5.04	ADMITTING					5.04
5.05	ADMINISTRATIVE & GENERAL					5.05
7	OPERATION OF PLANT					7
8	LAUNDRY & LINEN SERVICE					8
9	HOUSEKEEPING					9
10	DIETARY					10
11	CAFETERIA					11
12	MAINTENANCE OF PERSONNEL					12
13	NURSING ADMINISTRATION					13
14	CENTRAL SERVICES & SUPPLY					14
15	PHARMACY					15
16	MEDICAL RECORDS & LIBRARY					16
17	SOCIAL SERVICE					17
21	I&R SERVICES-SALARY & FRINGES APPRVD					21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD					22
23	PARAMED ED PRGM-(SPECIFY)					23
23.01	PARAMED ED PRGM-(CHAPLAINCY)					23.01
23.02	PARAMED ED PRGM-(NM SCHL)					23.02
23.03	PARAMED ED PRGM-(RAD THER)					23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)					23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)					23.05
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS	26,360,680				30
31	INTENSIVE CARE UNIT	5,616,712				31
35	SPECIAL CARE NURSERY	2,846,539				35
40	SUBPROVIDER - IPF	1,338,966				40
43	NURSERY	37,816				43
	ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	12,306,552				50
51	RECOVERY ROOM	936,000				51
52	DELIVERY ROOM & LABOR ROOM	3,381,736				52
53	ANESTHESIOLOGY	928,649				53
54	RADIOLOGY-DIAGNOSTIC	7,893,461				54
55	RADIOLOGY-THERAPEUTIC	4,175,812				55
56	RADIOISOTOPE	922,578				56
57	CT SCAN	1,061,677				57
58	MRI	4,618,223				58
59	CARDIAC CATHETERIZATION	399,728				59
59.01	VASCULAR LAB	222,618				59.01
59.02	CARDIAC GRAPHICS	1,060,316				59.02
59.03	PULMONARY FUNCTION	270,218				59.03
59.04	EPS	2,452,407				59.04
59.05	GI	1,437,557				59.05
60	LABORATORY	4,819,943				60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	378,752				62
63	BLOOD STORING, PROCESSING & TRANS.	876,871				63
63.01	CELL THERAPY LAB					63.01
65	RESPIRATORY THERAPY	665,174				65
66	PHYSICAL THERAPY	238,791				66
67	OCCUPATIONAL THERAPY	62,895				67
70	ELECTROENCEPHALOGRAPHY	581,912				70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	413,888				71
72	IMPL. DEV. CHARGED TO PATIENTS	522,899				72
73	DRUGS CHARGED TO PATIENTS	512,649				73
76.97	CARDIAC REHABILITATION	7,066				76.97
	OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	464,447				90
90.01	PSYCH CLINIC	115,063				90.01
90.02	TRANSPLANT CLINIC	82,300				90.02
90.03	OB CLINIC	381,510				90.03
91	EMERGENCY	2,033,184				91
92	OBSERVATION BEDS (NON-DISTINCT PART)					92



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
92.01	OBSERVATION BEDS-DISTINCT	204,420					92.01
	OTHER REIMBURSABLE COST CENTERS						
100	I&R SERVICES-NOT APPRVD PRGM	5,604					100
	SPECIAL PURPOSE COST CENTERS						
105	KIDNEY ACQUISITION	225,714					105
106	HEART ACQUISITION	42,334					106
107	LIVER ACQUISITION	120,797					107
108	LUNG ACQUISITION	1,872					108
109	PANCREAS ACQUISITION	18,887					109
116	HOSPICE						116
118	SUBTOTALS (sum of lines 1-117)	91,045,217					118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	18,225					190
191	RESEARCH	157,296					191
191.0	SPONSERED PROJECT	43,962					191.0
1							1
194	REAL ESTATE	17,546,190					194
194.0	MARKETING, OTHER NON-REIMB	94,965					194.0
1							1
194.0	OTHER COMPANY WIDE ACTIVITY	148,333					194.0
2							2
200	CROSS FOOT ADJUSTMENTS	2,029,925					200
201	NEGATIVE COST CENTER						201
202	TOTAL (sum of lines 118-201)	111,084,113					202

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 02/02/2015 Run Time: 10:08 Version: 2014.10
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMEN T GROSS SALARIES	NONPATIENT PHONES PHONE CHARGES	RECON- CILIATION	DATA PROCESSING ACCUM COST	
		1	2	4	5.01	5A.02	5.02	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	81,959,337						1
2	CAP REL COSTS-MVBLE EQUIP		26,322,743					2
4	EMPLOYEE BENEFITS DEPARTMENT	1,040,365	204,519	401,184,894				4
5.01	NONPATIENT PHONES	796,185	69,867	490,597	462,077			5.01
5.02	DATA PROCESSING	142,980	908,390	2,000,745	174,627	-21,279,689	1,096,811,798	5.02
5.03	PURCHASING RECEIVING & STORES	56,804	36,408	1,044,008			267,016	5.03
5.04	ADMITTING	74,019	599,595	14,727,892	3,706		23,964,968	5.04
5.05	ADMINISTRATIVE & GENERAL	4,618,473	386,551	33,408,453	43,223		200,353,706	5.05
7	OPERATION OF PLANT	24,639,403	414,158	1,240,080	111,770		62,245,826	7
8	LAUNDRY & LINEN SERVICE	10,201					3,539,496	8
9	HOUSEKEEPING	928,000	758,846	7,797,432			13,589,670	9
10	DIETARY	1,972,126	549,928	5,747,773	492		12,879,959	10
11	CAFETERIA			1,910,361			307,524	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	1,094,860	261,858	18,136,140	73,072		24,657,776	13
14	CENTRAL SERVICES & SUPPLY	903,043	1,599,344	6,068,122	741		17,361,080	14
15	PHARMACY	316,905	451,653	12,675,615			18,476,831	15
16	MEDICAL RECORDS & LIBRARY	172,492	7,867	1,871,980			3,376,270	16
17	SOCIAL SERVICE		15,750	976,843	297		1,752,689	17
21	I&R SERVICES-SALARY & FRINGES APPRVD			28,065,261	350		44,648,807	21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	766,862	38,921	7,246,377			6,309,453	22
23	PARAMED ED PRGM-(SPECIFY)	2,941		829,890			1,002,863	23
23.01	PARAMED ED PRGM-(CHAPLAINCY)	4,902		75,651			104,284	23.01
23.02	PARAMED ED PRGM-(NM SCHL)	5,027		13,609			44,798	23.02
23.03	PARAMED ED PRGM-(RAD THER)	3,886		13,609			27,481	23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)	3,726		13,609			27,036	23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)	3,583		13,609			26,641	23.05
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	10,713,145	906,936	73,987,461	4,537		108,056,913	30
31	INTENSIVE CARE UNIT	1,788,641	552,778	20,483,102	446		30,673,376	31
35	SPECIAL CARE NURSERY	1,133,714	548,807	11,390,590			15,744,465	35
40	SUBPROVIDER - IPF	564,152	2,836	3,118,176			4,274,348	40
43	NURSERY			2,536,691			3,269,916	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	2,857,586	3,587,221	22,360,616	6,380		41,629,441	50
51	RECOVERY ROOM	270,514	90,619	6,922,500			8,999,453	51
52	DELIVERY ROOM & LABOR ROOM	1,444,178	429,941	13,459,925			19,974,646	52
53	ANESTHESIOLOGY	41,158	563,884	1,526,003	122		2,917,374	53
54	RADIOLOGY-DIAGNOSTIC	2,132,940	2,756,751	17,509,724	506		30,276,282	54
55	RADIOLOGY-THERAPEUTIC	691,001	2,259,431	6,072,215	10		12,224,466	55
56	RADIOISOTOPE	322,945	106,307	1,863,784			4,124,055	56
57	CT SCAN	338,935	120,465	4,449,016			7,317,191	57
58	MRI	275,400	2,967,315	6,544,830			14,301,718	58
59	CARDIAC CATHETERIZATION	99,729	33,391	1,556,755			1,835,879	59
59.01	VASCULAR LAB	65,151	60,179	1,014,605			1,276,949	59.01
59.02	CARDIAC GRAPHICS	214,701	251,789	2,968,056	28		5,096,859	59.02
59.03	PULMONARY FUNCTION	89,411	61,456	585,194			1,010,388	59.03
59.04	EPS	140,536	1,580,836	1,072,731			2,810,936	59.04
59.05	GI	291,809	533,130	4,044,909			8,783,163	59.05
60	LABORATORY	918,007	1,503,893	16,953,339	2,667		63,539,032	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS						11,594,575	62
63	BLOOD STORING, PROCESSING & TRANS.	230,417	207,571	2,744,692			6,116,872	63
63.01	CELL THERAPY LAB							63.01
65	RESPIRATORY THERAPY	92,943	282,352	2,460,844	5,363		4,438,420	65
66	PHYSICAL THERAPY	110,961	5,665	341,226			480,348	66
67	OCCUPATIONAL THERAPY	29,562	296	202,328			259,881	67
70	ELECTROENCEPHALOGRAPHY	146,671	197,640	1,921,978	1,765		3,726,219	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						48,312,961	71
72	IMPL. DEV. CHARGED TO PATIENTS						62,069,501	72
73	DRUGS CHARGED TO PATIENTS						56,932,963	73
76.97	CARDIAC REHABILITATION		1,881	277,357			375,692	76.97
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	159,684	13,716	1,946,370			2,529,296	90
90.01	PSYCH CLINIC	11,103	59	3,514,968	8,247		5,069,218	90.01
90.02	TRANSPLANT CLINIC	24,323	8,056	650,363	954		1,086,373	90.02
90.03	OB CLINIC	234,478	28,649	1,371,483			1,413,954	90.03



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	NONPATIENT PHONES PHONE CHARGES	RECONCILIATION	DATA PROCESSING ACCUM COST	
		1	2	4	5.01	5A.02	5.02	
91	EMERGENCY	746,359	89,011	10,526,579			14,383,961	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT		120,319	1,680,138			2,244,516	92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R SERVICES-NOT APPRVD PRGM			420,883			566,311	100
	SPECIAL PURPOSE COST CENTERS							
105	KIDNEY ACQUISITION	53,918	160	1,734,031	4,293		8,891,297	105
106	HEART ACQUISITION	7,223		610,325	1,113		2,457,001	106
107	LIVER ACQUISITION	26,180		1,096,822	2,061		5,628,670	107
108	LUNG ACQUISITION			34,320			215,223	108
109	PANCREAS ACQUISITION	4,205		102,593			961,531	109
116	HOSPICE							116
118	SUBTOTALS (sum of lines 1-117)	63,828,463	26,176,995	396,425,178	446,770	-21,279,689	1,062,855,807	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	18,212		38,984			64,920	190
191	RESEARCH	116,320	12,387	1,490,485	5,284		2,032,712	191
191.0	SPONSERED PROJECT		609	1,214,358	1,235		4,905,154	191.0
194	REAL ESTATE	17,978,610	10,567	10,279	8,788		17,427,290	194
194.0	MARKETING, OTHER NON-REIMB	17,732	440	2,005,609			9,378,697	194.0
194.0	OTHER COMPANY WIDE ACTIVITY		121,745	1			147,218	194.0
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	79,253,846	31,830,267	64,581,710	1,457,574		21,279,689	202
203	UNIT COST MULT-WS B PT I	0.966990	1.209231	0.160977	3.154396		0.019401	203
204	COST TO BE ALLOC PER B PT II			1,253,334	855,921		1,566,431	204
205	UNIT COST MULT-WS B PT II			0.003124	1.852334		0.001428	205



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	RECON- CILIATION	PURCH REC STORES ACCUM COST	ADMITTING GROSS REVENUE	RECON- CILIATION	ADMIN + GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	
			5.03	5.04		5.05	7	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	NONPATIENT PHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING RECEIVING & STORES	-272,196	1,117,819,291					5.03
5.04	ADMITTING		24,429,912	4,937,734,827				5.04
5.05	ADMINISTRATIVE & GENERAL		204,241,210		-204,290,492	913,800,995		5.05
7	OPERATION OF PLANT		63,453,457			63,468,940	1,567,409	7
8	LAUNDRY & LINEN SERVICE		3,608,166			3,609,046	572	8
9	HOUSEKEEPING		13,853,323			13,856,703	39,072	9
10	DIETARY		13,129,843			13,133,047	90,650	10
11	CAFETERIA		313,490			313,566		11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION		25,136,162			25,142,295	41,600	13
14	CENTRAL SERVICES & SUPPLY		17,697,902			17,702,220	34,594	14
15	PHARMACY		18,835,300			18,839,896	15,463	15
16	MEDICAL RECORDS & LIBRARY		3,441,773			3,442,613	11,959	16
17	SOCIAL SERVICE		1,786,693			1,787,129		17
21	I&R SERVICES-SALARY & FRINGES APPRVD		45,515,039			45,526,145	38,646	21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD		6,431,863			6,433,432		22
23	PARAMED ED PRGM-(SPECIFY)		1,022,320			1,022,569	165	23
23.01	PARAMED ED PRGM-(CHAPLAINCY)		106,307			106,333	275	23.01
23.02	PARAMED ED PRGM-(NM SCHL)		45,667			45,678	282	23.02
23.03	PARAMED ED PRGM-(RAD THER)		28,014			28,021	218	23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)		27,561			27,568	209	23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)		27,158			27,165	201	23.05
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS		110,153,325	385,954,201		112,090,289	494,142	30
31	INTENSIVE CARE UNIT		31,268,470	127,877,278		31,908,965	100,337	31
35	SPECIAL CARE NURSERY		16,049,923	73,507,907		16,417,630	40,734	35
40	SUBPROVIDER - IPF		4,357,275	15,884,505		4,436,950	31,647	40
43	NURSERY		3,333,356	17,475,934		3,420,657		43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM		42,437,094	732,690,316		46,072,557	145,364	50
51	RECOVERY ROOM		9,174,051	59,487,553		9,470,693	17,105	51
52	DELIVERY ROOM & LABOR ROOM		20,362,174	128,942,143		21,005,277	52,820	52
53	ANESTHESIOLOGY		2,973,974	63,916,908		3,291,025	1,799	53
54	RADIOLOGY-DIAGNOSTIC		30,863,672	303,745,625		32,374,440	103,924	54
55	RADIOLOGY-THERAPEUTIC		12,461,633	153,825,589		13,225,957	34,164	55
56	RADIOISOTOPE		4,204,066	59,707,965		4,500,587	18,116	56
57	CT SCAN		7,459,152	287,568,614		8,884,149	22,180	57
58	MRI		14,579,186	238,696,631		15,764,053	18,694	58
59	CARDIAC CATHETERIZATION		1,871,497	55,417,560		2,146,216	5,595	59
59.01	VASCULAR LAB		1,301,723	30,844,995		1,454,693	3,655	59.01
59.02	CARDIAC GRAPHICS		5,195,743	140,500,251		5,892,347	12,044	59.02
59.03	PULMONARY FUNCTION		1,029,991	12,478,866		1,092,000	5,016	59.03
59.04	EPS		2,865,471	32,257,866		3,025,814	7,884	59.04
59.05	GI		8,953,565	84,152,638		9,372,221	16,370	59.05
60	LABORATORY		64,771,753	728,362,642		68,392,224	57,967	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS		11,819,521	62,781,491		12,133,111		62
63	BLOOD STORING, PROCESSING & TRANS.		6,235,545	39,500,054		6,432,552	14,719	63
63.01	CELL THERAPY LAB							63.01
65	RESPIRATORY THERAPY		4,524,530	132,043,303		5,179,116	4,540	65
66	PHYSICAL THERAPY		489,667	8,595,886		532,327	5,993	66
67	OCCUPATIONAL THERAPY		264,923	4,824,031		288,862	1,658	67
70	ELECTROENCEPHALOGRAPHY		3,798,511	43,795,042		4,016,180	8,228	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		49,250,281	163,763,449		50,072,763		71
72	IMPL. DEV. CHARGED TO PATIENTS		63,273,711	180,266,536		64,181,289		72
73	DRUGS CHARGED TO PATIENTS		58,037,519	277,917,220		59,427,092		73
76.97	CARDIAC REHABILITATION		382,981	3,194,426		398,883		76.97
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC		2,578,367	4,999,560		2,603,739	11,403	90
90.01	PSYCH CLINIC		5,167,566	10,131,584		5,218,968	623	90.01
90.02	TRANSPLANT CLINIC		1,107,450	5,827,307		1,136,559	1,364	90.02
90.03	OB CLINIC		1,441,386	1,984,086		1,451,557	5,149	90.03
91	EMERGENCY		14,663,024	221,503,286		15,762,822	41,868	91



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	RECON- CILIATION	PURCH REC STORES ACCUM COST	ADMITTING GROSS REVENUE	RECON- CILIATION	ADMIN + GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	
			5.03	5.04		5.05	7	
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT		2,288,062	10,675,379		2,341,452		92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R SERVICES-NOT APPRVD PRGM		577,298			577,439		100
	SPECIAL PURPOSE COST CENTERS							
105	KIDNEY ACQUISITION		9,063,797	17,765,000		9,153,928	4,949	105
106	HEART ACQUISITION		2,504,669	3,175,200		2,520,994	663	106
107	LIVER ACQUISITION		5,737,872	9,880,000		5,788,168	2,403	107
108	LUNG ACQUISITION		219,399	464,000		221,749		108
109	PANCREAS ACQUISITION		980,186	1,352,000		987,116	386	109
116	HOSPICE							116
118	SUBTOTALS (sum of lines 1-117)	-272,196	1,083,204,519	4,937,734,827	-204,290,492	879,177,776	1,567,409	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		66,180			66,196		190
191	RESEARCH		2,072,149			2,072,655		191
191.0 1	SPONSERED PROJECT		5,000,319			5,001,539		191.0 1
194	REAL ESTATE		17,765,397			17,769,732		194
194.0 1	MARKETING, OTHER NON-REIMB		9,560,653			9,562,986		194.0 1
194.0 2	OTHER COMPANY WIDE ACTIVITY		150,074			150,111		194.0 2
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I		272,196	24,435,873		204,290,492	77,658,120	202
203	UNIT COST MULT-WS B PT I		0.000244	0.004949		0.223561	49.545537	203
204	COST TO BE ALLOC PER B PT II		102,597	885,970		5,422,713	25,009,113	204
205	UNIT COST MULT-WS B PT II		0.000092	0.000179		0.005934	15.955703	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	LAUNDRY + LINEN SERVICE SQUARE FEET	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA FTES	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
		8	9	10	11	13	14	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	NONPATIENT PHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING RECEIVING & STORES							5.03
5.04	ADMITTING							5.04
5.05	ADMINISTRATIVE & GENERAL							5.05
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE	1,566,837						8
9	HOUSEKEEPING	39,072	1,527,765					9
10	DIETARY	90,650	90,650	630,477				10
11	CAFETERIA				402,644			11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	41,600	41,600		26,629	4,625,050		13
14	CENTRAL SERVICES & SUPPLY	34,594	34,594		13,050		169,322,503	14
15	PHARMACY	15,463	15,463		15,877		571,665	15
16	MEDICAL RECORDS & LIBRARY	11,959	11,959		2,961		3,579	16
17	SOCIAL SERVICE				1,699			17
21	I&R SERVICES-SALARY & FRINGES APPRVD	38,646	38,646		2,006	4,122	3,467	21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)	165	165					23
23.01	PARAMED ED PRGM-(CHAPLAINCY)	275	275		100			23.01
23.02	PARAMED ED PRGM-(NM SCHL)	282	282					23.02
23.03	PARAMED ED PRGM-(RAD THER)	218	218					23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)	209	209					23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)	201	201					23.05
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	494,142	494,142	514,452	117,118	2,093,058	6,757,842	30
31	INTENSIVE CARE UNIT	100,337	100,337	91,146	27,624	521,058	4,112,171	31
35	SPECIAL CARE NURSERY	40,734	40,734		14,062	278,808	1,574,702	35
40	SUBPROVIDER - IPF	31,647	31,647	24,879	4,191	26,908	16,325	40
43	NURSERY							43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	145,364	145,364		27,246	488,465	79,958,852	50
51	RECOVERY ROOM	17,105	17,105		7,948	162,519	303,404	51
52	DELIVERY ROOM & LABOR ROOM	52,820	52,820		19,124	331,072	2,775,675	52
53	ANESTHESIOLOGY	1,799	1,799		3,271		2,542,927	53
54	RADIOLOGY-DIAGNOSTIC	103,924	103,924		22,547	64,744	10,402,558	54
55	RADIOLOGY-THERAPEUTIC	34,164	34,164		6,715	13,090	135,817	55
56	RADIOISOTOPE	18,116	18,116		2,025	1,286	4,992,658	56
57	CT SCAN	22,180	22,180		5,709	28,708	1,201,412	57
58	MRI	18,694	18,694		7,543	41,038	926,873	58
59	CARDIAC CATHETERIZATION	5,595	5,595		1,724	20,090	5,598,234	59
59.01	VASCULAR LAB	3,655	3,655		1,086		6,065	59.01
59.02	CARDIAC GRAPHICS	12,044	12,044		4,261	737	122,121	59.02
59.03	PULMONARY FUNCTION	5,016	5,016		719	3,076	178,255	59.03
59.04	EPS	7,884	7,884		1,245	12,597	10,417,029	59.04
59.05	GI	16,370	16,370		5,320	83,225	3,001,006	59.05
60	LABORATORY	57,967	57,967		25,502	98	15,184,294	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS						11,600,036	62
63	BLOOD STORING, PROCESSING & TRANS.	14,719	14,719		3,764	16,108	2,051,274	63
63.01	CELL THERAPY LAB							63.01
65	RESPIRATORY THERAPY	4,540	4,540		3,465	1,600	2,469,938	65
66	PHYSICAL THERAPY	5,993	5,993		500		547,286	66
67	OCCUPATIONAL THERAPY	1,658	1,658		295		30,401	67
70	ELECTROENCEPHALOGRAPHY	8,228	8,228		2,746		253,665	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
76.97	CARDIAC REHABILITATION				336		6,271	76.97
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	11,403	11,403		2,625	34,194	37,668	90
90.01	PSYCH CLINIC	623	623		440	26,099	700	90.01
90.02	TRANSPLANT CLINIC	1,364	1,364		706	10,299	81,849	90.02
90.03	OB CLINIC	5,149	5,149		1,224	21,599	24,773	90.03
91	EMERGENCY	41,868	41,868		14,994	292,129	1,309,266	91



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	LAUNDRY + LINEN SERVICE SQUARE FEET	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA FTES	NURSING ADMINISTRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
		8	9	10	11	13	14	
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT				2,258	47,716	122,438	92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R SERVICES-NOT APPRVD PRGM							100
	SPECIAL PURPOSE COST CENTERS							
105	KIDNEY ACQUISITION	4,949	4,949		984	16		105
106	HEART ACQUISITION	663	663		294	232		106
107	LIVER ACQUISITION	2,403	2,403		675	355	7	107
108	LUNG ACQUISITION							108
109	PANCREAS ACQUISITION	386	386		36	4		109
116	HOSPICE							116
118	SUBTOTALS (sum of lines 1-117)	1,566,837	1,527,765	630,477	402,644	4,625,050	169,322,503	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
191	RESEARCH							191
191.0	SPONSERED PROJECT							191.0
1								1
194	REAL ESTATE							194
194.0	MARKETING, OTHER NON-REIMB							194.0
1								1
194.0	OTHER COMPANY WIDE ACTIVITY							194.0
2								2
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	4,444,228	19,001,189	21,944,946	383,667	33,484,985	23,914,537	202
203	UNIT COST MULT-WS B PT I	2.836433	12.437246	34.806894	0.952869	7.239918	0.141237	203
204	COST TO BE ALLOC PER B PT II	45,793	2,566,816	4,289,751	8,297	2,489,510	3,570,379	204
205	UNIT COST MULT-WS B PT II	0.029226	1.680112	6.803977	0.020606	0.538267	0.021086	205



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PHARMACY COSTED REQUIS.	MEDICAL RECORDS + LIBRARY GROSS REVENUE	SOCIAL SERVICE TIME SPENT	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED EDUCATION PHARMACY PATIENT DAYS	
		15	16	17	21	22	23	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	NONPATIENT PHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING RECEIVING & STORES							5.03
5.04	ADMITTING							5.04
5.05	ADMINISTRATIVE & GENERAL							5.05
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY							10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION							13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY	4,514,414						15
16	MEDICAL RECORDS & LIBRARY		4,937,734,827					16
17	SOCIAL SERVICE			9,946				17
21	I&R SERVICES-SALARY & FRINGES APPRVD				8,887			21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD					8,887		22
23	PARAMED ED PRGM-(SPECIFY)						201,866	23
23.01	PARAMED ED PRGM-(CHAPLAINCY)							23.01
23.02	PARAMED ED PRGM-(NM SCHL)							23.02
23.03	PARAMED ED PRGM-(RAD THER)							23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)							23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)							23.05
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	722,989	385,954,201	5,895	2,308	2,308	171,484	30
31	INTENSIVE CARE UNIT	413,100	127,877,278	870	979	979	30,382	31
35	SPECIAL CARE NURSERY	14,432	73,507,907	801	54	54		35
40	SUBPROVIDER - IPF	12	15,884,505		271	271		40
43	NURSERY		17,475,934	1				43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	256,081	732,690,316		2,223	2,223		50
51	RECOVERY ROOM	210,343	59,487,553	5	103	103		51
52	DELIVERY ROOM & LABOR ROOM	218,075	128,942,143	98	367	367		52
53	ANESTHESIOLOGY	259,292	63,916,908		15	15		53
54	RADIOLOGY-DIAGNOSTIC	112,674	303,745,625		674	674		54
55	RADIOLOGY-THERAPEUTIC	12,882	153,825,589	400	215	215		55
56	RADIOISOTOPE	3,929	59,707,965		29	29		56
57	CT SCAN	6,425	287,568,614					57
58	MRI	661,094	238,696,631					58
59	CARDIAC CATHETERIZATION	552	55,417,560		58	58		59
59.01	VASCULAR LAB	836	30,844,995					59.01
59.02	CARDIAC GRAPHICS	833,494	140,500,251		89	89		59.02
59.03	PULMONARY FUNCTION	7,757	12,478,866		33	33		59.03
59.04	EPS	17,415	32,257,866					59.04
59.05	GI	32,578	84,152,638		56	56		59.05
60	LABORATORY	55,573	728,362,642		549	549		60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	95,720	62,781,491		42	42		62
63	BLOOD STORING, PROCESSING & TRANS.	84,156	39,500,054					63
63.01	CELL THERAPY LAB							63.01
65	RESPIRATORY THERAPY	36,620	132,043,303		29	29		65
66	PHYSICAL THERAPY		8,595,886		2	2		66
67	OCCUPATIONAL THERAPY		4,824,031		3	3		67
70	ELECTROENCEPHALOGRAPHY		43,795,042					70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		163,763,449		24	24		71
72	IMPL. DEV. CHARGED TO PATIENTS		180,266,536					72
73	DRUGS CHARGED TO PATIENTS		277,917,220					73
76.97	CARDIAC REHABILITATION	14	3,194,426		1	1		76.97
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	157,807	4,999,560		156	156		90
90.01	PSYCH CLINIC	27,855	10,131,584	950	50	50		90.01
90.02	TRANSPLANT CLINIC	13,439	5,827,307		50	50		90.02
90.03	OB CLINIC	3,642	1,984,086	100	172	172		90.03
91	EMERGENCY	237,732	221,503,286	800	306	306		91



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PHARMACY COSTED REQUIS.	MEDICAL RECORDS + LIBRARY GROSS REVENUE	SOCIAL SERVICE TIME SPENT	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED EDUCATION PHARMACY PATIENT DAYS	
		15	16	17	21	22	23	
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT	17,620	10,675,379	26				92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R SERVICES-NOT APPRVD PRGM							100
	SPECIAL PURPOSE COST CENTERS							
105	KIDNEY ACQUISITION	67	17,765,000					105
106	HEART ACQUISITION		3,175,200					106
107	LIVER ACQUISITION	209	9,880,000					107
108	LUNG ACQUISITION		464,000					108
109	PANCREAS ACQUISITION		1,352,000					109
116	HOSPICE							116
118	SUBTOTALS (sum of lines 1-117)	4,514,414	4,937,734,827	9,946	8,858	8,858	201,866	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
191	RESEARCH				29	29		191
191.0	SPONSERED PROJECT							191.0
1								1
194	REAL ESTATE							194
194.0	MARKETING, OTHER NON-REIMB							194.0
1								1
194.0	OTHER COMPANY WIDE ACTIVITY							194.0
2								2
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	24,149,931	4,990,746	2,188,280	58,241,264	7,871,696	1,261,871	202
203	UNIT COST MULT-WS B PT I	5,349,516	0,001,011	220,016,087	6,553,534,826	885,754,023	6,251,033	203
204	COST TO BE ALLOC PER B PT II	1,317,646	419,117	35,954	1,111,437	859,028	15,946	204
205	UNIT COST MULT-WS B PT II	0,291,875	0,000,085	3,614,921	125,063,238	96,661,191	0,078,993	205



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

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

GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
5.01	NONPATIENT PHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING & STORES						5.03
5.04	ADMITTING						5.04
5.05	ADMINISTRATIVE & GENERAL						5.05
7	OPERATION OF PLANT						7
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY						10
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION						13
14	CENTRAL SERVICES & SUPPLY						14
15	PHARMACY						15
16	MEDICAL RECORDS & LIBRARY						16
17	SOCIAL SERVICE						17
21	I&R SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
23.01	PARAMED ED PRGM-(CHAPLAINCY)	201,866					23.01
23.02	PARAMED ED PRGM-(NM SCHL)		201,866				23.02
23.03	PARAMED ED PRGM-(RAD THER)			201,866			23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)				201,866		23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)					201,866	23.05
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	171,484	171,484	171,484	171,484	171,484	30
31	INTENSIVE CARE UNIT	30,382	30,382	30,382	30,382	30,382	31
35	SPECIAL CARE NURSERY						35
40	SUBPROVIDER - IPF						40
43	NURSERY						43
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM						50
51	RECOVERY ROOM						51
52	DELIVERY ROOM & LABOR ROOM						52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC						54
55	RADIOLOGY-THERAPEUTIC						55
56	RADIOISOTOPE						56
57	CT SCAN						57
58	MRI						58
59	CARDIAC CATHETERIZATION						59
59.01	VASCULAR LAB						59.01
59.02	CARDIAC GRAPHICS						59.02
59.03	PULMONARY FUNCTION						59.03
59.04	EPS						59.04
59.05	GI						59.05
60	LABORATORY						60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS						62
63	BLOOD STORING, PROCESSING & TRANS.						63
63.01	CELL THERAPY LAB						63.01
65	RESPIRATORY THERAPY						65
66	PHYSICAL THERAPY						66
67	OCCUPATIONAL THERAPY						67
70	ELECTROENCEPHALOGRAPHY						70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72	IMPL. DEV. CHARGED TO PATIENTS						72
73	DRUGS CHARGED TO PATIENTS						73
76.97	CARDIAC REHABILITATION						76.97
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC						90
90.01	PSYCH CLINIC						90.01
90.02	TRANSPLANT CLINIC						90.02



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PARAMED EDUCATION CHAPLAINCY PATIENT DAYS	PARAMED EDUCATION SCHOOLS PATIENT DAYS	PARAMED EDUCATION SCHOOLS PATIENT DAYS	PARAMED EDUCATION SCHOOLS PATIENT DAYS	PARAMED EDUCATION SCHOOLS PATIENT DAYS		
		23.01	23.02	23.03	23.04	23.05		
90.03	OB CLINIC							90.03
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R SERVICES-NOT APPRVD PRGM							100
	SPECIAL PURPOSE COST CENTERS							
105	KIDNEY ACQUISITION							105
106	HEART ACQUISITION							106
107	LIVER ACQUISITION							107
108	LUNG ACQUISITION							108
109	PANCREAS ACQUISITION							109
116	HOSPICE							116
118	SUBTOTALS (sum of lines 1-117)	201,866	201,866	201,866	201,866	201,866		118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
191	RESEARCH							191
191.0	SPONSERED PROJECT							191.0
1								1
194	REAL ESTATE							194
194.0	MARKETING, OTHER NON-REIMB							194.0
1								1
194.0	OTHER COMPANY WIDE ACTIVITY							194.0
2								2
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	148,025	74,169	48,415	47,278	46,267		202
203	UNIT COST MULT-WS B PT I	0.733283	0.367417	0.239837	0.234205	0.229197		203
204	COST TO BE ALLOC PER B PT II	10,626	10,225	7,859	7,544	7,260		204
205	UNIT COST MULT-WS B PT II	0.052639	0.050652	0.038932	0.037371	0.035964		205



COMPU-MAX

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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	DESCRIPTION	WORKSHEET		
		PART	LINE NO.	AMOUNT
	1	2	3	4



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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	TOTAL COST (from Wkst. B, Part I, col. 26)	THERAPY LIMIT ADJ.	COSTS			
				TOTAL COSTS	RCE DISALLOW- ANCE	TOTAL COSTS	
				1	2	3	
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	210,241,665		210,241,665	325,934	210,567,599	30
31	INTENSIVE CARE UNIT	55,873,680		55,873,680	246,147	56,119,827	31
35	SPECIAL CARE NURSERY	25,310,423		25,310,423	127,304	25,437,727	35
40	SUBPROVIDER - IPF	8,563,409		8,563,409	95,299	8,658,708	40
43	NURSERY	4,203,270		4,203,270		4,203,270	43
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	82,759,809		82,759,809	538,584	83,298,393	50
51	RECOVERY ROOM	15,110,227		15,110,227	6,480	15,116,707	51
52	DELIVERY ROOM & LABOR ROOM	33,250,692		33,250,692	183,847	33,434,539	52
53	ANESTHESIOLOGY	5,957,359		5,957,359	75,408	6,032,767	53
54	RADIOLOGY-DIAGNOSTIC	49,217,662		49,217,662	358,748	49,576,410	54
55	RADIOLOGY-THERAPEUTIC	18,830,037		18,830,037	89,627	18,919,664	55
56	RADIOISOTOPE	7,478,780		7,478,780	43,471	7,522,251	56
57	CT SCAN	13,016,059		13,016,059	37,379	13,053,438	57
58	MRI	24,713,073		24,713,073	37,379	24,750,452	58
59	CARDIAC CATHETERIZATION	3,985,440		3,985,440	99,000	4,084,440	59
59.01	VASCULAR LAB	2,054,368		2,054,368	46,217	2,100,585	59.01
59.02	CARDIAC GRAPHICS	12,617,810		12,617,810	137,493	12,755,303	59.02
59.03	PULMONARY FUNCTION	1,763,505		1,763,505	18,912	1,782,417	59.03
59.04	EPS	5,902,734		5,902,734	51,426	5,954,160	59.04
59.05	GI	13,819,393		13,819,393	100,737	13,920,130	59.05
60	LABORATORY	90,642,692		90,642,692	37,187	90,679,879	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	17,059,483		17,059,483		17,059,483	62
63	BLOOD STORING, PROCESSING & TRANS.	9,724,747		9,724,747	41,370	9,766,117	63
63.01	CELL THERAPY LAB						63.01
65	RESPIRATORY THERAPY	7,324,371		7,324,371		7,324,371	65
66	PHYSICAL THERAPY	1,126,259		1,126,259	43,533	1,169,792	66
67	OCCUPATIONAL THERAPY	470,363		470,363		470,363	67
70	ELECTROENCEPHALOGRAPHY	5,530,095		5,530,095	137,067	5,667,162	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	61,432,645		61,432,645		61,432,645	71
72	IMPL. DEV. CHARGED TO PATIENTS	78,711,971		78,711,971		78,711,971	72
73	DRUGS CHARGED TO PATIENTS	72,993,646		72,993,646		72,993,646	73
76.97	CARDIAC REHABILITATION	492,569		492,569		492,569	76.97
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	5,029,596		5,029,596	48,064	5,077,660	90
90.01	PSYCH CLINIC	6,983,850		6,983,850	218,061	7,201,911	90.01
90.02	TRANSPLANT CLINIC	1,643,642		1,643,642		1,643,642	90.02
90.03	OB CLINIC	2,314,354		2,314,354	37,407	2,351,761	90.03
91	EMERGENCY	25,986,524		25,986,524	409,959	26,396,483	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	10,779,634		10,779,634		10,779,634	92
92.01	OBSERVATION BEDS-DISTINCT	3,340,585		3,340,585		3,340,585	92.01
	OTHER REIMBURSABLE COST CENTERS						
100	I&R SERVICES-NOT APPRVD PRGM	706,532		706,532		706,532	100
105	KIDNEY ACQUISITION	11,540,552		11,540,552		11,540,552	105
106	HEART ACQUISITION	3,132,736		3,132,736		3,132,736	106
107	LIVER ACQUISITION	7,252,259		7,252,259		7,252,259	107
108	LUNG ACQUISITION	271,792		271,792		271,792	108
109	PANCREAS ACQUISITION	1,234,248		1,234,248		1,234,248	109
116	HOSPICE						116
200	SUBTOTAL (SEE INSTRUCTIONS)	1,020,394,540		1,020,394,540	3,592,040	1,023,986,580	200
201	LESS OBSERVATION BEDS	10,779,634		10,779,634		10,779,634	201
202	TOTAL (SEE INSTRUCTIONS)	1,009,614,906		1,009,614,906		1,013,206,946	202



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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	CHARGES			COST OR OTHER RATIO	TEFRA INPATIENT RATIO	PPS INPATIENT RATIO	
		INPATIENT	OUTPATIENT	TOTAL (column 6 + column 7)				
		6	7	8	9	10	11	
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	352,664,814		352,664,814				30
31	INTENSIVE CARE UNIT	127,877,278		127,877,278				31
35	SPECIAL CARE NURSERY	73,507,907		73,507,907				35
40	SUBPROVIDER - IPF	15,884,505		15,884,505				40
43	NURSERY	17,475,934		17,475,934				43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	435,811,859	296,878,457	732,690,316	0.112953	0.112953	0.113688	50
51	RECOVERY ROOM	23,201,069	36,286,484	59,487,553	0.254007	0.254007	0.254115	51
52	DELIVERY ROOM & LABOR ROOM	121,672,414	7,269,729	128,942,143	0.257873	0.257873	0.259299	52
53	ANESTHESIOLOGY	36,865,818	27,051,090	63,916,908	0.093205	0.093205	0.094385	53
54	RADIOLOGY-DIAGNOSTIC	102,337,318	201,408,307	303,745,625	0.162036	0.162036	0.163217	54
55	RADIOLOGY-THERAPEUTIC	7,197,455	146,628,134	153,825,589	0.122412	0.122412	0.122994	55
56	RADIOISOTOPE	7,701,132	52,006,833	59,707,965	0.125256	0.125256	0.125984	56
57	CT SCAN	80,677,256	206,891,358	287,568,614	0.045262	0.045262	0.045392	57
58	MRI	45,163,816	193,532,815	238,696,631	0.103533	0.103533	0.103690	58
59	CARDIAC CATHETERIZATION	26,119,622	29,297,938	55,417,560	0.071917	0.071917	0.073703	59
59.01	VASCULAR LAB	14,274,604	16,570,391	30,844,995	0.066603	0.066603	0.068101	59.01
59.02	CARDIAC GRAPHICS	53,343,683	87,156,568	140,500,251	0.089806	0.089806	0.090785	59.02
59.03	PULMONARY FUNCTION	2,495,569	9,983,297	12,478,866	0.141319	0.141319	0.142835	59.03
59.04	EPS	8,269,393	23,988,473	32,257,866	0.182986	0.182986	0.184580	59.04
59.05	GI	9,272,015	74,880,623	84,152,638	0.164218	0.164218	0.165415	59.05
60	LABORATORY	267,354,142	461,008,500	728,362,642	0.124447	0.124447	0.124498	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	54,869,679	7,911,812	62,781,491	0.271728	0.271728	0.271728	62
63	BLOOD STORING, PROCESSING & TRANS.	23,958,050	15,542,004	39,500,054	0.246196	0.246196	0.247243	63
63.01	CELL THERAPY LAB							63.01
65	RESPIRATORY THERAPY	129,608,706	2,434,597	132,043,303	0.055469	0.055469	0.055469	65
66	PHYSICAL THERAPY	7,971,466	624,420	8,595,886	0.131023	0.131023	0.136087	66
67	OCCUPATIONAL THERAPY	4,635,667	188,364	4,824,031	0.097504	0.097504	0.097504	67
70	ELECTROENCEPHALOGRAPHY	23,188,012	20,607,030	43,795,042	0.126272	0.126272	0.129402	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	100,419,925	63,343,524	163,763,449	0.375130	0.375130	0.375130	71
72	IMPL. DEV. CHARGED TO PATIENTS	113,146,572	67,119,964	180,266,536	0.436642	0.436642	0.436642	72
73	DRUGS CHARGED TO PATIENTS	206,084,947	71,832,273	277,917,220	0.262645	0.262645	0.262645	73
76.97	CARDIAC REHABILITATION	7,640	3,186,786	3,194,426	0.154196	0.154196	0.154196	76.97
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	89,551	4,910,009	4,999,560	1.006008	1.006008	1.015621	90
90.01	PSYCH CLINIC	759,238	9,372,346	10,131,584	0.689315	0.689315	0.710838	90.01
90.02	TRANSPLANT CLINIC	152,497	5,674,810	5,827,307	0.282059	0.282059	0.282059	90.02
90.03	OB CLINIC	23,559	1,960,527	1,984,086	1.166459	1.166459	1.185312	90.03
91	EMERGENCY	66,311,859	155,191,427	221,503,286	0.117319	0.117319	0.119170	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	207,115	33,082,272	33,289,387	0.323816	0.323816	0.323816	92
92.01	OBSERVATION BEDS-DISTINCT	1,955,961	8,719,418	10,675,379	0.312924	0.312924	0.312924	92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R SERVICES-NOT APPRVD PRGM							100
105	KIDNEY ACQUISITION	17,765,000		17,765,000				105
106	HEART ACQUISITION	3,175,200		3,175,200				106
107	LIVER ACQUISITION	9,880,000		9,880,000				107
108	LUNG ACQUISITION	464,000		464,000				108
109	PANCREAS ACQUISITION	1,352,000		1,352,000				109
116	HOSPICE							116
200	SUBTOTAL (SEE INSTRUCTIONS)	2,595,194,247	2,342,540,580	4,937,734,827				200
201	LESS OBSERVATION BEDS							201
202	TOTAL (SEE INSTRUCTIONS)	2,595,194,247	2,342,540,580	4,937,734,827				202



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 02/02/2015 Run Time: 10:08 Version: 2014.10
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

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

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II, (col. 26))	SWING BED ADJUSTMENT	REDUCED CAPITAL RELATED COST (col. 1 minus col. 2)	TOTAL PATIENT DAYS	PER DIEM (col. 3 ÷ col. 4)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM CAPITAL COST (col. 5 x col. 6)	
1	2	3	4	5	6	7	8	9	
	INPATIENT ROUTINE SERV COST CENTERS								
30	ADULTS & PEDIATRICS (General Routine Care)	26,360,680		26,360,680	181,157	145.51	56,883	8,277,045	30
31	INTENSIVE CARE UNIT	5,616,712		5,616,712	28,608	196.33	12,352	2,425,068	31
32	CORONARY CARE UNIT								32
33	BURN INTENSIVE CARE UNIT								33
34	SURGICAL INTENSIVE CARE UNIT								34
35	SPECIAL CARE NURSERY	2,846,539		2,846,539	21,180	134.40			35
40	SUBPROVIDER - IPF	1,338,966		1,338,966	8,293	161.46	2,525	407,687	40
41	SUBPROVIDER - IRF								41
42	SUBPROVIDER I								42
43	NURSERY	37,816		37,816	26,231	1.44			43
44	SKILLED NURSING FACILITY								44
45	NURSING FACILITY								45
200	TOTAL (lines 30-199)	36,200,713		36,200,713	265,469		71,760	11,109,800	200

(A) Worksheet A line numbers



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 02/02/2015 Run Time: 10:08 Version: 2014.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0281

WORKSHEET D
PART II

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

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II (col. 26))	TOTAL CHARGES (from Wkst. C, Part I, (col. 8))	RATIO OF COST TO CHARGES (col. 1 ÷ col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	12,306,552	732,690,316	0.016796	151,320,561	2,541,580	50
51	RECOVERY ROOM	936,000	59,487,553	0.015734	7,778,068	122,380	51
52	DELIVERY ROOM & LABOR ROOM	3,381,736	128,942,143	0.026227	167,263	4,387	52
53	ANESTHESIOLOGY	928,649	63,916,908	0.014529	12,625,185	183,431	53
54	RADIOLOGY-DIAGNOSTIC	7,893,461	303,745,625	0.025987	37,838,230	983,302	54
55	RADIOLOGY-THERAPEUTIC	4,175,812	153,825,589	0.027146	2,515,105	68,275	55
56	RADIOISOTOPE	922,578	59,707,965	0.015452	3,206,085	49,540	56
57	CT SCAN	1,061,677	287,568,614	0.003692	30,934,333	114,210	57
58	MRI	4,618,223	238,696,631	0.019348	15,897,490	307,585	58
59	CARDIAC CATHETERIZATION	399,728	55,417,560	0.007213	12,670,997	91,396	59
59.01	VASCULAR LAB	222,618	30,844,995	0.007217	6,206,154	44,790	59.01
59.02	CARDIAC GRAPHICS	1,060,316	140,500,251	0.007547	23,414,825	176,712	59.02
59.03	PULMONARY FUNCTION	270,218	12,478,866	0.021654	1,103,637	23,898	59.03
59.04	EPS	2,452,407	32,257,866	0.076025	4,295,153	326,539	59.04
59.05	GI	1,437,557	84,152,638	0.017083	3,695,247	63,126	59.05
60	LABORATORY	4,819,943	728,362,642	0.006618	97,787,039	647,155	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	378,752	62,781,491	0.006033	19,247,397	116,120	62
63	BLOOD STORING, PROCESSING & TRANS.	876,871	39,500,054	0.022199	7,236,152	160,635	63
63.01	CELL THERAPY LAB						63.01
65	RESPIRATORY THERAPY	665,174	132,043,303	0.005038	42,957,674	216,421	65
66	PHYSICAL THERAPY	238,791	8,595,886	0.027780	3,623,225	100,653	66
67	OCCUPATIONAL THERAPY	62,895	4,824,031	0.013038	1,941,833	25,318	67
70	ELECTROENCEPHALOGRAPHY	581,912	43,795,042	0.013287	7,417,654	98,558	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	413,888	163,763,449	0.002527	30,690,390	77,555	71
72	IMPL. DEV. CHARGED TO PATIENTS	522,899	180,266,536	0.002901	52,400,622	152,014	72
73	DRUGS CHARGED TO PATIENTS	512,649	277,917,220	0.001845	67,790,137	125,073	73
76.97	CARDIAC REHABILITATION	7,066	3,194,426	0.002212	3,168	7	76.97
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	464,447	4,999,560	0.092898	47,099	4,375	90
90.01	PSYCH CLINIC	115,063	10,131,584	0.011357	53,150	604	90.01
90.02	TRANSPLANT CLINIC	82,300	5,827,307	0.014123	83,640	1,181	90.02
90.03	OB CLINIC	381,510	1,984,086	0.192285	844	162	90.03
91	EMERGENCY	2,033,184	221,503,286	0.009179	25,045,490	229,893	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	1,349,492	33,289,387	0.040538			92
92.01	OBSERVATION BEDS-DISTINCT	204,420	10,675,379	0.019149	428,035	8,196	92.01
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (sum of lines 50-199)	55,778,788	4,317,688,189		670,421,882	7,065,071	200

(A) Worksheet A line numbers



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 02/02/2015 Run Time: 10:08 Version: 2014.10
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

(A)	COST CENTER DESCRIPTION	1 NURSING SCHOOL	2 ALLIED HEALTH COST	3 ALL OTHER MEDICAL EDUCATION COST	4 SWING-BED ADJUSTMENT AMOUNT (see instructions)	5 TOTAL COSTS (sum of cols. 1 through 3 minus col 4.)	
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS (General Routine Care)		1,381,298			1,381,298	30
31	INTENSIVE CARE UNIT		244,727			244,727	31
32	CORONARY CARE UNIT						32
33	BURN INTENSIVE CARE UNIT						33
34	SURGICAL INTENSIVE CARE UNIT						34
35	SPECIAL CARE NURSERY						35
40	SUBPROVIDER - IPF						40
41	SUBPROVIDER - IRF						41
42	SUBPROVIDER I						42
43	NURSERY						43
44	SKILLED NURSING FACILITY						44
45	NURSING FACILITY						45
200	TOTAL (lines 30-199)		1,626,025			1,626,025	200

(A) Worksheet A line numbers



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 02/02/2015 Run Time: 10:08 Version: 2014.10
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

		TOTAL PATIENT DAYS	PER DIEM (col. 5 ÷ col. 6)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM PASS THRU COST (col. 7 x col. 8)	
(A)	COST CENTER DESCRIPTION	6	7	8	9	
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS (General Routine Care)	181,157	7.62	56,883	433,448	30
31	INTENSIVE CARE UNIT	28,608	8.55	12,352	105,610	31
32	CORONARY CARE UNIT					32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	SPECIAL CARE NURSERY	21,180				35
40	SUBPROVIDER - IPF	8,293		2,525		40
41	SUBPROVIDER - IRF					41
42	SUBPROVIDER I					42
43	NURSERY	26,231				43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)	265,469		71,760	539,058	200

(A) Worksheet A line numbers



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 02/02/2015 Run Time: 10:08 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0281

WORKSHEET D
PART IV

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

(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM							50
51	RECOVERY ROOM							51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE							56
57	CT SCAN							57
58	MRI							58
59	CARDIAC CATHETERIZATION							59
59.01	VASCULAR LAB							59.01
59.02	CARDIAC GRAPHICS							59.02
59.03	PULMONARY FUNCTION							59.03
59.04	EPS							59.04
59.05	GI							59.05
60	LABORATORY							60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS							62
63	BLOOD STORING, PROCESSING & TRANS.							63
63.01	CELL THERAPY LAB							63.01
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
67	OCCUPATIONAL THERAPY							67
70	ELECTROENCEPHALOGRAPHY							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
76.97	CARDIAC REHABILITATION							76.97
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC							90
90.01	PSYCH CLINIC							90.01
90.02	TRANSPLANT CLINIC							90.02
90.03	OB CLINIC							90.03
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)			70,714		70,714	70,714	92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)			70,714		70,714	70,714	200

(A) Worksheet A line numbers



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 02/02/2015 Run Time: 10:08 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0281

WORKSHEET D
PART IV

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

(A)	COST CENTER DESCRIPTION	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	732,690,316			151,320,561		66,153,527		50
51	RECOVERY ROOM	59,487,553			7,778,068		7,556,168		51
52	DELIVERY ROOM & LABOR ROOM	128,942,143			167,263		22,021		52
53	ANESTHESIOLOGY	63,916,908			12,625,185		6,231,308		53
54	RADIOLOGY-DIAGNOSTIC	303,745,625			37,838,230		46,927,583		54
55	RADIOLOGY-THERAPEUTIC	153,825,589			2,515,105		42,818,305		55
56	RADIOISOTOPE	59,707,965			3,206,085		19,248,037		56
57	CT SCAN	287,568,614			30,934,333		64,062,602		57
58	MRI	238,696,631			15,897,490		48,830,650		58
59	CARDIAC CATHETERIZATION	55,417,560			12,670,997		12,057,924		59
59.01	VASCULAR LAB	30,844,995			6,206,154		6,278,648		59.01
59.02	CARDIAC GRAPHICS	140,500,251			23,414,825		25,875,557		59.02
59.03	PULMONARY FUNCTION	12,478,866			1,103,637		3,455,421		59.03
59.04	EPS	32,257,866			4,295,153		9,076,647		59.04
59.05	GI	84,152,638			3,695,247		18,537,154		59.05
60	LABORATORY	728,362,642			97,787,039		37,889,435		60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	62,781,491			19,247,397		3,085,193		62
63	BLOOD STORING, PROCESSING & TRANS.	39,500,054			7,236,152		4,118,408		63
63.01	CELL THERAPY LAB								63.01
65	RESPIRATORY THERAPY	132,043,303			42,957,674		510,348		65
66	PHYSICAL THERAPY	8,595,886			3,623,225				66
67	OCCUPATIONAL THERAPY	4,824,031			1,941,833				67
70	ELECTROENCEPHALOGRAPHY	43,795,042			7,417,654		5,227,196		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	163,763,449			30,690,390		16,557,835		71
72	IMPL. DEV. CHARGED TO PATIENTS	180,266,536			52,400,622		26,815,969		72
73	DRUGS CHARGED TO PATIENTS	277,917,220			67,790,137		23,529,673		73
76.97	CARDIAC REHABILITATION	3,194,426			3,168		1,183,776		76.97
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	4,999,560			47,099		1,209,659		90
90.01	PSYCH CLINIC	10,131,584			53,150		2,345,315		90.01
90.02	TRANSPLANT CLINIC	5,827,307			83,640		2,297,485		90.02
90.03	OB CLINIC	1,984,086			844		44,297		90.03
91	EMERGENCY	221,503,286			25,045,490		26,668,298		91
92	OBSERVATION BEDS (NON-DISTINCT PART)	33,289,387	0.002124	0.002124			10,873,814	23,096	92
92.01	OBSERVATION BEDS-DISTINCT	10,675,379			428,035		1,928,986		92.01
	OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (sum of lines 50-199)	4,317,688,189			670,421,882		541,417,239	23,096	200

(A) Worksheet A line numbers



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 02/02/2015 Run Time: 10:08 Version: 2014.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0281

WORKSHEET D
PART V

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

(A)	COST CENTER DESCRIPTION	COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PROGRAM CHARGES			PROGRAM COST		
			PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	0.112953	66,153,527	55,548		7,472,239	6,274	50
51	RECOVERY ROOM	0.254007	7,556,168			1,919,320		51
52	DELIVERY ROOM & LABOR ROOM	0.257873	22,021			5,679		52
53	ANESTHESIOLOGY	0.093205	6,231,308			580,789		53
54	RADIOLOGY-DIAGNOSTIC	0.162036	46,927,583	878		7,603,958	142	54
55	RADIOLOGY-THERAPEUTIC	0.122412	42,818,305	61		5,241,474	7	55
56	RADIOISOTOPE	0.125256	19,248,037	11		2,410,932	1	56
57	CT SCAN	0.045262	64,062,602			2,899,601		57
58	MRI	0.103533	48,830,650			5,055,584		58
59	CARDIAC CATHETERIZATION	0.071917	12,057,924	16		867,170	1	59
59.01	VASCULAR LAB	0.066603	6,278,648			418,177		59.01
59.02	CARDIAC GRAPHICS	0.089806	25,875,557	13		2,323,780	1	59.02
59.03	PULMONARY FUNCTION	0.141319	3,455,421	502		488,317	71	59.03
59.04	EPS	0.182986	9,076,647	2,759		1,660,899	505	59.04
59.05	GI	0.164218	18,537,154			3,044,134		59.05
60	LABORATORY	0.124447	37,889,435	24,598		4,715,227	3,061	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.271728	3,085,193			838,333		62
63	BLOOD STORING, PROCESSING & TRANS.	0.246196	4,118,408	335		1,013,936	82	63
63.01	CELL THERAPY LAB							63.01
65	RESPIRATORY THERAPY	0.055469	510,348	521		28,308	29	65
66	PHYSICAL THERAPY	0.131023						66
67	OCCUPATIONAL THERAPY	0.097504						67
70	ELECTROENCEPHALOGRAPHY	0.126272	5,227,196			660,048		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.375130	16,557,835	7,757		6,211,341	2,910	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.436642	26,815,969			11,708,978		72
73	DRUGS CHARGED TO PATIENTS	0.262645	23,529,673	71,024		6,179,951	18,654	73
76.97	CARDIAC REHABILITATION	0.154196	1,183,776			182,534		76.97
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	1.006008	1,209,659	308		1,216,927	310	90
90.01	PSYCH CLINIC	0.689315	2,345,315			1,616,661		90.01
90.02	TRANSPLANT CLINIC	0.282059	2,297,485	624		648,026	176	90.02
90.03	OB CLINIC	1.166459	44,297	10		51,671	12	90.03
91	EMERGENCY	0.117319	26,668,298	359		3,128,698	42	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.323816	10,873,814			3,521,115		92
92.01	OBSERVATION BEDS-DISTINCT	0.312924	1,928,986			603,626		92.01
	OTHER REIMBURSABLE COST CENTERS							
200	SUBTOTAL (see instructions)		541,417,239	165,324		84,317,433	32,278	200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES							201
202	NET CHARGES (line 200 - line 201)		541,417,239	165,324		84,317,433	32,278	202

(A) Worksheet A line numbers



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 02/02/2015 Run Time: 10:08 Version: 2014.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-S281

WORKSHEET D
PART II

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

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II (col. 26))	TOTAL CHARGES (from Wkst. C, Part I, (col. 8))	RATIO OF COST TO CHARGES (col. 1 ÷ col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	12,306,552	732,690,316	0.016796			50
51	RECOVERY ROOM	936,000	59,487,553	0.015734	265,537	4,178	51
52	DELIVERY ROOM & LABOR ROOM	3,381,736	128,942,143	0.026227			52
53	ANESTHESIOLOGY	928,649	63,916,908	0.014529	19,148	278	53
54	RADIOLOGY-DIAGNOSTIC	7,893,461	303,745,625	0.025987	35,573	924	54
55	RADIOLOGY-THERAPEUTIC	4,175,812	153,825,589	0.027146			55
56	RADIOISOTOPE	922,578	59,707,965	0.015452			56
57	CT SCAN	1,061,677	287,568,614	0.003692	61,962	229	57
58	MRI	4,618,223	238,696,631	0.019348	99,404	1,923	58
59	CARDIAC CATHETERIZATION	399,728	55,417,560	0.007213			59
59.01	VASCULAR LAB	222,618	30,844,995	0.007217	10,825	78	59.01
59.02	CARDIAC GRAPHICS	1,060,316	140,500,251	0.007547	83,410	629	59.02
59.03	PULMONARY FUNCTION	270,218	12,478,866	0.021654			59.03
59.04	EPS	2,452,407	32,257,866	0.076025			59.04
59.05	GI	1,437,557	84,152,638	0.017083	2,960	51	59.05
60	LABORATORY	4,819,943	728,362,642	0.006618	448,083	2,965	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	378,752	62,781,491	0.006033			62
63	BLOOD STORING, PROCESSING & TRANS.	876,871	39,500,054	0.022199	501	11	63
63.01	CELL THERAPY LAB						63.01
65	RESPIRATORY THERAPY	665,174	132,043,303	0.005038	43,122	217	65
66	PHYSICAL THERAPY	238,791	8,595,886	0.027780	8,481	236	66
67	OCCUPATIONAL THERAPY	62,895	4,824,031	0.013038	1,101	14	67
70	ELECTROENCEPHALOGRAPHY	581,912	43,795,042	0.013287	18,636	248	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	413,888	163,763,449	0.002527	38,754	98	71
72	IMPL. DEV. CHARGED TO PATIENTS	522,899	180,266,536	0.002901			72
73	DRUGS CHARGED TO PATIENTS	512,649	277,917,220	0.001845	275,713	509	73
76.97	CARDIAC REHABILITATION	7,066	3,194,426	0.002212			76.97
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	464,447	4,999,560	0.092898	150	14	90
90.01	PSYCH CLINIC	115,063	10,131,584	0.011357	136,999	1,556	90.01
90.02	TRANSPLANT CLINIC	82,300	5,827,307	0.014123			90.02
90.03	OB CLINIC	381,510	1,984,086	0.192285			90.03
91	EMERGENCY	2,033,184	221,503,286	0.009179	629,415	5,777	91
92	OBSERVATION BEDS (NON-DISTINCT PART)		33,289,387				92
92.01	OBSERVATION BEDS-DISTINCT	204,420	10,675,379	0.019149			92.01
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (sum of lines 50-199)	54,429,296	4,317,688,189		2,179,774	19,935	200

(A) Worksheet A line numbers



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 02/02/2015 Run Time: 10:08 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-S281

WORKSHEET D
PART IV

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

(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM							50
51	RECOVERY ROOM							51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE							56
57	CT SCAN							57
58	MRI							58
59	CARDIAC CATHETERIZATION							59
59.01	VASCULAR LAB							59.01
59.02	CARDIAC GRAPHICS							59.02
59.03	PULMONARY FUNCTION							59.03
59.04	EPS							59.04
59.05	GI							59.05
60	LABORATORY							60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS							62
63	BLOOD STORING, PROCESSING & TRANS.							63
63.01	CELL THERAPY LAB							63.01
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
67	OCCUPATIONAL THERAPY							67
70	ELECTROENCEPHALOGRAPHY							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
76.97	CARDIAC REHABILITATION							76.97
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC							90
90.01	PSYCH CLINIC							90.01
90.02	TRANSPLANT CLINIC							90.02
90.03	OB CLINIC							90.03
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)							200

(A) Worksheet A line numbers



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 02/02/2015 Run Time: 10:08 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-S281

WORKSHEET D
PART IV

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

(A)	COST CENTER DESCRIPTION	TOTAL CHARGES (from Wkst. C, Part I, col. 8)	RATIO OF COST TO CHARGES (col. 5 ÷ col. 7)	OUTPAT-IENT RATIO OF COST TO CHARGES (col. 6 ÷ col. 7)	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM PASS-THROUGH COSTS (col. 8 x col. 10)	OUTPAT-IENT PROGRAM CHARGES	OUTPAT-IENT PROGRAM PASS-THROUGH COSTS (col. 9 x col. 12)
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	732,690,316						50
51	RECOVERY ROOM	59,487,553			265,537			51
52	DELIVERY ROOM & LABOR ROOM	128,942,143						52
53	ANESTHESIOLOGY	63,916,908			19,148			53
54	RADIOLOGY-DIAGNOSTIC	303,745,625			35,573			54
55	RADIOLOGY-THERAPEUTIC	153,825,589						55
56	RADIOISOTOPE	59,707,965						56
57	CT SCAN	287,568,614			61,962			57
58	MRI	238,696,631			99,404			58
59	CARDIAC CATHETERIZATION	55,417,560						59
59.01	VASCULAR LAB	30,844,995			10,825			59.01
59.02	CARDIAC GRAPHICS	140,500,251			83,410			59.02
59.03	PULMONARY FUNCTION	12,478,866						59.03
59.04	EPS	32,257,866						59.04
59.05	GI	84,152,638			2,960			59.05
60	LABORATORY	728,362,642			448,083			60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	62,781,491						62
63	BLOOD STORING, PROCESSING & TRANS.	39,500,054			501			63
63.01	CELL THERAPY LAB							63.01
65	RESPIRATORY THERAPY	132,043,303			43,122			65
66	PHYSICAL THERAPY	8,595,886			8,481			66
67	OCCUPATIONAL THERAPY	4,824,031			1,101			67
70	ELECTROENCEPHALOGRAPHY	43,795,042			18,636			70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	163,763,449			38,754			71
72	IMPL. DEV. CHARGED TO PATIENTS	180,266,536						72
73	DRUGS CHARGED TO PATIENTS	277,917,220			275,713			73
76.97	CARDIAC REHABILITATION	3,194,426						76.97
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	4,999,560			150			90
90.01	PSYCH CLINIC	10,131,584			136,999			90.01
90.02	TRANSPLANT CLINIC	5,827,307						90.02
90.03	OB CLINIC	1,984,086						90.03
91	EMERGENCY	221,503,286			629,415			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	33,289,387						92
92.01	OBSERVATION BEDS-DISTINCT	10,675,379						92.01
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)	4,317,688,189			2,179,774			200

(A) Worksheet A line numbers



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 02/02/2015 Run Time: 10:08 Version: 2014.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S281

WORKSHEET D
PART V

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

(A)	COST CENTER DESCRIPTION	COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PROGRAM CHARGES			PROGRAM COST		
			PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	0.112953						50
51	RECOVERY ROOM	0.254007						51
52	DELIVERY ROOM & LABOR ROOM	0.257873						52
53	ANESTHESIOLOGY	0.093205						53
54	RADIOLOGY-DIAGNOSTIC	0.162036						54
55	RADIOLOGY-THERAPEUTIC	0.122412						55
56	RADIOISOTOPE	0.125256						56
57	CT SCAN	0.045262						57
58	MRI	0.103533						58
59	CARDIAC CATHETERIZATION	0.071917						59
59.01	VASCULAR LAB	0.066603						59.01
59.02	CARDIAC GRAPHICS	0.089806						59.02
59.03	PULMONARY FUNCTION	0.141319						59.03
59.04	EPS	0.182986						59.04
59.05	GI	0.164218						59.05
60	LABORATORY	0.124447						60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.271728						62
63	BLOOD STORING, PROCESSING & TRANS.	0.246196						63
63.01	CELL THERAPY LAB							63.01
65	RESPIRATORY THERAPY	0.055469						65
66	PHYSICAL THERAPY	0.131023						66
67	OCCUPATIONAL THERAPY	0.097504						67
70	ELECTROENCEPHALOGRAPHY	0.126272						70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.375130						71
72	IMPL. DEV. CHARGED TO PATIENTS	0.436642						72
73	DRUGS CHARGED TO PATIENTS	0.262645						73
76.97	CARDIAC REHABILITATION	0.154196						76.97
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	1.006008						90
90.01	PSYCH CLINIC	0.689315						90.01
90.02	TRANSPLANT CLINIC	0.282059						90.02
90.03	OB CLINIC	1.166459						90.03
91	EMERGENCY	0.117319						91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.323816						92
92.01	OBSERVATION BEDS-DISTINCT	0.312924						92.01
	OTHER REIMBURSABLE COST CENTERS							
200	SUBTOTAL (see instructions)							200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES							201
202	NET CHARGES (line 200 - line 201)							202

(A) Worksheet A line numbers



COMPU-MAX

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 02/02/2015 Run Time: 10:08 Version: 2014.10
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

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

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II, (col. 26))	SWING BED ADJUSTMENT	REDUCED CAPITAL RELATED COST (col. 1 minus col. 2)	TOTAL PATIENT DAYS	PER DIEM (col. 3 ÷ col. 4)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM CAPITAL COST (col. 5 x col. 6)	
	INPATIENT ROUTINE SERV COST CENTERS								
30	ADULTS & PEDIATRICS (General Routine Care)	26,360,680		26,360,680	181,157	145.51	19,298	2,808,052	30
31	INTENSIVE CARE UNIT	5,616,712		5,616,712	28,608	196.33	2,563	503,194	31
32	CORONARY CARE UNIT								32
33	BURN INTENSIVE CARE UNIT								33
34	SURGICAL INTENSIVE CARE UNIT								34
35	SPECIAL CARE NURSERY	2,846,539		2,846,539	21,180	134.40	4,414	593,242	35
40	SUBPROVIDER - IPF	1,338,966		1,338,966	8,293	161.46	1,873	302,415	40
41	SUBPROVIDER - IRF								41
42	SUBPROVIDER I								42
43	NURSERY	37,816		37,816	26,231	1.44	4,062	5,849	43
44	SKILLED NURSING FACILITY								44
45	NURSING FACILITY								45
200	TOTAL (lines 30-199)	36,200,713		36,200,713	265,469		32,210	4,212,752	200

(A) Worksheet A line numbers



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 02/02/2015 Run Time: 10:08 Version: 2014.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0281

WORKSHEET D
PART II

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

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II (col. 26))	TOTAL CHARGES (from Wkst. C, Part I, (col. 8))	RATIO OF COST TO CHARGES (col. 1 ÷ col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)
		1	2	3	4	5
	ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	12,306,552	732,690,316	0.016796		50
51	RECOVERY ROOM	936,000	59,487,553	0.015734		51
52	DELIVERY ROOM & LABOR ROOM	3,381,736	128,942,143	0.026227		52
53	ANESTHESIOLOGY	928,649	63,916,908	0.014529		53
54	RADIOLOGY-DIAGNOSTIC	7,893,461	303,745,625	0.025987		54
55	RADIOLOGY-THERAPEUTIC	4,175,812	153,825,589	0.027146		55
56	RADIOISOTOPE	922,578	59,707,965	0.015452		56
57	CT SCAN	1,061,677	287,568,614	0.003692		57
58	MRI	4,618,223	238,696,631	0.019348		58
59	CARDIAC CATHETERIZATION	399,728	55,417,560	0.007213		59
59.01	VASCULAR LAB	222,618	30,844,995	0.007217		59.01
59.02	CARDIAC GRAPHICS	1,060,316	140,500,251	0.007547		59.02
59.03	PULMONARY FUNCTION	270,218	12,478,866	0.021654		59.03
59.04	EPS	2,452,407	32,257,866	0.076025		59.04
59.05	GI	1,437,557	84,152,638	0.017083		59.05
60	LABORATORY	4,819,943	728,362,642	0.006618		60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	378,752	62,781,491	0.006033		62
63	BLOOD STORING, PROCESSING & TRANS.	876,871	39,500,054	0.022199		63
63.01	CELL THERAPY LAB					63.01
65	RESPIRATORY THERAPY	665,174	132,043,303	0.005038		65
66	PHYSICAL THERAPY	238,791	8,595,886	0.027780		66
67	OCCUPATIONAL THERAPY	62,895	4,824,031	0.013038		67
70	ELECTROENCEPHALOGRAPHY	581,912	43,795,042	0.013287		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	413,888	163,763,449	0.002527		71
72	IMPL. DEV. CHARGED TO PATIENTS	522,899	180,266,536	0.002901		72
73	DRUGS CHARGED TO PATIENTS	512,649	277,917,220	0.001845		73
76.97	CARDIAC REHABILITATION	7,066	3,194,426	0.002212		76.97
	OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	464,447	4,999,560	0.092898		90
90.01	PSYCH CLINIC	115,063	10,131,584	0.011357		90.01
90.02	TRANSPLANT CLINIC	82,300	5,827,307	0.014123		90.02
90.03	OB CLINIC	381,510	1,984,086	0.192285		90.03
91	EMERGENCY	2,033,184	221,503,286	0.009179		91
92	OBSERVATION BEDS (NON-DISTINCT PART)	1,349,492	33,289,387	0.040538		92
92.01	OBSERVATION BEDS-DISTINCT	204,420	10,675,379	0.019149		92.01
	OTHER REIMBURSABLE COST CENTERS					
200	TOTAL (sum of lines 50-199)	55,778,788	4,317,688,189			200

(A) Worksheet A line numbers



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 02/02/2015 Run Time: 10:08 Version: 2014.10
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

(A)	COST CENTER DESCRIPTION	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.)	
		1	2	3	4	5	
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS (General Routine Care)		1,381,298			1,381,298	30
31	INTENSIVE CARE UNIT		244,727			244,727	31
32	CORONARY CARE UNIT						32
33	BURN INTENSIVE CARE UNIT						33
34	SURGICAL INTENSIVE CARE UNIT						34
35	SPECIAL CARE NURSERY						35
40	SUBPROVIDER - IPF						40
41	SUBPROVIDER - IRF						41
42	SUBPROVIDER I						42
43	NURSERY						43
44	SKILLED NURSING FACILITY						44
45	NURSING FACILITY						45
200	TOTAL (lines 30-199)		1,626,025			1,626,025	200

(A) Worksheet A line numbers



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 02/02/2015 Run Time: 10:08 Version: 2014.10
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

		TOTAL PATIENT DAYS	PER DIEM (col. 5 ÷ col. 6)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM PASS THRU COST (col. 7 x col. 8)	
(A)	COST CENTER DESCRIPTION	6	7	8	9	
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS (General Routine Care)	181,157	7.62	19,298	147,051	30
31	INTENSIVE CARE UNIT	28,608	8.55	2,563	21,914	31
32	CORONARY CARE UNIT					32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	SPECIAL CARE NURSERY	21,180		4,414		35
40	SUBPROVIDER - IPF	8,293		1,873		40
41	SUBPROVIDER - IRF					41
42	SUBPROVIDER I					42
43	NURSERY	26,231		4,062		43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)	265,469		32,210	168,965	200

(A) Worksheet A line numbers



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 02/02/2015 Run Time: 10:08 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0281

WORKSHEET D
PART IV

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

(A)	COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST	NURSING SCHOOL	ALLIED HEALTH	ALL OTHER MEDICAL EDUCATION COST	TOTAL COST (sum of col. 1 through col. 4)	TOTAL OUTPATIENT COST (sum of col. 2, 3, and 4)	
		1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM							50
51	RECOVERY ROOM							51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE							56
57	CT SCAN							57
58	MRI							58
59	CARDIAC CATHETERIZATION							59
59.01	VASCULAR LAB							59.01
59.02	CARDIAC GRAPHICS							59.02
59.03	PULMONARY FUNCTION							59.03
59.04	EPS							59.04
59.05	GI							59.05
60	LABORATORY							60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS							62
63	BLOOD STORING, PROCESSING & TRANS.							63
63.01	CELL THERAPY LAB							63.01
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
67	OCCUPATIONAL THERAPY							67
70	ELECTROENCEPHALOGRAPHY							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
76.97	CARDIAC REHABILITATION							76.97
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC							90
90.01	PSYCH CLINIC							90.01
90.02	TRANSPLANT CLINIC							90.02
90.03	OB CLINIC							90.03
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)							200

(A) Worksheet A line numbers



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 02/02/2015 Run Time: 10:08 Version: 2014.10
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0281

**WORKSHEET D
PART IV**

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

(A)	COST CENTER DESCRIPTION	7	8	9	10	11	12	13
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	732,690,316						50
51	RECOVERY ROOM	59,487,553						51
52	DELIVERY ROOM & LABOR ROOM	128,942,143						52
53	ANESTHESIOLOGY	63,916,908						53
54	RADIOLOGY-DIAGNOSTIC	303,745,625						54
55	RADIOLOGY-THERAPEUTIC	153,825,589						55
56	RADIOISOTOPE	59,707,965						56
57	CT SCAN	287,568,614						57
58	MRI	238,696,631						58
59	CARDIAC CATHETERIZATION	55,417,560						59
59.01	VASCULAR LAB	30,844,995						59.01
59.02	CARDIAC GRAPHICS	140,500,251						59.02
59.03	PULMONARY FUNCTION	12,478,866						59.03
59.04	EPS	32,257,866						59.04
59.05	GI	84,152,638						59.05
60	LABORATORY	728,362,642						60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	62,781,491						62
63	BLOOD STORING, PROCESSING & TRANS.	39,500,054						63
63.01	CELL THERAPY LAB							63.01
65	RESPIRATORY THERAPY	132,043,303						65
66	PHYSICAL THERAPY	8,595,886						66
67	OCCUPATIONAL THERAPY	4,824,031						67
70	ELECTROENCEPHALOGRAPHY	43,795,042						70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	163,763,449						71
72	IMPL. DEV. CHARGED TO PATIENTS	180,266,536						72
73	DRUGS CHARGED TO PATIENTS	277,917,220						73
76.97	CARDIAC REHABILITATION	3,194,426						76.97
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	4,999,560						90
90.01	PSYCH CLINIC	10,131,584						90.01
90.02	TRANSPLANT CLINIC	5,827,307						90.02
90.03	OB CLINIC	1,984,086						90.03
91	EMERGENCY	221,503,286						91
92	OBSERVATION BEDS (NON-DISTINCT PART)	33,289,387						92
92.01	OBSERVATION BEDS-DISTINCT	10,675,379						92.01
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)	4,317,688,189						200

(A) Worksheet A line numbers



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 02/02/2015 Run Time: 10:08 Version: 2014.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0281

WORKSHEET D
PART V

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

(A)	COST CENTER DESCRIPTION	COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PROGRAM CHARGES			PROGRAM COST		
			PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	0.112953						50
51	RECOVERY ROOM	0.254007						51
52	DELIVERY ROOM & LABOR ROOM	0.257873						52
53	ANESTHESIOLOGY	0.093205						53
54	RADIOLOGY-DIAGNOSTIC	0.162036						54
55	RADIOLOGY-THERAPEUTIC	0.122412						55
56	RADIOISOTOPE	0.125256						56
57	CT SCAN	0.045262						57
58	MRI	0.103533						58
59	CARDIAC CATHETERIZATION	0.071917						59
59.01	VASCULAR LAB	0.066603						59.01
59.02	CARDIAC GRAPHICS	0.089806						59.02
59.03	PULMONARY FUNCTION	0.141319						59.03
59.04	EPS	0.182986						59.04
59.05	GI	0.164218						59.05
60	LABORATORY	0.124447						60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.271728						62
63	BLOOD STORING, PROCESSING & TRANS.	0.246196						63
63.01	CELL THERAPY LAB							63.01
65	RESPIRATORY THERAPY	0.055469						65
66	PHYSICAL THERAPY	0.131023						66
67	OCCUPATIONAL THERAPY	0.097504						67
70	ELECTROENCEPHALOGRAPHY	0.126272						70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.375130						71
72	IMPL. DEV. CHARGED TO PATIENTS	0.436642						72
73	DRUGS CHARGED TO PATIENTS	0.262645						73
76.97	CARDIAC REHABILITATION	0.154196						76.97
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	1.006008						90
90.01	PSYCH CLINIC	0.689315						90.01
90.02	TRANSPLANT CLINIC	0.282059						90.02
90.03	OB CLINIC	1.166459						90.03
91	EMERGENCY	0.117319						91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.323816						92
92.01	OBSERVATION BEDS-DISTINCT	0.312924						92.01
	OTHER REIMBURSABLE COST CENTERS							
200	SUBTOTAL (see instructions)							200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES							201
202	NET CHARGES (line 200 - line 201)							202

(A) Worksheet A line numbers



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 02/02/2015 Run Time: 10:08 Version: 2014.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-S281

WORKSHEET D
PART II

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

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II (col. 26))	TOTAL CHARGES (from Wkst. C, Part I, (col. 8))	RATIO OF COST TO CHARGES (col. 1 ÷ col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)
		1	2	3	4	5
	ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	12,306,552	732,690,316	0.016796		50
51	RECOVERY ROOM	936,000	59,487,553	0.015734		51
52	DELIVERY ROOM & LABOR ROOM	3,381,736	128,942,143	0.026227		52
53	ANESTHESIOLOGY	928,649	63,916,908	0.014529		53
54	RADIOLOGY-DIAGNOSTIC	7,893,461	303,745,625	0.025987		54
55	RADIOLOGY-THERAPEUTIC	4,175,812	153,825,589	0.027146		55
56	RADIOISOTOPE	922,578	59,707,965	0.015452		56
57	CT SCAN	1,061,677	287,568,614	0.003692		57
58	MRI	4,618,223	238,696,631	0.019348		58
59	CARDIAC CATHETERIZATION	399,728	55,417,560	0.007213		59
59.01	VASCULAR LAB	222,618	30,844,995	0.007217		59.01
59.02	CARDIAC GRAPHICS	1,060,316	140,500,251	0.007547		59.02
59.03	PULMONARY FUNCTION	270,218	12,478,866	0.021654		59.03
59.04	EPS	2,452,407	32,257,866	0.076025		59.04
59.05	GI	1,437,557	84,152,638	0.017083		59.05
60	LABORATORY	4,819,943	728,362,642	0.006618		60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	378,752	62,781,491	0.006033		62
63	BLOOD STORING, PROCESSING & TRANS.	876,871	39,500,054	0.022199		63
63.01	CELL THERAPY LAB					63.01
65	RESPIRATORY THERAPY	665,174	132,043,303	0.005038		65
66	PHYSICAL THERAPY	238,791	8,595,886	0.027780		66
67	OCCUPATIONAL THERAPY	62,895	4,824,031	0.013038		67
70	ELECTROENCEPHALOGRAPHY	581,912	43,795,042	0.013287		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	413,888	163,763,449	0.002527		71
72	IMPL. DEV. CHARGED TO PATIENTS	522,899	180,266,536	0.002901		72
73	DRUGS CHARGED TO PATIENTS	512,649	277,917,220	0.001845		73
76.97	CARDIAC REHABILITATION	7,066	3,194,426	0.002212		76.97
	OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	464,447	4,999,560	0.092898		90
90.01	PSYCH CLINIC	115,063	10,131,584	0.011357		90.01
90.02	TRANSPLANT CLINIC	82,300	5,827,307	0.014123		90.02
90.03	OB CLINIC	381,510	1,984,086	0.192285		90.03
91	EMERGENCY	2,033,184	221,503,286	0.009179		91
92	OBSERVATION BEDS (NON-DISTINCT PART)		33,289,387			92
92.01	OBSERVATION BEDS-DISTINCT	204,420	10,675,379	0.019149		92.01
	OTHER REIMBURSABLE COST CENTERS					
200	TOTAL (sum of lines 50-199)	54,429,296	4,317,688,189			200

(A) Worksheet A line numbers



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 02/02/2015 Run Time: 10:08 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-S281

WORKSHEET D
PART IV

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

(A)	COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST	NURSING SCHOOL	ALLIED HEALTH	ALL OTHER MEDICAL EDUCATION COST	TOTAL COST (sum of col. 1 through col. 4)	TOTAL OUTPATIENT COST (sum of col. 2, 3, and 4)	
		1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM							50
51	RECOVERY ROOM							51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE							56
57	CT SCAN							57
58	MRI							58
59	CARDIAC CATHETERIZATION							59
59.01	VASCULAR LAB							59.01
59.02	CARDIAC GRAPHICS							59.02
59.03	PULMONARY FUNCTION							59.03
59.04	EPS							59.04
59.05	GI							59.05
60	LABORATORY							60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS							62
63	BLOOD STORING, PROCESSING & TRANS.							63
63.01	CELL THERAPY LAB							63.01
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
67	OCCUPATIONAL THERAPY							67
70	ELECTROENCEPHALOGRAPHY							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
76.97	CARDIAC REHABILITATION							76.97
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC							90
90.01	PSYCH CLINIC							90.01
90.02	TRANSPLANT CLINIC							90.02
90.03	OB CLINIC							90.03
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)							200

(A) Worksheet A line numbers



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 02/02/2015 Run Time: 10:08 Version: 2014.10
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S281

**WORKSHEET D
PART IV**

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

(A)	COST CENTER DESCRIPTION	7	8	9	10	11	12	13
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	732,690,316						50
51	RECOVERY ROOM	59,487,553						51
52	DELIVERY ROOM & LABOR ROOM	128,942,143						52
53	ANESTHESIOLOGY	63,916,908						53
54	RADIOLOGY-DIAGNOSTIC	303,745,625						54
55	RADIOLOGY-THERAPEUTIC	153,825,589						55
56	RADIOISOTOPE	59,707,965						56
57	CT SCAN	287,568,614						57
58	MRI	238,696,631						58
59	CARDIAC CATHETERIZATION	55,417,560						59
59.01	VASCULAR LAB	30,844,995						59.01
59.02	CARDIAC GRAPHICS	140,500,251						59.02
59.03	PULMONARY FUNCTION	12,478,866						59.03
59.04	EPS	32,257,866						59.04
59.05	GI	84,152,638						59.05
60	LABORATORY	728,362,642						60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	62,781,491						62
63	BLOOD STORING, PROCESSING & TRANS.	39,500,054						63
63.01	CELL THERAPY LAB							63.01
65	RESPIRATORY THERAPY	132,043,303						65
66	PHYSICAL THERAPY	8,595,886						66
67	OCCUPATIONAL THERAPY	4,824,031						67
70	ELECTROENCEPHALOGRAPHY	43,795,042						70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	163,763,449						71
72	IMPL. DEV. CHARGED TO PATIENTS	180,266,536						72
73	DRUGS CHARGED TO PATIENTS	277,917,220						73
76.97	CARDIAC REHABILITATION	3,194,426						76.97
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	4,999,560						90
90.01	PSYCH CLINIC	10,131,584						90.01
90.02	TRANSPLANT CLINIC	5,827,307						90.02
90.03	OB CLINIC	1,984,086						90.03
91	EMERGENCY	221,503,286						91
92	OBSERVATION BEDS (NON-DISTINCT PART)	33,289,387						92
92.01	OBSERVATION BEDS-DISTINCT	10,675,379						92.01
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)	4,317,688,189						200

(A) Worksheet A line numbers



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 02/02/2015 Run Time: 10:08 Version: 2014.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S281

WORKSHEET D
PART V

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

(A)	COST CENTER DESCRIPTION	COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PROGRAM CHARGES			PROGRAM COST		
			PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	0.112953						50
51	RECOVERY ROOM	0.254007						51
52	DELIVERY ROOM & LABOR ROOM	0.257873						52
53	ANESTHESIOLOGY	0.093205						53
54	RADIOLOGY-DIAGNOSTIC	0.162036						54
55	RADIOLOGY-THERAPEUTIC	0.122412						55
56	RADIOISOTOPE	0.125256						56
57	CT SCAN	0.045262						57
58	MRI	0.103533						58
59	CARDIAC CATHETERIZATION	0.071917						59
59.01	VASCULAR LAB	0.066603						59.01
59.02	CARDIAC GRAPHICS	0.089806						59.02
59.03	PULMONARY FUNCTION	0.141319						59.03
59.04	EPS	0.182986						59.04
59.05	GI	0.164218						59.05
60	LABORATORY	0.124447						60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.271728						62
63	BLOOD STORING, PROCESSING & TRANS.	0.246196						63
63.01	CELL THERAPY LAB							63.01
65	RESPIRATORY THERAPY	0.055469						65
66	PHYSICAL THERAPY	0.131023						66
67	OCCUPATIONAL THERAPY	0.097504						67
70	ELECTROENCEPHALOGRAPHY	0.126272						70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.375130						71
72	IMPL. DEV. CHARGED TO PATIENTS	0.436642						72
73	DRUGS CHARGED TO PATIENTS	0.262645						73
76.97	CARDIAC REHABILITATION	0.154196						76.97
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	1.006008						90
90.01	PSYCH CLINIC	0.689315						90.01
90.02	TRANSPLANT CLINIC	0.282059						90.02
90.03	OB CLINIC	1.166459						90.03
91	EMERGENCY	0.117319						91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.323816						92
92.01	OBSERVATION BEDS-DISTINCT	0.312924						92.01
	OTHER REIMBURSABLE COST CENTERS							
200	SUBTOTAL (see instructions)							200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES							201
202	NET CHARGES (line 200 - line 201)							202

(A) Worksheet A line numbers



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0281

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	181,157	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	181,157	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)	171,883	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)	56,883	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)	210,567,599	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	210,567,599	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)	210,567,599	37



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0281

WORKSHEET D-1
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)					1,162.35	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)					66,117,955	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)					66,117,955	41
		TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (col. 1 ÷ col. 2)	PROGRAM DAYS	PROGRAM COST (col. 3 x col. 4)	
		1	2	3	4	5	
42	NURSERY (Titles V and XIX only)						42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT	56,119,827	28,608	1,961.68	12,352	24,230,671	43
44	CORONARY CARE UNIT						44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	SPECIAL CARE NURSERY	25,437,727	21,180	1,201.03			47

48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)					114,046,244	48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)					204,394,870	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)					11,241,171	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)					7,065,071	51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)					18,306,242	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)					186,088,628	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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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0281

WORKSHEET D-1
PARTS III & IV

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	TOTAL OBSERVATION BED DAYS (see instructions)					9,274	87
88	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (line 27 ÷ line 2)					1,162.35	88
89	OBSERVATION BED COST (line 87 x line 88) (see instructions)					10,779,634	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	26,360,680	210,567,599	0.125189	10,779,634	1,349,492	90
91	NURSING SCHOOL COST						91
92	ALLIED HEALTH COST	1,381,298	210,567,599	0.006560	10,779,634	70,714	92
93	ALL OTHER MEDICAL EDUCATION						93



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S281

WORKSHEET D-1
PART I

CHECK [] TITLE V - I/P [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [XX] 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)	8,293	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	8,293	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)	8,293	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed and newborn days)	2,525	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed days)		14
15	TOTAL NURSERY DAYS (Title V or Title XIX only)		15
16	TITLE V OR XIX NURSERY DAYS (Title V or Title XIX only)		16

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (see instructions)	8,658,708	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 5 x line 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 6 x line 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 7 x line 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 8 x line 20)		25
26	TOTAL SWING-BED COST (see instructions)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	8,658,708	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)	8,658,708	37



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S281

WORKSHEET D-1
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)	1,044.10	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)	2,636,353	39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (line 14 x line 35)		40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 39 + line 40)	2,636,353	41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)	418,479	48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)	3,054,832	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)	407,687	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)	19,935	51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)	427,622	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)	2,627,210	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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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0281

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	181,157	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	181,157	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)	171,883	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)	19,298	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed days)		14
15	TOTAL NURSERY DAYS (Title V or Title XIX only)	26,231	15
16	TITLE V OR XIX NURSERY DAYS (Title V or Title XIX only)	4,062	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)	210,241,665	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	210,241,665	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)	210,241,665	37



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0281

WORKSHEET D-1
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)					1,160.55	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)					22,396,294	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)					22,396,294	41
		TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (col. 1 ÷ col. 2)	PROGRAM DAYS	PROGRAM COST (col. 3 x col. 4)	
		1	2	3	4	5	
42	NURSERY (Titles V and XIX only)	4,203,270	26,231	160.24	4,062	650,895	42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT	55,873,680	28,608	1,953.08	2,563	5,005,744	43
44	CORONARY CARE UNIT						44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	SPECIAL CARE NURSERY	25,310,423	21,180	1,195.02	4,414	5,274,818	47

48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)						48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)					33,327,751	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)					4,079,302	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)					4,079,302	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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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0281

WORKSHEET D-1
PARTS III & IV

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	TOTAL OBSERVATION BED DAYS (see instructions)					9,274	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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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S281

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	8,293	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	8,293	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)	8,293	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)	1,873	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed days)		14
15	TOTAL NURSERY DAYS (Title V or Title XIX only)		15
16	TITLE V OR XIX NURSERY DAYS (Title V or Title XIX only)		16

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (see instructions)	8,563,409	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 5 x line 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 6 x line 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 7 x line 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 8 x line 20)		25
26	TOTAL SWING-BED COST (see instructions)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	8,563,409	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)	8,563,409	37



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S281

WORKSHEET D-1
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)	1,032.61	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)	1,934,079	39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (line 14 x line 35)		40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 39 + line 40)	1,934,079	41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)		48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)	1,934,079	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)	302,415	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)	302,415	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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APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

WORKSHEET D-2
PARTS I-III

PART I - NOT IN APPROVED TEACHING PROGRAM

	COST CENTERS	PERCENT OF ASSIGNED TIME	EXPENSE ALLOCATION	TOTAL INPATIENT DAYS ALL PATIENTS	
		1	2	3	
1	TOTAL COST OF SERVICES RENDERED	100.00	706,532		1
	HOSPITAL INPATIENT ROUTINE SERVICES:				
2	ADULTS & PEDIATRICS (general routine care)	95.01	671,276	181,157	2
3	INTENSIVE CARE UNIT			28,608	3
4	CORONARY CARE UNIT				4
5	BURN INTENSIVE CARE UNIT				5
6	SURGICAL INTENSIVE CARE UNIT				6
7	SPECIAL CARE NURSERY			21,180	7
8	NURSERY			26,231	8
9	SUBTOTAL (sum of lines 2-8)	95.01	671,276		9
10	IPF - INPATIENT ROUTINE SERVICE			8,293	10
11	IRF - INPATIENT ROUTINE SERVICE				11
12	SUB (OTHER) - INPATIENT ROUTINE SERVICE				12
13	SKILLED NURSING FACILITY				13
14	NURSING FACILITY				14
15	OTHER LONG TERM CARE				15
16	HOME HEALTH AGENCY				16
17	CMHC				17
17.10	CORF				17.10
18	AMBULATORY SURGICAL CENTER				18
19	HOSPICE				19
20	SUBTOTAL (sum of lines 9-19)	95.01	671,276		20
	HOSPITAL OUTPATIENT SERVICES:			TOTAL CHARGES (from Worksheet C, Part I, column 8, lines 88 through 93)	
21	RURAL HEALTH CLINIC (RHC)				21
22	FEDERALLY QUALIFIED HEALTH CLINIC (FQHC)				22
23	CLINIC	4.99	35,256	4,999,560	23
23.01	PSYCH CLINIC			10,131,584	23.01
23.02	TRANSPLANT CLINIC			5,827,307	23.02
23.03	OB CLINIC			1,984,086	23.03
24	EMERGENCY			221,503,286	24
25	OBSERVATION BEDS (NON-DISTINCT PART)			33,289,387	25
25.01	OBSERVATION BEDS-DISTINCT			10,675,379	25.01
26	OTHER OUTPATIENT SERVICE (SPECIFY)				26
27	SUBTOTAL (sum of lines 21-26)	4.99	35,256		27
28	TOTAL (sum of lines 20 & 27)	100.00	706,532		28

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

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



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APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

WORKSHEET D-2
PARTS I-III

PART I - NOT IN APPROVED TEACHING PROGRAM

	COST CENTERS	AVERAGE COST PER DAY	HEALTH CARE PROGRAM INPATIENT DAYS			TITLE V (col. 4 x col. 5)	TITLE XVIII (col. 4 x col. 6)	TITLE XIX (col. 4 x col. 7)	
			TITLE V	TITLE XVIII, PART B	TITLE XIX				
		4	5	6	7	8	9	10	
1	TOTAL COST OF SERVICES RENDERED								1
	HOSPITAL INPATIENT ROUTINE SERVICES:								1
2	ADULTS & PEDIATRICS (general routine care)	4		56,883	19,298		211,036	71,596	2
3	INTENSIVE CARE UNIT			12,352	2,563				3
4	CORONARY CARE UNIT								4
5	BURN INTENSIVE CARE UNIT								5
6	SURGICAL INTENSIVE CARE UNIT								6
7	SPECIAL CARE NURSERY				4,414				7
8	NURSERY				4,062				8
9	SUBTOTAL (sum of lines 2-8)						211,036	71,596	9
10	IPF - INPATIENT ROUTINE SERVICE			2,525	1,873				10
11	IRF - INPATIENT ROUTINE SERVICE								11
12	SUB (OTHER) - INPATIENT ROUTINE SERVICE								12
13	SKILLED NURSING FACILITY								13
14	NURSING FACILITY								14
15	OTHER LONG TERM CARE								15
16	HOME HEALTH AGENCY								16
17	CMHC								17
17.10	CORF								17.10
18	AMBULATORY SURGICAL CENTER								18
19	HOSPICE								19
20	SUBTOTAL (sum of lines 9-19)								20
			TITLES V AND XIX OUTPATIENT AND TITLE XVIII PART B CHARGES			TITLES V AND XIX OUTPATIENT AND TITLE XVIII PART B COST			
		RATIO OF COST TO CHARGES (col. 2 ÷ col. 3)	TITLE V	TITLE XVIII PART B	TITLE XIX	TITLE V	TITLE XVIII PART B	TITLE XIX	
	HOSPITAL OUTPATIENT SERVICES:								
21	RURAL HEALTH CLINIC								21
22	FEDERALLY QUALIFIED HEALTH CENTER CLINIC						8,866		22
23	CLINIC			1,257,216					23
23.01	PSYCH CLINIC			2,535,464					23.01
23.02	TRANSPLANT CLINIC			2,381,749					23.02
23.03	OB CLINIC			45,151					23.03
24	EMERGENCY			52,343,562					24
25	OBSERVATION BEDS (NON-DISTINCT PART)			10,873,814					25
25.01	OBSERVATION BEDS-DISTINCT			2,357,021					25.01
26	OTHER OUTPATIENT SERVICE (SPECIFY)								26
27	SUBTOTAL (sum of lines 21-26)						8,866		27
28	TOTAL (sum of lines 20 & 27)								28

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

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



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 02/02/2015 Run Time: 10:08 Version: 2014.10
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0281

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS		103,617,940		30
31	INTENSIVE CARE UNIT		53,555,200		31
35	SPECIAL CARE NURSERY				35
40	SUBPROVIDER - IPF				40
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.113688	151,320,561	17,203,332	50
51	RECOVERY ROOM	0.254115	7,778,068	1,976,524	51
52	DELIVERY ROOM & LABOR ROOM	0.259299	167,263	43,371	52
53	ANESTHESIOLOGY	0.094385	12,625,185	1,191,628	53
54	RADIOLOGY-DIAGNOSTIC	0.163217	37,838,230	6,175,842	54
55	RADIOLOGY-THERAPEUTIC	0.122994	2,515,105	309,343	55
56	RADIOISOTOPE	0.125984	3,206,085	403,915	56
57	CT SCAN	0.045392	30,934,333	1,404,171	57
58	MRI	0.103690	15,897,490	1,648,411	58
59	CARDIAC CATHETERIZATION	0.073703	12,670,997	933,890	59
59.01	VASCULAR LAB	0.068101	6,206,154	422,645	59.01
59.02	CARDIAC GRAPHICS	0.090785	23,414,825	2,125,715	59.02
59.03	PULMONARY FUNCTION	0.142835	1,103,637	157,638	59.03
59.04	EPS	0.184580	4,295,153	792,799	59.04
59.05	GI	0.165415	3,695,247	611,249	59.05
60	LABORATORY	0.124498	97,787,039	12,174,291	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.271728	19,247,397	5,230,057	62
63	BLOOD STORING, PROCESSING & TRANS.	0.247243	7,236,152	1,789,088	63
63.01	CELL THERAPY LAB				63.01
65	RESPIRATORY THERAPY	0.055469	42,957,674	2,382,819	65
66	PHYSICAL THERAPY	0.136087	3,623,225	493,074	66
67	OCCUPATIONAL THERAPY	0.097504	1,941,833	189,336	67
70	ELECTROENCEPHALOGRAPHY	0.129402	7,417,654	959,859	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.375130	30,690,390	11,512,886	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.436642	52,400,622	22,880,312	72
73	DRUGS CHARGED TO PATIENTS	0.262645	67,790,137	17,804,741	73
76.97	CARDIAC REHABILITATION	0.154196	3,168	488	76.97
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	1.015621	47,099	47,835	90
90.01	PSYCH CLINIC	0.710838	53,150	37,781	90.01
90.02	TRANSPLANT CLINIC	0.282059	83,640	23,591	90.02
90.03	OB CLINIC	1.185312	844	1,000	90.03
91	EMERGENCY	0.119170	25,045,490	2,984,671	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.323816			92
92.01	OBSERVATION BEDS-DISTINCT	0.312924	428,035	133,942	92.01
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (sum of lines 50-94, and 96-98)		670,421,882	114,046,244	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		670,421,882		202

(A) Worksheet A line numbers



COMPU-MAX

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 02/02/2015 Run Time: 10:08 Version: 2014.10
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S281

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS				30
31	INTENSIVE CARE UNIT				31
35	SPECIAL CARE NURSERY				35
40	SUBPROVIDER - IPF		4,889,327		40
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.113688			50
51	RECOVERY ROOM	0.254115	265,537	67,477	51
52	DELIVERY ROOM & LABOR ROOM	0.259299			52
53	ANESTHESIOLOGY	0.094385	19,148	1,807	53
54	RADIOLOGY-DIAGNOSTIC	0.163217	35,573	5,806	54
55	RADIOLOGY-THERAPEUTIC	0.122994			55
56	RADIOISOTOPE	0.125984			56
57	CT SCAN	0.045392	61,962	2,813	57
58	MRI	0.103690	99,404	10,307	58
59	CARDIAC CATHETERIZATION	0.073703			59
59.01	VASCULAR LAB	0.068101	10,825	737	59.01
59.02	CARDIAC GRAPHICS	0.090785	83,410	7,572	59.02
59.03	PULMONARY FUNCTION	0.142835			59.03
59.04	EPS	0.184580			59.04
59.05	GI	0.165415	2,960	490	59.05
60	LABORATORY	0.124498	448,083	55,785	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.271728			62
63	BLOOD STORING, PROCESSING & TRANS.	0.247243	501	124	63
63.01	CELL THERAPY LAB				63.01
65	RESPIRATORY THERAPY	0.055469	43,122	2,392	65
66	PHYSICAL THERAPY	0.136087	8,481	1,154	66
67	OCCUPATIONAL THERAPY	0.097504	1,101	107	67
70	ELECTROENCEPHALOGRAPHY	0.129402	18,636	2,412	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.375130	38,754	14,538	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.436642			72
73	DRUGS CHARGED TO PATIENTS	0.262645	275,713	72,415	73
76.97	CARDIAC REHABILITATION	0.154196			76.97
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	1.015621	150	152	90
90.01	PSYCH CLINIC	0.710838	136,999	97,384	90.01
90.02	TRANSPLANT CLINIC	0.282059			90.02
90.03	OB CLINIC	1.185312			90.03
91	EMERGENCY	0.119170	629,415	75,007	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.323816			92
92.01	OBSERVATION BEDS-DISTINCT	0.312924			92.01
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (sum of lines 50-94, and 96-98)		2,179,774	418,479	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		2,179,774		202

(A) Worksheet A line numbers



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 02/02/2015 Run Time: 10:08 Version: 2014.10
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0281

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS				30
31	INTENSIVE CARE UNIT				31
35	SPECIAL CARE NURSERY				35
40	SUBPROVIDER - IPF				40
43	NURSERY				43
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.112953			50
51	RECOVERY ROOM	0.254007			51
52	DELIVERY ROOM & LABOR ROOM	0.257873			52
53	ANESTHESIOLOGY	0.093205			53
54	RADIOLOGY-DIAGNOSTIC	0.162036			54
55	RADIOLOGY-THERAPEUTIC	0.122412			55
56	RADIOISOTOPE	0.125256			56
57	CT SCAN	0.045262			57
58	MRI	0.103533			58
59	CARDIAC CATHETERIZATION	0.071917			59
59.01	VASCULAR LAB	0.066603			59.01
59.02	CARDIAC GRAPHICS	0.089806			59.02
59.03	PULMONARY FUNCTION	0.141319			59.03
59.04	EPS	0.182986			59.04
59.05	GI	0.164218			59.05
60	LABORATORY	0.124447			60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.271728			62
63	BLOOD STORING, PROCESSING & TRANS.	0.246196			63
63.01	CELL THERAPY LAB				63.01
65	RESPIRATORY THERAPY	0.055469			65
66	PHYSICAL THERAPY	0.131023			66
67	OCCUPATIONAL THERAPY	0.097504			67
70	ELECTROENCEPHALOGRAPHY	0.126272			70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.375130			71
72	IMPL. DEV. CHARGED TO PATIENTS	0.436642			72
73	DRUGS CHARGED TO PATIENTS	0.262645			73
76.97	CARDIAC REHABILITATION	0.154196			76.97
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	1.006008			90
90.01	PSYCH CLINIC	0.689315			90.01
90.02	TRANSPLANT CLINIC	0.282059			90.02
90.03	OB CLINIC	1.166459			90.03
91	EMERGENCY	0.117319			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.323816			92
92.01	OBSERVATION BEDS-DISTINCT	0.312924			92.01
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (sum of lines 50-94, and 96-98)				200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)				202

(A) Worksheet A line numbers



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 02/02/2015 Run Time: 10:08 Version: 2014.10
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S281

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS				30
31	INTENSIVE CARE UNIT				31
35	SPECIAL CARE NURSERY				35
40	SUBPROVIDER - IPF				40
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.112953			50
51	RECOVERY ROOM	0.254007			51
52	DELIVERY ROOM & LABOR ROOM	0.257873			52
53	ANESTHESIOLOGY	0.093205			53
54	RADIOLOGY-DIAGNOSTIC	0.162036			54
55	RADIOLOGY-THERAPEUTIC	0.122412			55
56	RADIOISOTOPE	0.125256			56
57	CT SCAN	0.045262			57
58	MRI	0.103533			58
59	CARDIAC CATHETERIZATION	0.071917			59
59.01	VASCULAR LAB	0.066603			59.01
59.02	CARDIAC GRAPHICS	0.089806			59.02
59.03	PULMONARY FUNCTION	0.141319			59.03
59.04	EPS	0.182986			59.04
59.05	GI	0.164218			59.05
60	LABORATORY	0.124447			60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.271728			62
63	BLOOD STORING, PROCESSING & TRANS.	0.246196			63
63.01	CELL THERAPY LAB				63.01
65	RESPIRATORY THERAPY	0.055469			65
66	PHYSICAL THERAPY	0.131023			66
67	OCCUPATIONAL THERAPY	0.097504			67
70	ELECTROENCEPHALOGRAPHY	0.126272			70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.375130			71
72	IMPL. DEV. CHARGED TO PATIENTS	0.436642			72
73	DRUGS CHARGED TO PATIENTS	0.262645			73
76.97	CARDIAC REHABILITATION	0.154196			76.97
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	1.006008			90
90.01	PSYCH CLINIC	0.689315			90.01
90.02	TRANSPLANT CLINIC	0.282059			90.02
90.03	OB CLINIC	1.166459			90.03
91	EMERGENCY	0.117319			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.323816			92
92.01	OBSERVATION BEDS-DISTINCT	0.312924			92.01
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (sum of lines 50-94, and 96-98)				200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)				202

(A) Worksheet A line numbers



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 02/02/2015 Run Time: 10:08 Version: 2014.10
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

**WORKSHEET D-4
PART I**

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

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

	COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	INPATIENT ROUTINE ORGAN CHARGES		PER DIEM COSTS (from Wkst D-1, Part II)	ORGAN ACQUISITION DAYS	COST (col. 2 x col. 3)	
		1	D	2	3	4	
1	ADULTS & PEDIATRICS	286,400	38	1,162.35	161	187,138	1
2	INTENSIVE CARE UNIT	4,943	43	1,961.68	1	1,962	2
3	CORONARY CARE UNIT		44				3
4	BURN INTENSIVE CARE UNIT		45				4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	SPECIAL CARE NURSERY		47	1,201.03			6
7	TOTAL (sum of lines 1-6)	291,343			162	189,100	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	0.112953	4,132,598	466,789	8
9	RECOVERY ROOM	51	0.254007	4,943	1,256	9
10	DELIVERY ROOM & LABOR ROOM	52	0.257873			10
11	ANESTHESIOLOGY	53	0.093205	327,165	30,493	11
12	RADIOLOGY-DIAGNOSTIC	54	0.162036	317,215	51,400	12
13	RADIOLOGY-THERAPEUTIC	55	0.122412			13
14	RADIOISOTOPE	56	0.125256	364,880	45,703	14
15	CT SCAN	57	0.045262	1,205,441	54,561	15
16	MRI	58	0.103533			16
17	CARDIAC CATHETERIZATION	59	0.071917	22,465	1,616	17
17.01	VASCULAR LAB	59.0 1	0.066603	11,129	741	17.01
17.02	CARDIAC GRAPHICS	59.0 2	0.089806	204,975	18,408	17.02
17.03	PULMONARY FUNCTION	59.0 3	0.141319	2,852	403	17.03
17.04	EPS	59.0 4	0.182986			17.04
17.05	GI	59.0 5	0.164218			17.05
18	LABORATORY	60	0.124447	3,176,698	395,331	18
19	PBP CLINICAL LAB SERVICES-PRGM ONLY	61				19
20	WHOLE BLOOD & PACKED RED BLOOD CELLS	62	0.271728	7,231	1,965	20
21	BLOOD STORING, PROCESSING & TRANS.	63	0.246196	190,879	46,994	21
21.01	CELL THERAPY LAB	63.0 1				21.01
22	INTRAVENOUS THERAPY	64				22
23	RESPIRATORY THERAPY	65	0.055469	29,024	1,610	23
24	PHYSICAL THERAPY	66	0.131023	444	58	24
25	OCCUPATIONAL THERAPY	67	0.097504	511	50	25
26	SPEECH PATHOLOGY	68				26
27	ELECTROCARDIOLOGY	69				27
28	ELECTROENCEPHALOGRAPHY	70	0.126272			28
29	MEDICAL SUPPLIES CHARGED TO PATIENTS	71	0.375130	1,141,737	428,300	29
30	IMPL. DEV. CHARGED TO PATIENTS	72	0.436642	4,874	2,128	30
31	DRUGS CHARGED TO PATIENTS	73	0.262645	376,647	98,924	31
32	RENAL DIALYSIS	74				32
33	ASC (NON-DISTINCT PART)	75				33
34	OTHER ANCILLARY (SPECIFY)	76				34
34.97	CARDIAC REHABILITATION	76.9 7	0.154196			34.97
35	RURAL HEALTH CLINIC	88				35
36	FEDERALLY QUALIFIED HEALTH CENTER	89				36
37	CLINIC	90	1.006008	16,033	16,129	37
37.01	PSYCH CLINIC	90.0 1	0.689315			37.01



COMPU-MAX

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 02/02/2015 Run Time: 10:08 Version: 2014.10
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4
PART I

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

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

	COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	RATIO OF COST TO CHARGES (from Wkst. C)		ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS	
		C	1	2	3	
37.02	TRANSPLANT CLINIC	90.0 2	0.282059	320,050	90,273	37.02
37.03	OB CLINIC	90.0 3	1.166459			37.03
38	EMERGENCY	91	0.117319	5,148	604	38
39	OBSERVATION BEDS (NON-DISTINCT PART)	92	0.323816			39
39.01	OBSERVATION BEDS-DISTINCT	92.0 1	0.312924			39.01
40	OTHER OUTPATIENT SERVICE (SPECIFY)	93				40
41	TOTAL (sum of lines 8-40)			11,862,939	1,753,736	41

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



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 02/02/2015 Run Time: 10:08 Version: 2014.10
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART II

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

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

	COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	AVERAGE COST PER DAY (from Wkst. D-2, Part I, col. 4)		ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS (col. 1 x col. 2)	
		D	I			
				2	3	
42	ADULTS & PEDIATRICS	2	3.71	161	597	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	SPECIAL CARE NURSERY	7				47
48	TOTAL (sum of lines 42-47)			162	597	48

	COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	ORGAN CHARGES (see instructions)		RATIO OF COST TO CHARGES (from Wkst. D-2, Part I, col. 4)	ORGAN ACQUISITION COSTS (col. 1 x col. 2)	
		1	D			
				2	3	
49	RURAL HEALTH CLINIC		21			49
50	FEDERALLY QUALIFIED HEALTH CENTER		22			50
51	CLINIC	16,033	23	0.007052	113	51
51.0 1	PSYCH CLINIC		23.0 1			51.0 1
51.0 2	TRANSPLANT CLINIC	320,050	23.0 2			51.0 2
51.0 3	OB CLINIC		23.0 3			51.0 3
52	EMERGENCY	5,148	24			52
53	OBSERVATION BEDS (NON-DISTINCT PART)		25			53
53.0 1	OBSERVATION BEDS-DISTINCT		25.0 1			53.0 1
54	OTHER OUTPATIENT SERVICE (SPECIFY)		26			54
55	TOTAL (sum of lines 49-54)	341,231			113	55

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



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 02/02/2015 Run Time: 10:08 Version: 2014.10
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

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

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

PART III - SUMMARY OF COSTS AND CHARGES

		COST		CHARGES		
		PART A 1	PART B 2	PART A 3	PART B 4	
56	ROUTINE & ANCILLARY FROM PART I	1,942,836		12,154,282		56
57	INTERNS & RESIDENTS (inpatient)	597				57
58	INTERNS & RESIDENTS (outpatient)	113				58
59	DIRECT ORGAN ACQUISITION (see instructions)	11,540,552		11,540,552		59
60	COST OF SERVICES OF TEACHING PHYSICIANS (Wkst. D-5, Part II)					60
61	TOTAL (sum of lines 56 thru 60)	13,484,098		23,694,834		61
62	TOTAL USABLE ORGANS (see instructions)		245			62
63	MEDICARE USABLE ORGANS (see instructions)		138			63
64	RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (line 63 ÷ line 62)		0.563265			64
65	MEDICARE COST/CHARGES (see instructions)	7,595,120		13,346,471		65
66	REVENUE FOR ORGANS SOLD	729,942				66
67	SUBTOTAL (line 65 minus line 66)	6,865,178		13,346,471		67
68	ORGANS FURNISHED PART B					68
69	NET ORGAN ACQUISITION COST AND CHARGES (see instructions)	6,865,178		13,346,471		69

PART IV - STATISTICS

		LIVING RELATED	CADAVERIC	REVENUE	
		1	2	3	
70	ORGANS EXCISED IN PROVIDER (1)	121	22		70
71	ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS (2)				71
72	ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73	ORGANS PURCHASED FROM OPOs		102		73
74	TOTAL (sum of lines 70 thru 73)	121	124		74
75	ORGANS TRANSPLANTED	121	102		75
76	ORGANS SOLD TO OTHER HOSPITALS				76
77	ORGANS SOLD TO OPOs		22		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)	121	124		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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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4
PART I

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

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

	COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	INPATIENT ROUTINE ORGAN CHARGES		PER DIEM COSTS (from Wkst D-1, Part II)	ORGAN ACQUISITION DAYS	COST (col. 2 x col. 3)	
		1	D				
1	ADULTS & PEDIATRICS		38	1,162.35			1
2	INTENSIVE CARE UNIT	148	43	1,961.68			2
3	CORONARY CARE UNIT		44				3
4	BURN INTENSIVE CARE UNIT		45				4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	SPECIAL CARE NURSERY		47	1,201.03			6
7	TOTAL (sum of lines 1-6)	148					7

	COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	RATIO OF COST TO CHARGES (from Wkst. C)		ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS	
		C	1			
8	OPERATING ROOM	50	0.112953	57,717	6,519	8
9	RECOVERY ROOM	51	0.254007			9
10	DELIVERY ROOM & LABOR ROOM	52	0.257873			10
11	ANESTHESIOLOGY	53	0.093205	4,675	436	11
12	RADIOLOGY-DIAGNOSTIC	54	0.162036	4,211	682	12
13	RADIOLOGY-THERAPEUTIC	55	0.122412			13
14	RADIOISOTOPE	56	0.125256			14
15	CT SCAN	57	0.045262	1,976	89	15
16	MRI	58	0.103533			16
17	CARDIAC CATHETERIZATION	59	0.071917	2,156	155	17
17.01	VASCULAR LAB	59.0 1	0.066603			17.01
17.02	CARDIAC GRAPHICS	59.0 2	0.089806	2,409	216	17.02
17.03	PULMONARY FUNCTION	59.0 3	0.141319			17.03
17.04	EPS	59.0 4	0.182986			17.04
17.05	GI	59.0 5	0.164218			17.05
18	LABORATORY	60	0.124447	16,090	2,002	18
19	PBP CLINICAL LAB SERVICES-PRGM ONLY	61				19
20	WHOLE BLOOD & PACKED RED BLOOD CELLS	62	0.271728	1,972	536	20
21	BLOOD STORING, PROCESSING & TRANS.	63	0.246196	6,407	1,577	21
21.01	CELL THERAPY LAB	63.0 1				21.01
22	INTRAVENOUS THERAPY	64				22
23	RESPIRATORY THERAPY	65	0.055469			23
24	PHYSICAL THERAPY	66	0.131023			24
25	OCCUPATIONAL THERAPY	67	0.097504			25
26	SPEECH PATHOLOGY	68				26
27	ELECTROCARDIOLOGY	69				27
28	ELECTROENCEPHALOGRAPHY	70	0.126272			28
29	MEDICAL SUPPLIES CHARGED TO PATIENTS	71	0.375130	4,776	1,792	29
30	IMPL. DEV. CHARGED TO PATIENTS	72	0.436642			30
31	DRUGS CHARGED TO PATIENTS	73	0.262645	2,932	770	31
32	RENAL DIALYSIS	74				32
33	ASC (NON-DISTINCT PART)	75				33
34	OTHER ANCILLARY (SPECIFY)	76				34
34.97	CARDIAC REHABILITATION	76.9 7	0.154196			34.97
35	RURAL HEALTH CLINIC	88				35
36	FEDERALLY QUALIFIED HEALTH CENTER	89				36
37	CLINIC	90	1.006008			37
37.01	PSYCH CLINIC	90.0 1	0.689315			37.01



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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	
37.02	TRANSPLANT CLINIC	90.0 2	0.282059			37.02
37.03	OB CLINIC	90.0 3	1.166459			37.03
38	EMERGENCY	91	0.117319			38
39	OBSERVATION BEDS (NON-DISTINCT PART)	92	0.323816			39
39.01	OBSERVATION BEDS-DISTINCT	92.0 1	0.312924			39.01
40	OTHER OUTPATIENT SERVICE (SPECIFY)	93				40
41	TOTAL (sum of lines 8-40)			105,321	14,774	41

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



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 02/02/2015 Run Time: 10:08 Version: 2014.10
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART II

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

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

	COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	AVERAGE COST PER DAY (from Wkst. D-2, Part I, col. 4)		ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS (col. 1 x col. 2)	
		D	I			
				2	3	
42	ADULTS & PEDIATRICS	2	3.71			42
43	INTENSIVE CARE UNIT	3				43
44	CORONARY CARE UNIT	4				44
45	BURN INTENSIVE CARE UNIT	5				45
46	SURGICAL INTENSIVE CARE UNIT	6				46
47	SPECIAL CARE NURSERY	7				47
48	TOTAL (sum of lines 42-47)					48

	COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	ORGAN CHARGES (see instructions)		RATIO OF COST TO CHARGES (from Wkst. D-2, Part I, col. 4)	ORGAN ACQUISITION COSTS (col. 1 x col. 2)	
		1	D			
				2	3	
49	RURAL HEALTH CLINIC		21			49
50	FEDERALLY QUALIFIED HEALTH CENTER		22			50
51	CLINIC		23	0.007052		51
51.0 1	PSYCH CLINIC		23.0 1			51.0 1
51.0 2	TRANSPLANT CLINIC		23.0 2			51.0 2
51.0 3	OB CLINIC		23.0 3			51.0 3
52	EMERGENCY		24			52
53	OBSERVATION BEDS (NON-DISTINCT PART)		25			53
53.0 1	OBSERVATION BEDS-DISTINCT		25.0 1			53.0 1
54	OTHER OUTPATIENT SERVICE (SPECIFY)		26			54
55	TOTAL (sum of lines 49-54)					55

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



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 02/02/2015 Run Time: 10:08 Version: 2014.10
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PARTS III & IV

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

PART III - SUMMARY OF COSTS AND CHARGES

		COST		CHARGES		
		PART A 1	PART B 2	PART A 3	PART B 4	
56	ROUTINE & ANCILLARY FROM PART I	14,774		105,469		56
57	INTERNS & RESIDENTS (inpatient)					57
58	INTERNS & RESIDENTS (outpatient)					58
59	DIRECT ORGAN ACQUISITION (see instructions)	3,132,736		3,132,736		59
60	COST OF SERVICES OF TEACHING PHYSICIANS (Wkst. D-5, Part II)					60
61	TOTAL (sum of lines 56 thru 60)	3,147,510		3,238,205		61
62	TOTAL USABLE ORGANS (see instructions)		33			62
63	MEDICARE USABLE ORGANS (see instructions)		20			63
64	RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (line 63 ÷ line 62)		0.606061			64
65	MEDICARE COST/CHARGES (see instructions)	1,907,583		1,962,550		65
66	REVENUE FOR ORGANS SOLD	122,676				66
67	SUBTOTAL (line 65 minus line 66)	1,784,907		1,962,550		67
68	ORGANS FURNISHED PART B					68
69	NET ORGAN ACQUISITION COST AND CHARGES (see instructions)	1,784,907		1,962,550		69

PART IV - STATISTICS

		LIVING RELATED	CADAVERIC	REVENUE	
		1	2	3	
70	ORGANS EXCISED IN PROVIDER (1)		6		70
71	ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS (2)				71
72	ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73	ORGANS PURCHASED FROM OPOs		27		73
74	TOTAL (sum of lines 70 thru 73)		33		74
75	ORGANS TRANSPLANTED		27		75
76	ORGANS SOLD TO OTHER HOSPITALS				76
77	ORGANS SOLD TO OPOs		6		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)		33		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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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART I

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

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

	COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	INPATIENT ROUTINE ORGAN CHARGES		PER DIEM COSTS (from Wkst D-1, Part II)	ORGAN ACQUISITION DAYS	COST (col. 2 x col. 3)	
		1	D				
1	ADULTS & PEDIATRICS	75,430	38	1,162.35	41	47,656	1
2	INTENSIVE CARE UNIT	75,697	43	1,961.68	71	139,279	2
3	CORONARY CARE UNIT		44				3
4	BURN INTENSIVE CARE UNIT		45				4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	SPECIAL CARE NURSERY		47	1,201.03			6
7	TOTAL (sum of lines 1-6)	151,127			112	186,935	7

	COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	RATIO OF COST TO CHARGES (from Wkst. C)		ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS	
		C	1			
8	OPERATING ROOM	50	0.112953	1,250,695	141,270	8
9	RECOVERY ROOM	51	0.254007	11,979	3,043	9
10	DELIVERY ROOM & LABOR ROOM	52	0.257873			10
11	ANESTHESIOLOGY	53	0.093205	94,041	8,765	11
12	RADIOLOGY-DIAGNOSTIC	54	0.162036	119,353	19,339	12
13	RADIOLOGY-THERAPEUTIC	55	0.122412			13
14	RADIOISOTOPE	56	0.125256	2,998	376	14
15	CT SCAN	57	0.045262	17,565	795	15
16	MRI	58	0.103533	697,706	72,236	16
17	CARDIAC CATHETERIZATION	59	0.071917	2,875	207	17
17.01	VASCULAR LAB	59.0 1	0.066603	2,165	144	17.01
17.02	CARDIAC GRAPHICS	59.0 2	0.089806	26,257	2,358	17.02
17.03	PULMONARY FUNCTION	59.0 3	0.141319			17.03
17.04	EPS	59.0 4	0.182986			17.04
17.05	GI	59.0 5	0.164218	6,675	1,096	17.05
18	LABORATORY	60	0.124447	759,534	94,522	18
19	PBP CLINICAL LAB SERVICES-PRGM ONLY	61				19
20	WHOLE BLOOD & PACKED RED BLOOD CELLS	62	0.271728	3,474	944	20
21	BLOOD STORING, PROCESSING & TRANS.	63	0.246196	29,081	7,160	21
21.01	CELL THERAPY LAB	63.0 1				21.01
22	INTRAVENOUS THERAPY	64				22
23	RESPIRATORY THERAPY	65	0.055469	59,336	3,291	23
24	PHYSICAL THERAPY	66	0.131023			24
25	OCCUPATIONAL THERAPY	67	0.097504			25
26	SPEECH PATHOLOGY	68				26
27	ELECTROCARDIOLOGY	69				27
28	ELECTROENCEPHALOGRAPHY	70	0.126272			28
29	MEDICAL SUPPLIES CHARGED TO PATIENTS	71	0.375130	263,231	98,746	29
30	IMPL. DEV. CHARGED TO PATIENTS	72	0.436642			30
31	DRUGS CHARGED TO PATIENTS	73	0.262645	14,314	3,760	31
32	RENAL DIALYSIS	74				32
33	ASC (NON-DISTINCT PART)	75				33
34	OTHER ANCILLARY (SPECIFY)	76				34
34.97	CARDIAC REHABILITATION	76.9 7	0.154196			34.97
35	RURAL HEALTH CLINIC	88				35
36	FEDERALLY QUALIFIED HEALTH CENTER	89				36
37	CLINIC	90	1.006008	345	347	37
37.01	PSYCH CLINIC	90.0 1	0.689315			37.01



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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	
37.02	TRANSPLANT CLINIC	90.0 2	0.282059	43,234	12,195	37.02
37.03	OB CLINIC	90.0 3	1.166459			37.03
38	EMERGENCY	91	0.117319	11,257	1,321	38
39	OBSERVATION BEDS (NON-DISTINCT PART)	92	0.323816			39
39.01	OBSERVATION BEDS-DISTINCT	92.0 1	0.312924			39.01
40	OTHER OUTPATIENT SERVICE (SPECIFY)	93				40
41	TOTAL (sum of lines 8-40)			3,416,115	471,915	41

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



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 02/02/2015 Run Time: 10:08 Version: 2014.10
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART II

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

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

	COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	AVERAGE COST PER DAY (from Wkst. D-2, Part I, col. 4)		ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS (col. 1 x col. 2)	
		D	I			
				2	3	
42	ADULTS & PEDIATRICS	2	3.71	41	152	42
43	INTENSIVE CARE UNIT	3		71		43
44	CORONARY CARE UNIT	4				44
45	BURN INTENSIVE CARE UNIT	5				45
46	SURGICAL INTENSIVE CARE UNIT	6				46
47	SPECIAL CARE NURSERY	7				47
48	TOTAL (sum of lines 42-47)			112	152	48

	COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	ORGAN CHARGES (see instructions)		RATIO OF COST TO CHARGES (from Wkst. D-2, Part I, col. 4)	ORGAN ACQUISITION COSTS (col. 1 x col. 2)	
		I	D			
				2	3	
49	RURAL HEALTH CLINIC		21			49
50	FEDERALLY QUALIFIED HEALTH CENTER		22			50
51	CLINIC	345	23	0.007052	2	51
51.0 1	PSYCH CLINIC		23.0 1			51.0 1
51.0 2	TRANSPLANT CLINIC	43,234	23.0 2			51.0 2
51.0 3	OB CLINIC		23.0 3			51.0 3
52	EMERGENCY	11,257	24			52
53	OBSERVATION BEDS (NON-DISTINCT PART)		25			53
53.0 1	OBSERVATION BEDS-DISTINCT		25.0 1			53.0 1
54	OTHER OUTPATIENT SERVICE (SPECIFY)		26			54
55	TOTAL (sum of lines 49-54)	54,836			2	55

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



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 02/02/2015 Run Time: 10:08 Version: 2014.10
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PARTS III & IV

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

PART III - SUMMARY OF COSTS AND CHARGES

		COST		CHARGES		
		PART A 1	PART B 2	PART A 3	PART B 4	
56	ROUTINE & ANCILLARY FROM PART I	658,850		3,567,242		56
57	INTERNS & RESIDENTS (inpatient)	152				57
58	INTERNS & RESIDENTS (outpatient)	2				58
59	DIRECT ORGAN ACQUISITION (see instructions)	7,252,259		7,252,259		59
60	COST OF SERVICES OF TEACHING PHYSICIANS (Wkst. D-5, Part II)					60
61	TOTAL (sum of lines 56 thru 60)	7,911,263		10,819,501		61
62	TOTAL USABLE ORGANS (see instructions)		119			62
63	MEDICARE USABLE ORGANS (see instructions)		49			63
64	RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (line 63 ÷ line 62)		0.411765			64
65	MEDICARE COST/CHARGES (see instructions)	3,257,581		4,455,092		65
66	REVENUE FOR ORGANS SOLD	246,006				66
67	SUBTOTAL (line 65 minus line 66)	3,011,575		4,455,092		67
68	ORGANS FURNISHED PART B					68
69	NET ORGAN ACQUISITION COST AND CHARGES (see instructions)	3,011,575		4,455,092		69

PART IV - STATISTICS

		LIVING RELATED	CADAVERIC	REVENUE	
		1	2	3	
70	ORGANS EXCISED IN PROVIDER (1)	25	8		70
71	ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS (2)		86		71
72	ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73	ORGANS PURCHASED FROM OPOs				73
74	TOTAL (sum of lines 70 thru 73)	25	94		74
75	ORGANS TRANSPLANTED	25	86		75
76	ORGANS SOLD TO OTHER HOSPITALS				76
77	ORGANS SOLD TO OPOs		8		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)	25	94		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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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART I

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

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

	COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	INPATIENT ROUTINE ORGAN CHARGES		PER DIEM COSTS (from Wkst D-1, Part II)	ORGAN ACQUISITION DAYS	COST (col. 2 x col. 3)	
		I	D				
1	ADULTS & PEDIATRICS		38	1,162.35			1
2	INTENSIVE CARE UNIT	74	43	1,961.68			2
3	CORONARY CARE UNIT		44				3
4	BURN INTENSIVE CARE UNIT		45				4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	SPECIAL CARE NURSERY		47	1,201.03			6
7	TOTAL (sum of lines 1-6)	74					7

	COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	RATIO OF COST TO CHARGES (from Wkst. C)		ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS	
		C	1			
8	OPERATING ROOM	50	0.112953	28,859	3,260	8
9	RECOVERY ROOM	51	0.254007			9
10	DELIVERY ROOM & LABOR ROOM	52	0.257873			10
11	ANESTHESIOLOGY	53	0.093205	2,338	218	11
12	RADIOLOGY-DIAGNOSTIC	54	0.162036	4,105	665	12
13	RADIOLOGY-THERAPEUTIC	55	0.122412			13
14	RADIOISOTOPE	56	0.125256	20,800	2,605	14
15	CT SCAN	57	0.045262	8,218	372	15
16	MRI	58	0.103533			16
17	CARDIAC CATHETERIZATION	59	0.071917	1,078	78	17
17.01	VASCULAR LAB	59.0 1	0.066603			17.01
17.02	CARDIAC GRAPHICS	59.0 2	0.089806	19,872	1,785	17.02
17.03	PULMONARY FUNCTION	59.0 3	0.141319			17.03
17.04	EPS	59.0 4	0.182986			17.04
17.05	GI	59.0 5	0.164218			17.05
18	LABORATORY	60	0.124447	52,085	6,482	18
19	PBP CLINICAL LAB SERVICES-PRGM ONLY	61				19
20	WHOLE BLOOD & PACKED RED BLOOD CELLS	62	0.271728	986	268	20
21	BLOOD STORING, PROCESSING & TRANS.	63	0.246196	2,702	665	21
21.01	CELL THERAPY LAB	63.0 1				21.01
22	INTRAVENOUS THERAPY	64				22
23	RESPIRATORY THERAPY	65	0.055469	5,906	328	23
24	PHYSICAL THERAPY	66	0.131023			24
25	OCCUPATIONAL THERAPY	67	0.097504			25
26	SPEECH PATHOLOGY	68				26
27	ELECTROCARDIOLOGY	69				27
28	ELECTROENCEPHALOGRAPHY	70	0.126272			28
29	MEDICAL SUPPLIES CHARGED TO PATIENTS	71	0.375130	50	19	29
30	IMPL. DEV. CHARGED TO PATIENTS	72	0.436642			30
31	DRUGS CHARGED TO PATIENTS	73	0.262645	8,573	2,252	31
32	RENAL DIALYSIS	74				32
33	ASC (NON-DISTINCT PART)	75				33
34	OTHER ANCILLARY (SPECIFY)	76				34
34.97	CARDIAC REHABILITATION	76.9 7	0.154196			34.97
35	RURAL HEALTH CLINIC	88				35
36	FEDERALLY QUALIFIED HEALTH CENTER	89				36
37	CLINIC	90	1.006008			37
37.01	PSYCH CLINIC	90.0 1	0.689315			37.01



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

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

	COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	RATIO OF COST TO CHARGES (from Wkst. C)		ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS	
		C	1	2	3	
37.02	TRANSPLANT CLINIC	90.0 2	0.282059	10,356	2,921	37.02
37.03	OB CLINIC	90.0 3	1.166459			37.03
38	EMERGENCY	91	0.117319			38
39	OBSERVATION BEDS (NON-DISTINCT PART)	92	0.323816			39
39.01	OBSERVATION BEDS-DISTINCT	92.0 1	0.312924			39.01
40	OTHER OUTPATIENT SERVICE (SPECIFY)	93				40
41	TOTAL (sum of lines 8-40)			165,928	21,918	41

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



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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART II

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

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

	COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	AVERAGE COST PER DAY (from Wkst. D-2, Part I, col. 4)		ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS (col. 1 x col. 2)	
		D	I			
				2	3	
42	ADULTS & PEDIATRICS	2	3.71			42
43	INTENSIVE CARE UNIT	3				43
44	CORONARY CARE UNIT	4				44
45	BURN INTENSIVE CARE UNIT	5				45
46	SURGICAL INTENSIVE CARE UNIT	6				46
47	SPECIAL CARE NURSERY	7				47
48	TOTAL (sum of lines 42-47)					48

	COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	ORGAN CHARGES (see instructions)		RATIO OF COST TO CHARGES (from Wkst. D-2, Part I, col. 4)	ORGAN ACQUISITION COSTS (col. 1 x col. 2)	
		1	D			
				2	3	
49	RURAL HEALTH CLINIC		21			49
50	FEDERALLY QUALIFIED HEALTH CENTER		22			50
51	CLINIC		23	0.007052		51
51.0 1	PSYCH CLINIC		23.0 1			51.0 1
51.0 2	TRANSPLANT CLINIC	10,356	23.0 2			51.0 2
51.0 3	OB CLINIC		23.0 3			51.0 3
52	EMERGENCY		24			52
53	OBSERVATION BEDS (NON-DISTINCT PART)		25			53
53.0 1	OBSERVATION BEDS-DISTINCT		25.0 1			53.0 1
54	OTHER OUTPATIENT SERVICE (SPECIFY)		26			54
55	TOTAL (sum of lines 49-54)	10,356				55

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



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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PARTS III & IV

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

PART III - SUMMARY OF COSTS AND CHARGES

		COST		CHARGES		
		PART A 1	PART B 2	PART A 3	PART B 4	
56	ROUTINE & ANCILLARY FROM PART I	21,918		166,002		56
57	INTERNS & RESIDENTS (inpatient)					57
58	INTERNS & RESIDENTS (outpatient)					58
59	DIRECT ORGAN ACQUISITION (see instructions)	1,234,248		1,234,248		59
60	COST OF SERVICES OF TEACHING PHYSICIANS (Wkst. D-5, Part II)					60
61	TOTAL (sum of lines 56 thru 60)	1,256,166		1,400,250		61
62	TOTAL USABLE ORGANS (see instructions)		19			62
63	MEDICARE USABLE ORGANS (see instructions)		9			63
64	RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (line 63 ÷ line 62)		0.473684			64
65	MEDICARE COST/CHARGES (see instructions)	595,026		663,276		65
66	REVENUE FOR ORGANS SOLD	41,351				66
67	SUBTOTAL (line 65 minus line 66)	553,675		663,276		67
68	ORGANS FURNISHED PART B					68
69	NET ORGAN ACQUISITION COST AND CHARGES (see instructions)	553,675		663,276		69

PART IV - STATISTICS

		LIVING RELATED	CADAVERIC	REVENUE	
		1	2	3	
70	ORGANS EXCISED IN PROVIDER (1)				70
71	ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS (2)				71
72	ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73	ORGANS PURCHASED FROM OPOs			16	73
74	TOTAL (sum of lines 70 thru 73)			19	74
75	ORGANS TRANSPLANTED			16	75
76	ORGANS SOLD TO OTHER HOSPITALS				76
77	ORGANS SOLD TO OPOs			3	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)			19	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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APPORTIONMENT OF COST FOR PHYSICIANS' SERVICES IN A TEACHING HOSPITAL

WORKSHEET D-5
PART III

PART III - REASONABLE COMPENSATION EQUIVALENT COMPUTATION FOR COST REPORTING PERIODS ENDING ON OR AFTER JUNE 30, 2014

	WKST A LINE #	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFESS- IONAL 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	
1	5.05	ADMINISTRATIVE & GEN AGGREGATE	1,801,335		177,200				1
2	13	NURSING ADMINISTRATI AGGREGATE	208,846		177,200				2
3	15	PHARMACY AGGREGATE	90,850		177,200				3
4	17	SOCIAL SERVICE							4
5	22	I&R SERVICES-OTHER P AGGREGATE	6,749,489		177,200				5
6	30	ADULTS & PEDIATRICS AGGREGATE	606,119		196,400				6
7	31	INTENSIVE CARE UNIT AGGREGATE	438,211		165,600				7
8	35	SPECIAL CARE NURSERY AGGREGATE	131,656		196,400				8
9	40	SUBPROVIDER - IPF AGGREGATE	98,983		154,100				9
10	50	OPERATING ROOM AGGREGATE	1,000,071		208,000				10
11	51	RECOVERY ROOM AGGREGATE	89,226		177,200				11
12	52	DELIVERY ROOM & LABO AGGREGATE	251,229		196,400				12
13	53	ANESTHESIOLOGY AGGREGATE	171,314		200,300				13
14	54	RADIOLOGY-DIAGNOSTIC AGGREGATE	371,365		225,300				14
15	55	RADIOLOGY-THERAPEUTI AGGREGATE	92,863		225,300				15
16	56	RADIOISOTOPE AGGREGATE	45,098		225,300				16
17	57	CT SCAN AGGREGATE	38,794		225,300				17
18	58	MRI AGGREGATE	38,794		225,300				18
19	59	CARDIAC CATHETERIZAT AGGREGATE	102,534		165,600				19
20	59.01	VASCULAR LAB AGGREGATE	47,911		165,600				20
21	59.02	CARDIAC GRAPHICS AGGREGATE	194,395		165,200				21
22	59.03	PULMONARY FUNCTION AGGREGATE	22,694		165,200				22
23	59.04	EPS AGGREGATE	102,534		165,200				23
24	59.05	GI AGGREGATE	104,336		177,200				24
25	60	LABORATORY AGGREGATE	64,380		215,400				25
26	60	LABORATORY AGGREGATE	1,850,079		215,400				26
27	63	BLOOD STORING, PROCE AGGREGATE	68,961		215,400				27
28	65	RESPIRATORY THERAPY AGGREGATE	102,072		177,200				28
29	66	PHYSICAL THERAPY AGGREGATE	45,000		177,200				29
30	59.02	CARDIAC GRAPHICS							30
31	70	ELECTROENCEPHALOGRAP AGGREGATE	141,928		165,600				31
32	76.97	CARDIAC REHABILITATI AGGREGATE	8,413		165,600				32
33	90	CLINIC AGGREGATE	56,920		177,200				33
34	90.01	PSYCH CLINIC AGGREGATE	226,333		154,100				34
35	90.03	OB CLINIC AGGREGATE	38,794		165,600				35
36	91	EMERGENCY AGGREGATE	619,370		177,200				36
37	105	KIDNEY ACQUISITION AGGREGATE	30,412		208,000				37
38	106	HEART ACQUISITION AGGREGATE	99,688		208,000				38
39	107	LIVER ACQUISITION AGGREGATE	57,903		208,000				39
40	109	PANCREAS ACQUISITION AGGREGATE	23,666		208,000				40
200		TOTAL	16,232,566						200



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APPORTIONMENT OF COST FOR PHYSICIANS' SERVICES IN A TEACHING HOSPITAL

WORKSHEET D-5
PART III

PART III - REASONABLE COMPENSATION EQUIVALENT COMPUTATION FOR COST REPORTING PERIODS ENDING ON OR AFTER JUNE 30, 2014

	WKST A LINE #	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBER- SHIP & CONTINUING EDUCATION	PROFES- SIONAL COMPONENT SHARE OF COL. 11	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROFES- SIONAL COMPONENT SHARE OF COL. 13	ADJUSTED RCE LIMIT	ADJ COST OF PHYSICIAN'S DIRECT MED- ICAL AND SURG- ICAL SVCS	
	9	10	11	12	13	14	15	16	
1	5.05	ADMINISTRATIVE & GEN AGGREGATE			58,328				1
2	13	NURSING ADMINISTRATI AGGREGATE			6,504				2
3	15	PHARMACY AGGREGATE			3,063				3
4	17	SOCIAL SERVICE							4
5	22	I&R SERVICES-OTHER P AGGREGATE			225,711				5
6	30	ADULTS & PEDIATRICS AGGREGATE			20,333				6
7	31	INTENSIVE CARE UNIT AGGREGATE			14,761				7
8	35	SPECIAL CARE NURSERY AGGREGATE			4,258				8
9	40	SUBPROVIDER - IPF AGGREGATE			3,610				9
10	50	OPERATING ROOM AGGREGATE			33,687				10
11	51	RECOVERY ROOM AGGREGATE			3,006				11
12	52	DELIVERY ROOM & LABO AGGREGATE			8,462				12
13	53	ANESTHESIOLOGY AGGREGATE			5,771				13
14	54	RADIOLOGY-DIAGNOSTIC AGGREGATE			12,509				14
15	55	RADIOLOGY-THERAPEUTI AGGREGATE			3,128				15
16	56	RADIOISOTOPE AGGREGATE			1,519				16
17	57	CT SCAN AGGREGATE			1,307				17
18	58	MRI AGGREGATE			1,307				18
19	59	CARDIAC CATHETERIZAT AGGREGATE			3,454				19
20	59.01	VASCULAR LAB AGGREGATE			1,614				20
21	59.02	CARDIAC GRAPHICS AGGREGATE			6,548				21
22	59.03	PULMONARY FUNCTION AGGREGATE			764				22
23	59.04	EPS AGGREGATE			3,454				23
24	59.05	GI AGGREGATE			3,514				24
25	60	LABORATORY AGGREGATE			2,339				25
26	60	LABORATORY AGGREGATE							26
27	63	BLOOD STORING, PROCE AGGREGATE			2,323				27
28	65	RESPIRATORY THERAPY AGGREGATE			3,438				28
29	66	PHYSICAL THERAPY AGGREGATE			1,382				29
30	59.02	CARDIAC GRAPHICS							30
31	70	ELECTROENCEPHALOGRAP AGGREGATE			4,781				31
32	76.97	CARDIAC REHABILITATI AGGREGATE			283				32
33	90	CLINIC AGGREGATE			1,955				33
34	90.01	PSYCH CLINIC AGGREGATE			8,198				34
35	90.03	OB CLINIC AGGREGATE			1,307				35
36	91	EMERGENCY AGGREGATE			18,069				36
37	105	KIDNEY ACQUISITION AGGREGATE			1,025				37
38	106	HEART ACQUISITION AGGREGATE			3,358				38
39	107	LIVER ACQUISITION AGGREGATE			1,951				39
40	109	PANCREAS ACQUISITION AGGREGATE			797				40
200		TOTAL			477,818				200



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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)	10,928,561			1.01
1.02	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 2013 (see instructions)	120,214,172			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)	13,282,106			2
2.01	OUTLIER RECONCILIATION AMOUNT				2.01
2.02	OUTLIER PAYMENT FOR MODEL 4 BPCI (see instructions)				
3	MANAGED CARE SIMULATED PAYMENTS	9,580,182			3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (see instructions)	861.50			4
	INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS				
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (see instructions)	296.56			5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)	1.11			6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105(f)(1)(iv)(B)(1)				7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105(f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS				7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2)(iv) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002				8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS				8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (see instructions)	32.55			8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (see instructions)	330.22			9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	502.23			10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS	2.23			11
12	CURRENT YEAR ALLOWABLE FTE (see instructions)	332.45			12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	332.29			13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	318.93			14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	327.89			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	327.89			18
19	CURRENT YEAR RESIDENT TO BED RATIO (line 18 divided by line 4)	0.380604			19
20	PRIOR YEAR RESIDENT TO BED RATIO (see instructions)	0.381402			20
21	ENTER THE LESSER OF LINES 19 OR 20 (see instructions)	0.380604			21
22	IME PAYMENT ADJUSTMENT (see instructions)	26,508,538			22
	INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON				
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)				23
24	IME FTE RESIDENT COUNT OVER CAP (see instructions)	172.01			24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (see instructions)				25
26	RESIDENT TO BED RATIO (divide line 25 by line 4)				26
27	IME PAYMENTS ADJUSTMENT (see instructions)				27
28	IME ADJUSTMENT (see instructions)				28
29	TOTAL IME PAYMENT (sum of lines 22 and 28)	26,508,538			29
	DISPROPORTIONATE SHARE ADJUSTMENT				
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (see instructions)	0.0639			30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (see instructions)	0.1638			31
32	SUM OF LINES 30 AND 31	0.2277			32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (see instructions)	0.0800			33
34	DISPROPORTIONATE SHARE ADJUSTMENT (see instructions)	3,278,569			34
		PRIOR TO	ON OR AFTER		
	UNCOMPENSATED CARE ADJUSTMENT	OCTOBER 1	OCTOBER 1		



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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK

APPLICABLE BOX:

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
35	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)		12,225,983		35.02
35.03	PRO RATA SHARE OF THE HOSPITAL UNCOMPENSATED CARE PAYMENT AMOUNT (see instructions)		11,221,105		35.03
36	TOTAL UNCOMPENSATED CARE (sum of columns 1 and 2 on line 35.03)	11,221,105			36
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES				
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (see instructions)				40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (see instructions)				41
41.01	TOTAL ESRD MEDICARE COVERED AND PAID DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (see instructions)				41.01
42	DIVIDE LINE 41 BY LINE 40 (if less than 10%, you do not qualify for adjustment)				42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (see instructions)				43
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (line 43 divided by line 41.01 divided by 7 days)				44
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (see instructions)				45
46	TOTAL ADDITIONAL PAYMENT (line 45 times line 44 times line 41.01)				46
47	SUBTOTAL (see instructions)	185,433,051			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)	185,433,051			49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (from Wkst L, Parts I, II, as applicable)	14,454,311			50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (Wkst L, Part III) (see instructions)				51
52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (from Wkst E-4, line 49) (see instructions)	7,620,300			52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT				53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES	65,560			54
55	NET ORGAN ACQUISITION COST (Wkst D-4, Part III, col. 1, line 69)	12,215,335			55
56	COST OF TEACHING PHYSICIANS (Wkst D-5, Part II, col. 3, line 20)				56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS	539,058			57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (Wkst D, Part IV, col. 11, line 200)				58
59	TOTAL (sum of amounts on lines 49 through 58)	220,327,615			59
60	PRIMARY PAYER PAYMENTS	74,137			60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (line 59 minus line 60)	220,253,478			61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	9,197,312			62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	1,461,632			63
64	ALLOWABLE BAD DEBTS (see instructions)	2,652,619			64
65	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	1,724,202			65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	2,027,360			66
67	SUBTOTAL (line 61 plus line 65 minus lines 62 and 63)	211,318,736			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)	114,169			70.93
70.94	HOSPITAL READMISSIONS REDUCTION ADJUSTMENT (see instructions)	-536,024			70.94
71	AMOUNT DUE PROVIDER (see instructions)	210,896,881			71
71.01	SEQUESTRATION ADJUSTMENT (see instructions)	4,217,938			71.01
72	INTERIM PAYMENTS	202,514,431			72
73	TENTATIVE SETTLEMENT (for contractor use only)				73
74	BALANCE DUE PROVIDER/PROGRAM (line 71 minus lines 71.01, 72 and 73)	4,164,512			74
75	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2	592,096			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



COMPU-MAX

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 02/02/2015 Run Time: 10:08 Version: 2014.10
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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK
APPLICABLE BOX:

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (see instructions)				96



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 02/02/2015 Run Time: 10:08 Version: 2014.10
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0281

WORKSHEET E
PART B

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	MEDICAL AND OTHER SERVICES (see instructions)	32,278			1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (see instructions)	84,294,337			2
3	PPS PAYMENTS	73,442,038			3
4	OUTLIER PAYMENT (see instructions)	600,595			4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (see instructions)	0,820			5
6	LINE 2 TIMES LINE 5	69,121,356			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	23,096			9
10	ORGAN ACQUISITION				10
11	TOTAL COST (sum of lines 1 and 10) (see instructions)	32,278			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	ANCILLARY SERVICE CHARGES	165,324			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)	165,324			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)	165,324			18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 18 exceeds line 11 (see instructions))	133,046			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)	32,278			21
22	INTERNS AND RESIDENTS (see instructions)	219,902			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)	74,065,729			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	DEDUCTIBLES AND COINSURANCE (see instructions)	15,155,587			25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (see instructions)	340,668			26
27	SUBTOTAL {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (see instructions)	58,821,654			27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Wkst E-4, line 50)	2,934,308			28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (from Wkst E-4, line 36)				29
30	SUBTOTAL (sum of lines 27 through 29)	61,755,962			30
31	PRIMARY PAYER PAYMENTS	12,829			31
32	SUBTOTAL (line 30 minus line 31)	61,743,133			32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	COMPOSITE RATE ESRD (from Wkst I-5, line 11)				33
34	ALLOWABLE BAD DEBTS (see instructions)	2,612,004			34
35	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	1,697,803			35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	2,182,623			36
37	SUBTOTAL (see instructions)	63,440,936			37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R				38
39	OTHER ADJUSTMENTS (SPECIFY) (see instructions)				39
40	SUBTOTAL (see instructions)	63,440,936			40
40.01	SEQUESTRATION ADJUSTMENT (see instructions)	1,268,819			40.01
41	INTERIM PAYMENTS	61,891,510			41
42	TENTATIVE SETTLEMENT (for contractor use only)				42
43	BALANCE DUE PROVIDER/PROGRAM (see instructions)	280,607			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-S281

WORKSHEET E
PART B

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	MEDICAL AND OTHER SERVICES (see instructions)				1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPS (see instructions)				2
3	PPS PAYMENTS				3
4	OUTLIER PAYMENT (see instructions)				4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (see instructions)				5
6	LINE 2 TIMES LINE 5				6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6				7
8	TRANSITIONAL CORRIDOR PAYMENT (see instructions)				8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200				9
10	ORGAN ACQUISITION				10
11	TOTAL COST (sum of lines 1 and 10) (see instructions)				11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	ANCILLARY SERVICE CHARGES				12
13	ORGAN ACQUISITION CHARGES (from Wkst D-4, Part III, line 69, col. 4)				13
14	TOTAL REASONABLE CHARGES (sum of lines 12 and 13)				14
	CUSTOMARY CHARGES				
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)				16
17	RATIO OF LINE 15 TO LINE 16 (not to exceed 1.000000)	1.000000			17
18	TOTAL CUSTOMARY CHARGES (see instructions)				18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 18 exceeds line 11 (see instructions))				19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (complete only if line 11 exceeds line 18 (see instructions))				20
21	LESSER OF COST OR CHARGES (line 11 minus line 20) (for CAH, see instructions)				21
22	INTERNS AND RESIDENTS (see instructions)				22
23	COST OF TEACHING PHYSICIANS (see 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
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	DEDUCTIBLES AND COINSURANCE (see instructions)				25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (see instructions)				26
27	SUBTOTAL {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (see instructions)				27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Wkst E-4, line 50)				28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (from Wkst E-4, line 36)				29
30	SUBTOTAL (sum of lines 27 through 29)				30
31	PRIMARY PAYER PAYMENTS				31
32	SUBTOTAL (line 30 minus line 31)				32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	COMPOSITE RATE ESRD (from Wkst I-5, line 11)				33
34	ALLOWABLE BAD DEBTS (see instructions)				34
35	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)				35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)				36
37	SUBTOTAL (see instructions)				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: 14-0281

WORKSHEET E-1
PART I

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

DESCRIPTION	INPATIENT PART A		PART B		
	mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		20,313,775		4,112,491	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		184,401,928		57,392,895	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT					3.01
AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM					3.02
RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF	PROGRAM		05/12/2014	242,692	3.03
EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	TO		09/15/2014	143,432	3.04
	PROVIDER				3.05
					3.06
					3.07
					3.08
					3.09
					3.10
					3.50
		05/12/2014		1,242,785	3.51
	PROVIDER	09/15/2014		958,487	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)		-2,201,272		386,124	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)		202,514,431		61,891,510	4
TO BE COMPLETED BY CONTRACTOR					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT					5.01
AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT.					5.02
IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	PROGRAM				5.03
	TO				5.04
	PROVIDER				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)		8,382,450		1,549,426	6.01
BASED ON THE COST REPORT (1)					6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (see instructions)		210,896,881		63,440,936	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 PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-S281

WORKSHEET E-1
PART I

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

DESCRIPTION	INPATIENT PART A		PART B		
	mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER					1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO		1,963,442			2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT					3.01
AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM					3.02
RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF	PROGRAM				3.03
EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	TO				3.04
	PROVIDER				3.05
					3.06
					3.07
					3.08
					3.09
					3.10
					3.50
					3.51
	PROVIDER	05/12/2014	8,207		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)			-8,207		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)			1,955,235		4
TO BE COMPLETED BY CONTRACTOR					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT					5.01
AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT.					5.02
IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	PROGRAM				5.03
	TO				5.04
	PROVIDER				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)			112,495		6.01
BASED ON THE COST REPORT (1)					6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (see instructions)			2,067,730		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 HOSPITAL CAH
 APPLICABLE BOX:

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	46,124	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	69,235	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	5,430	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	221,671	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	4,937,734,827	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	134,411,048	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)	551,500	8
9	SEQUESTRATION ADJUSTMENT AMOUNT (see instructions)	11,030	9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (see instructions)	540,470	10

INPATIENT HOSPITAL SERVICES UNDER PPS & CAH

30	INITIAL/INTERIM HIT PAYMENT(S)	540,470	30
31	OTHER ADJUSTMENTS ()		31
32	BALANCE DUE PROVIDER (line 8 (or line 10) minus line 30 and line 31) (see instructions)		32



COMPU-MAX

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S281

WORKSHEET E-3
PART II

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

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (excluding outlier, ECT, and medical education payments)	2,080,547	1
2	NET IPF PPS OUTLIER PAYMENT	20,452	2
3	NET IPF PPS ECT PAYMENT	28,688	3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004	2.74	4
4.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii)(F)(1) OR (2) (see instructions)		4.01
5	NEW TEACHING PROGRAM ADJUSTMENT (see instructions)		5
6	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R EXCLUDING FTEs IN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM (see instructions)	3.31	6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM (see instructions)		7
8	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (see instructions)	2.74	8
9	AVERAGE DAILY CENSUS (see instructions)	22.720548	9
10	TEACHING ADJUSTMENT FACTOR $\{(1 + (\text{line } 8/\text{line } 9)) \text{ raised to the power of } .5150 - 1\}$	0.060392	10
11	TEACHING ADJUSTMENT (line 1 multiplied by line 10)	125,648	11
12	ADJUSTED NET IPF PPS PAYMENTS (sum of lines 1, 2, 3 and 11)	2,255,335	12
13	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (see instructions)		13
14	ORGAN ACQUISITION		14
15	COST OF TEACHING PHYSICIANS (from Worksheet D-5, Part II, col. 3, line 20) (see instructions)		15
16	SUBTOTAL (see instructions)	2,255,335	16
17	PRIMARY PAYER PAYMENTS		17
18	SUBTOTAL (line 16 less line 17)	2,255,335	18
19	DEDUCTIBLES	179,552	19
20	SUBTOTAL (line 18 minus line 19)	2,075,783	20
21	COINSURANCE	23,008	21
22	SUBTOTAL (line 20 minus line 21)	2,052,775	22
23	ALLOWABLE BAD DEBTS (exclude bad debts for professional services) (see instructions)	23,008	23
24	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	14,955	24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)		25
26	SUBTOTAL (sum of lines 22 and 24)	2,067,730	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Worksheet E-4, line 49) (for freestanding IPF only)		27
28	OTHER PASS THROUGH COSTS (see instructions)		28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (see instructions)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (see instructions)	2,067,730	31
31.01	SEQUESTRATION ADJUSTMENT (see instructions)	41,355	31.01
32	INTERIM PAYMENTS	1,955,235	32
33	TENTATIVE SETTLEMENT (for contractor use only)		33
34	BALANCE DUE PROVIDER/PROGRAM (line 31 minus lines 31.01, 32 and 33)	71,140	34
35	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		35

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART II, LINE 2 (see instructions)		50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (see instructions)		51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (see instructions)		52
53	TIME VALUE OF MONEY (see instructions)		53



COMPU-MAX

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0281

WORKSHEET E-3
PART VII

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

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

		INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES				
1	INPATIENT HOSPITAL SNF/NF SERVICES	33,327,751		1
2	MEDICAL AND OTHER SERVICES			2
3	ORGAN ACQUISITION (certified transplant centers only)			3
4	SUBTOTAL (sum of lines 1, 2 and 3)	33,327,751		4
5	INPATIENT PRIMARY PAYER PAYMENTS			5
6	OUTPATIENT PRIMARY PAYER PAYMENTS			6
7	SUBTOTAL (line 4 less sum of lines 5 and 6)	33,327,751		7
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
8	ROUTINE SERVICE CHARGES			8
9	ANCILLARY SERVICE CHARGES			9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE			10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION			11
12	TOTAL REASONABLE CHARGES (sum of lines 8-11)			12
CUSTOMARY CHARGES				
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			13
14	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			14
15	RATIO OF LINE 13 TO LINE 14 (not to exceed 1.000000)	1	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)	33,327,751		18
19	INTERNS AND RESIDENTS (see instructions)	71,596		19
20	COST OF TEACHING PHYSICIANS (see instructions)			20
21	COST OF COVERED SERVICES (lesser of line 4 or line 16) (for CAH, see instructions)			21
PROSPECTIVE PAYMENT AMOUNT				
22	OTHER THAN OUTLIER PAYMENTS			22
23	OUTLIER PAYMENTS			23
24	PROGRAM CAPITAL PAYMENTS			24
25	CAPITAL EXCEPTION PAYMENTS (see instructions)			25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS			26
27	SUBTOTAL (sum of lines 22 through 26)			27
28	CUSTOMARY CHARGES (Titles V or XIX PPS covered services only)			28
29	SUM OF LINES 27 AND 21			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30	EXCESS OF REASONABLE COST (from line 18)	33,327,751		30
31	SUBTOTAL (sum of lines 19 and 20 plus 29 minus lines 5 and 6)	71,596		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)	71,596		36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)	-71,596		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-S281

WORKSHEET E-3
PART VII

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

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

	INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1	INPATIENT HOSPITAL SNF/NF SERVICES	1,934,079	1
2	MEDICAL AND OTHER SERVICES		2
3	ORGAN ACQUISITION (certified transplant centers only)		3
4	SUBTOTAL (sum of lines 1, 2 and 3)	1,934,079	4
5	INPATIENT PRIMARY PAYER PAYMENTS		5
6	OUTPATIENT PRIMARY PAYER PAYMENTS		6
7	SUBTOTAL (line 4 less sum of lines 5 and 6)	1,934,079	7
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8	ROUTINE SERVICE CHARGES		8
9	ANCILLARY SERVICE CHARGES		9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE		10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION		11
12	TOTAL REASONABLE CHARGES (sum of lines 8-11)		12
CUSTOMARY CHARGES			
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		13
14	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		14
15	RATIO OF LINE 13 TO LINE 14 (not to exceed 1.000000)	1	15
16	TOTAL CUSTOMARY CHARGES (see instructions)		16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 16 exceeds line 4) (see instructions)		17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (complete only if line 4 exceeds line 16) (see instructions)	1,934,079	18
19	INTERNS AND RESIDENTS (see instructions)		19
20	COST OF TEACHING PHYSICIANS (see instructions)		20
21	COST OF COVERED SERVICES (lesser of line 4 or line 16) (for CAH, see instructions)		21
PROSPECTIVE PAYMENT AMOUNT			
22	OTHER THAN OUTLIER PAYMENTS		22
23	OUTLIER PAYMENTS		23
24	PROGRAM CAPITAL PAYMENTS		24
25	CAPITAL EXCEPTION PAYMENTS (see instructions)		25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS		26
27	SUBTOTAL (sum of lines 22 through 26)		27
28	CUSTOMARY CHARGES (Titles V or XIX PPS covered services only)		28
29	SUM OF LINES 27 AND 21		29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	EXCESS OF REASONABLE COST (from line 18)	1,934,079	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) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996			318.27	1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (see instructions)			1.11	2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA				3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)				3.01
4	ADJUSTMENT (plus or minus) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) and §413.79(f))				4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (see instructions for cost reporting periods straddling 7/1/2011)				4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (see instructions for cost reporting periods straddling 7/1/2011)			36.76	4.02
5	FTE ADJUSTED CAP (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)			356.14	5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (see instructions)			506.51	6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			356.14	7
		PRIMARY CARE	OTHER	TOTAL	
		1	2	3	
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	135.58	333.27	468.85	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	95.33	234.33	329.66	9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		2.23		10
11	TOTAL WEIGHTED FTE COUNT	95.33	236.56		11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (see instructions)	97.46	236.27		12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (see instructions)	100.70	221.17		13
14	ROLLING AVERAGE FTE COUNT (sum of lines 11-13 divided by 3)	97.83	231.33		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	97.83	231.33		17
18	PER RESIDENT AMOUNT	98,917.54	94,410.28		18
19	APPROVED AMOUNT FOR RESIDENT COSTS	9,677,103	21,839,930	31,517,033	19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			2.61	20
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (see instructions)			150.37	21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (see instructions)			2.42	22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (see instructions)			100,372.00	23
24	MULTIPLY LINE 22 TIMES LINE 23			242,900	24
25	TOTAL DIRECT GME AMOUNT (sum of lines 19 and 24)			31,759,933	25
		INPATIENT PART A	MANAGED CARE		
26	INPATIENT DAYS	71,760	5,430		26
27	TOTAL INPATIENT DAYS (see instructions)	229,964	229,964		27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.312049	0.023612		28
29	PROGRAM DIRECT GME AMOUNT	9,910,655	749,916		29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE		105,963		30
31	NET PROGRAM DIRECT GME AMOUNT			10,554,608	31
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)				32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (Worksheet C, Part I, column 8, sum of lines 74 and 94)				33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (line 32 ÷ line 33)				34
35	MEDICARE OUTPATIENT ESRD CHARGES (see instructions)				35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (line 34 x line 35)				36
	APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
	PART A REASONABLE COST				
37	REASONABLE COST (see instructions)			207,449,702	37
38	ORGAN ACQUISITION COSTS (Worksheet D-4, Part III, column 1, line 69)			12,215,335	38
39	COST OF TEACHING PHYSICIANS (Worksheet D-5, Part II, column 3, line 20)				39
40	PRIMARY PAYER PAYMENTS (see instructions)			74,137	40
41	TOTAL PART A REASONABLE COST (sum of lines 37-39 minus line 40)			219,590,900	41
	PART B REASONABLE COST				
42	REASONABLE COST (see instructions)			84,569,613	42
43	PRIMARY PAYER PAYMENTS (see instructions)			12,829	43
44	TOTAL PART B REASONABLE COST (line 42 minus line 43)			84,556,784	44
45	TOTAL REASONABLE COST (sum of lines 41 and 44)			304,147,684	45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (line 41 ÷ line 45)			0.721988	46



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

WORKSHEET E-4

CHECK TITLE V
 APPLICABLE TITLE XVIII
 BOX: TITLE XIX

47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (line 44 ÷ line 45)	0.278012	47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
48	TOTAL PROGRAM GME PAYMENT (line 31)	10,554,608	48
49	PART A MEDICARE GME PAYMENT (line 46 x line 48) (Title XVIII only) (see instructions)	7,620,300	49
50	PART B MEDICARE GME PAYMENT (line 47 x line 48) (Title XVIII only) (see instructions)	2,934,308	50



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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996				1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (see instructions)				2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA				3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)				3.01
4	ADJUSTMENT (plus or minus) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) and §413.79(f))				4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (see instructions for cost reporting periods straddling 7/1/2011)				4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (see instructions for cost reporting periods straddling 7/1/2011)				4.02
5	FTE ADJUSTED CAP (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)				5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (see instructions)				6
7	ENTER THE LESSER OF LINE 5 OR LINE 6				7
		PRIMARY CARE	OTHER	TOTAL	
		1	2	3	
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	0.00	0.00	0.00	8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6	0.00	0.00	0.00	9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		0.00		10
11	TOTAL WEIGHTED FTE COUNT	0.00	0.00		11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (see instructions)	0.00	0.00		12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (see instructions)	0.00	0.00		13
14	ROLLING AVERAGE FTE COUNT (sum of lines 11-13 divided by 3)	0.00	0.00		14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS	0.00	0.00		15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE	0.00	0.00		16
17	ADJUSTED ROLLING AVERAGE FTE COUNT	0.00	0.00		17
18	PER RESIDENT AMOUNT	0.00	0.00		18
19	APPROVED AMOUNT FOR RESIDENT COSTS				19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)				20
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (see instructions)				21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (see instructions)				22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (see instructions)				23
24	MULTIPLY LINE 22 TIMES LINE 23				24
25	TOTAL DIRECT GME AMOUNT (sum of lines 19 and 24)				25
		INPATIENT PART A	MANAGED CARE		
26	INPATIENT DAYS	28,148	10,746		26
27	TOTAL INPATIENT DAYS (see instructions)	229,964	229,964		27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.122402	0.046729		28
29	PROGRAM DIRECT GME AMOUNT				29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE				30
31	NET PROGRAM DIRECT GME AMOUNT				31
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)				32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (Worksheet C, Part I, column 8, sum of lines 74 and 94)				33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (line 32 ÷ line 33)				34
35	MEDICARE OUTPATIENT ESRD CHARGES (see instructions)				35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (line 34 x line 35)				36
	APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
	PART A REASONABLE COST				
37	REASONABLE COST (see instructions)				37
38	ORGAN ACQUISITION COSTS (Worksheet D-4, Part III, column 1, line 69)				38
39	COST OF TEACHING PHYSICIANS (Worksheet D-5, Part II, column 3, line 20)				39
40	PRIMARY PAYER PAYMENTS (see instructions)				40
41	TOTAL PART A REASONABLE COST (sum of lines 37-39 minus line 40)				41
	PART B REASONABLE COST				
42	REASONABLE COST (see instructions)				42
43	PRIMARY PAYER PAYMENTS (see instructions)				43
44	TOTAL PART B REASONABLE COST (line 42 minus line 43)				44
45	TOTAL REASONABLE COST (sum of lines 41 and 44)				45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (line 41 ÷ line 45)				46



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

WORKSHEET E-4

CHECK TITLE V
 APPLICABLE TITLE XVIII
 BOX: TITLE XIX

47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (line 44 ÷ line 45)		47
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48	TOTAL PROGRAM GME PAYMENT (line 31)		48
49	PART A MEDICARE GME PAYMENT (line 46 x line 48) (Title XVIII only) (see instructions)		49
50	PART B MEDICARE GME PAYMENT (line 47 x line 48) (Title XVIII only) (see instructions)		50



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BALANCE SHEET

WORKSHEET G

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

	ASSETS (Omit Cents)	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
		1	2	3	4	
CURRENT ASSETS						
1	CASH ON HAND AND IN BANKS					1
2	TEMPORARY INVESTMENTS	35,385,229				2
3	NOTES RECEIVABLE					3
4	ACCOUNTS RECEIVABLE	265,230,287				4
5	OTHER RECEIVABLES	4,981,140				5
6	ALLOWANCES FOR UNCOLLECTIBLE NOTES AND ACCOUNTS RECEIVABLE	-42,726,697				6
7	INVENTORY	27,061,073				7
8	PREPAID EXPENSES	5,678,192				8
9	OTHER CURRENT ASSETS	37,218,282				9
10	DUE FROM OTHER FUNDS	18,579,175				10
11	TOTAL CURRENT ASSETS (sum of lines 1-10)	351,406,681				11
FIXED ASSETS						
12	LAND	208,625,354				12
13	LAND IMPROVEMENTS					13
14	ACCUMULATED DEPRECIATION					14
15	BUILDINGS	1,580,734,582				15
16	ACCUMULATED DEPRECIATION	-857,265,793				16
17	LEASEHOLD IMPROVEMENTS					17
18	ACCUMULATED AMORTIZATION					18
19	FIXED EQUIPMENT					19
20	ACCUMULATED DEPRECIATION					20
21	AUTOMOBILES AND TRUCKS					21
22	ACCUMULATED DEPRECIATION					22
23	MAJOR MOVABLE EQUIPMENT	334,637,519				23
24	ACCUMULATED DEPRECIATION	-267,139,516				24
25	MINOR EQUIPMENT DEPRECIABLE					25
26	ACCUMULATED DEPRECIATION					26
27	HIT DESIGNATED ASSETS					27
28	ACCUMULATED DEPRECIATION					28
29	MINOR EQUIPMENT-NONDEPRECIABLE					29
30	TOTAL FIXED ASSETS (sum of lines 12-29)	999,592,146				30
OTHER ASSETS						
31	INVESTMENTS	1,901,339,361	-4,445,110	3,231,085		31
32	DEPOSITS ON LEASES					32
33	DUE FROM OWNERS/OFFICERS					33
34	OTHER ASSETS	849,954,336	153,685,783	125,565,732		34
35	TOTAL OTHER ASSETS (sum of lines 31-34)	2,751,293,697	149,240,673	128,796,817		35
36	TOTAL ASSETS (sum of lines 11, 30 and 35)	4,102,292,524	149,240,673	128,796,817		36

	LIABILITIES AND FUND BALANCES (Omit Cents)	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
		1	2	3	4	
CURRENT LIABILITIES						
37	ACCOUNTS PAYABLE	105,716,190				37
38	SALARIES, WAGES & FEES PAYABLE	41,410,210				38
39	PAYROLL TAXES PAYABLE					39
40	NOTES & LOANS PAYABLE (short term)	122,275,903				40
41	DEFERRED INCOME					41
42	ACCELERATED PAYMENTS					42
43	DUE TO OTHER FUNDS	199,400,862				43
44	OTHER CURRENT LIABILITIES	151,319,890				44
45	TOTAL CURRENT LIABILITIES (sum of lines 37 thru 44)	620,123,055				45
LONG TERM LIABILITIES						
46	MORTGAGE PAYABLE					46
47	NOTES PAYABLE	779,337,235				47
48	UNSECURED LOANS					48
49	OTHER LONG TERM LIABILITIES	612,090,690				49
50	TOTAL LONG TERM LIABILITIES (sum of lines 46 thru 49)	1,391,427,925				50
51	TOTAL LIABILITIES (sum of lines 45 and 50)	2,011,550,980				51
CAPITAL ACCOUNTS						
52	GENERAL FUND BALANCE	2,090,741,544				52
53	SPECIFIC PURPOSE FUND BALANCE		149,240,673			53
54	DONOR CREATED - ENDOWMENT FUND BALANCE - RESTRICTED			128,796,817		54
55	DONOR CREATED - ENDOWMENT FUND BALANCE - UNRESTRICTED					55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BALANCE					56



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BALANCE SHEET

WORKSHEET G

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

	ASSETS (Omit Cents)	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4	
57	PLANT FUND BALANCE - INVESTED IN PLANT					57
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT, AND EXPANSION					58
59	TOTAL FUND BALANCES (sum of lines 52-58)	2,090,741,544	149,240,673	128,796,817		59
60	TOTAL LIABILITIES AND FUND BALANCES (sum of lines 51 and 59)	4,102,292,524	149,240,673	128,796,817		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		2,139,570,999		153,685,783	1
2	NET INCOME (loss) (from Worksheet G-3, line 29)		225,990,264			2
3	TOTAL (sum of line 1 and line 2)		2,365,561,263		153,685,783	3
4	ADDITIONS (credit adjustments)	99,184				4
5	RECLASSIFICATIONS	41,960				5
6	GIFTS, GRANTS AND OTHER REVENUE			3,440,400		6
7	INVESTMENT INCOME-REALIZED GAINS	13		362,295		7
8	CHNG IN INTEREST IN NET ASSETS NMF			17,855,570		8
9	CHANGE IN VAL OF SPLT INT AGREMTS			497,208		9
10	TOTAL ADDITIONS (sum of lines 4-9)		141,157		22,155,473	10
11	SUBTOTAL (line 3 plus line 10)		2,365,702,420		175,841,256	11
12	DEDUCTIONS (debit adjustments)					12
13	PENSION RELATED CHANGES	14,960,876				13
14	NET TRANSFERS TO AFFILIATES	260,000,000				14
15	FOR OPERATING EXPENSES			26,501,399		15
16	FOR PROPERTY AND EQUI ADDITIONS			99,184		16
17						17
18	TOTAL DEDUCTIONS (sum of lines 12-17)		274,960,876		26,600,583	18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (line 11 minus line 18)		2,090,741,544		149,240,673	19

		ENDOWMENT FUND		PLANT FUND		
		5	6	7	8	
1	FUND BALANCES AT BEGINNING OF PERIOD		125,565,732			1
2	NET INCOME (loss) (from Worksheet G-3, line 29)					2
3	TOTAL (sum of line 1 and line 2)		125,565,732			3
4	ADDITIONS (credit adjustments)					4
5	RECLASSIFICATIONS					5
6	GIFTS, GRANTS AND OTHER REVENUE	924,063				6
7	INVESTMENT INCOME-REALIZED GAINS					7
8	CHNG IN INTEREST IN NET ASSETS NMF	2,307,022				8
9	CHANGE IN VAL OF SPLT INT AGREMTS					9
10	TOTAL ADDITIONS (sum of lines 4-9)		3,231,085			10
11	SUBTOTAL (line 3 plus line 10)		128,796,817			11
12	DEDUCTIONS (debit adjustments)					12
13	PENSION RELATED CHANGES					13
14	NET TRANSFERS TO AFFILIATES					14
15	FOR OPERATING EXPENSES					15
16	FOR PROPERTY AND EQUI ADDITIONS					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)		128,796,817			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	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	HOSPITAL	547,251,560		547,251,560	1
2	SUBPROVIDER IPF	14,646,640		14,646,640	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)	561,898,200		561,898,200	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	INTENSIVE CARE UNIT				11
12	CORONARY CARE UNIT				12
13	BURN INTENSIVE CARE UNIT				13
14	SURGICAL INTENSIVE CARE UNIT				14
15	SPECIAL CARE NURSERY				15
16	TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (sum of lines 11-15)				16
17	TOTAL INPATIENT ROUTINE CARE SERVICES (sum of lines 10 and 16)	561,898,200		561,898,200	17
18	ANCILLARY SERVICES	2,050,001,544		2,050,001,544	18
19	OUTPATIENT SERVICES		2,165,436,533	2,165,436,533	19
20	RHC				20
21	FQHC				21
22	HOME HEALTH AGENCY				22
23	AMBULANCE				23
25	ASC				25
26	HOSPICE				26
27	OTHER (SPECIFY)				27
28	TOTAL PATIENT REVENUES (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	2,611,899,744	2,165,436,533	4,777,336,277	28

PART II - OPERATING EXPENSES

		1	2	
29	OPERATING EXPENSES (per Worksheet A, column 3, line 200)		1,362,905,564	29
30	ADD (SPECIFY)			30
31				31
32	BAD DEBT			32
33				33
34				34
35				35
36	TOTAL ADDITIONS (sum of lines 30-35)			36
37	**DEDUCT (SPECIFY)** NON OPERATING			37
38				38
39				39
40				40
41				41
42	TOTAL DEDUCTIONS (sum of lines 37-41)			42
43	TOTAL OPERATING EXPENSES (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		1,362,905,564	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)	4,777,336,277	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	3,480,933,306	2
3	NET PATIENT REVENUES (line 1 minus line 2)	1,296,402,971	3
4	LESS - TOTAL OPERATING EXPENSES (from Worksheet G-2, Part II, line 43)	1,362,905,564	4
5	NET INCOME FROM SERVICE TO PATIENTS (line 3 minus line 4)	-66,502,593	5

OTHER INCOME

6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	83,359,214	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	3,914,218	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.)	798,519	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	47,650,321	22
23	GOVERNMENTAL APPROPRIATIONS	2,851,841	23
24	OTHER (OTHER REVENUE, NET ASSETS, HAP REV)	151,866,503	24
24.1	OTHER (SHARED, TELECOM, OTHER)		24.1
1			1
25	TOTAL OTHER INCOME (sum of lines 6-24)	290,440,616	25
26	TOTAL (line 5 plus line 25)	223,938,023	26
27	OTHER EXPENSES (OTHER EXPENSES)	-2,052,241	27
28	TOTAL OTHER EXPENSES (sum of line 27 and subscripts)	-2,052,241	28
29	NET INCOME (or loss) FOR THE PERIOD (line 26 minus line 28)	225,990,264	29



COMPU-MAX

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CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 14-0281

WORKSHEET L

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

PART I - FULLY PROSPECTIVE METHOD

	CAPITAL FEDERAL AMOUNT		
1	CAPITAL DRG OTHER THAN OUTLIER	10,475,676	1
1.01	MODEL 4 BPCI CAPITAL DRG OTHER THAN OUTLIER		1.01
2	CAPITAL DRG OUTLIER PAYMENTS	1,780,838	2
2.01	MODEL 4 BPCI CAPITAL DRG OUTLIER PAYMENTS		2.01
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (see instructions)	614.19	3
4	NUMBER OF INTERNS & RESIDENTS (see instructions)	327.89	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (see instructions)	16.26	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (multiply line 5 by the sum of lines 1 and 1.01)	1,703,345	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (Worksheet E, Part A line 30) (see instructions)	0.0639	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (see instructions)	0.1638	8
9	SUM OF LINES 7 AND 8	0.2277	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (see instructions)	0.0472	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (line 10 times the sum of lines 1 and 1.01)	494,452	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (sum of lines 1, 1.01, 2, 2.01, 6 and 11)	14,454,311	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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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		0	2A	24	25	26	
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
5.01	NONPATIENT PHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING & STORES						5.03
5.04	ADMITTING						5.04
5.05	ADMINISTRATIVE & GENERAL						5.05
7	OPERATION OF PLANT						7
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY						10
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION						13
14	CENTRAL SERVICES & SUPPLY						14
15	PHARMACY						15
16	MEDICAL RECORDS & LIBRARY						16
17	SOCIAL SERVICE						17
21	I&R SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
23.01	PARAMED ED PRGM-(CHAPLAINCY)						23.01
23.02	PARAMED ED PRGM-(NM SCHL)						23.02
23.03	PARAMED ED PRGM-(RAD THER)						23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)						23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)						23.05
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS						30
31	INTENSIVE CARE UNIT						31
35	SPECIAL CARE NURSERY						35
40	SUBPROVIDER - IPF						40
43	NURSERY						43
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM						50
51	RECOVERY ROOM						51
52	DELIVERY ROOM & LABOR ROOM						52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC						54
55	RADIOLOGY-THERAPEUTIC						55
56	RADIOISOTOPE						56
57	CT SCAN						57
58	MRI						58
59	CARDIAC CATHETERIZATION						59
59.01	VASCULAR LAB						59.01
59.02	CARDIAC GRAPHICS						59.02
59.03	PULMONARY FUNCTION						59.03
59.04	EPS						59.04
59.05	GI						59.05
60	LABORATORY						60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS						62
63	BLOOD STORING, PROCESSING & TRANS.						63
63.01	CELL THERAPY LAB						63.01
65	RESPIRATORY THERAPY						65
66	PHYSICAL THERAPY						66
67	OCCUPATIONAL THERAPY						67
70	ELECTROENCEPHALOGRAPHY						70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72	IMPL. DEV. CHARGED TO PATIENTS						72
73	DRUGS CHARGED TO PATIENTS						73
76.97	CARDIAC REHABILITATION						76.97
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC						90
90.01	PSYCH CLINIC						90.01
90.02	TRANSPLANT CLINIC						90.02
90.03	OB CLINIC						90.03
91	EMERGENCY						91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92



NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 02/02/2015 Run Time: 10:08 Version: 2014.10
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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)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL		
		0	2A	24	25	26		
92.01	OBSERVATION BEDS-DISTINCT							92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R SERVICES-NOT APPRVD PRGM							100
	SPECIAL PURPOSE COST CENTERS							
105	KIDNEY ACQUISITION							105
106	HEART ACQUISITION							106
107	LIVER ACQUISITION							107
108	LUNG ACQUISITION							108
109	PANCREAS ACQUISITION							109
116	HOSPICE							116
118	SUBTOTALS (sum of lines 1-117)							118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
191	RESEARCH							191
191.0	SPONSERED PROJECT							191.0
1								1
194	REAL ESTATE							194
194.0	MARKETING, OTHER NON-REIMB							194.0
1								1
194.0	OTHER COMPANY WIDE ACTIVITY							194.0
2								2
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)							202