

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY**

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

**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report Date: 11/30/2015 Time: 12:29		
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted the cost report		
	4. <input checked="" type="checkbox"/> Medicare Utilization. Enter 'F' for full or 'L' for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (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 certification 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

(Signed) \_\_\_\_\_  
Officer or Administrator of Provider(s)  
  
\_\_\_\_\_  
Title  
  
\_\_\_\_\_  
Date

**PART III - SETTLEMENT SUMMARY**

		TITLE XVIII					
		TITLE V	PART A	PART B	HIT	TITLE XIX	
		1	2	3	4	5	
1	HOSPITAL		-3,440,993	16,767	-26,561		1
2	SUBPROVIDER - IPF						2
3	SUBPROVIDER - IRF		150,043				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			1			9
10	HEALTH CLINIC - RHC						10
11	HEALTH CLINIC - FQHC						11
12	OUTPATIENT REHABILITATION PROVIDER						12
200	TOTAL		-3,290,950	16,768	-26,561		200

The above amounts represent 'due to' or 'due from' the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA**

**WORKSHEET S-2  
PART I**

Hospital and Hospital Health Care Complex Address:

1	Street: 2160 SOUTH FIRST AVENUE	P.O. Box:								1
2	City: MAYWOOD	State: IL	ZIP Code: 60153	County: COOK						2

Hospital and Hospital-Based Component Identification:

	Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
							V	XVIII	XIX	
	0	1	2	3	4	5	6	7	8	
3	Hospital	LOYOLA UNIVERSITY MEDICAL CENTER	14-0276	16974	1	05 / 01 / 1969	N	P	P	3
4	Subprovider - IPF									4
5	Subprovider - IRF	LOYOLA UNIVERSITY MEDICAL CENTER REH	14-T276	16974	5	07 / 01 / 1999	N	P	O	5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF									7
8	Swing Beds - NF									8
9	Hospital-Based SNF									9
10	Hospital-Based NF									10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA	LOYOLA UNIVERSITY MEDICAL CENTER HOM	14-7257	16974		01 / 09 / 1984	N	P	N	12
13	Separately Certified ASC									13
14	Hospital-Based Hospice	LOYOLA UNIVERSITY MEDICAL CENTER FOR	14-1566	16974		10 / 14 / 1994				14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis	INPATIENT RENAL UNIT	14-2329	16974		03 / 31 / 2004				18
19	Other									19

20	Cost Reporting Period (mm/dd/yyyy)	From: 07 / 01 / 2014	To: 06 / 30 / 2015							20
21	Type of control (see instructions)	2								21

Inpatient PPS Information

		1	2	3	
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)	Y	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, 'Y' for yes or 'N' for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no, for the portion of the cost reporting period on or after October 1.	N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period 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) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, 'Y' for yes or 'N' for no.	N	N	N	22.03
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 column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	20,735	6,651	425	137	7,725	24
25	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	598	265		12	197	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 is in effect in the cost reporting period.						37
38	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.	Beginning:		Ending:			38

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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA**

**WORKSHEET S-2  
PART I**

			1	2	
39	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 'Y' for yes or 'N' for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 'Y' for yes or 'N' for no. (see instructions)		N	N	39
40	Is this hospital subject to the HAC program reduction adjustment? Enter 'Y' for yes or 'N' for no in column 1, for discharges prior to October 1. Enter 'Y' for yes or 'N' for no in column 2, for discharges on or after October 1. (see instructions)		N	N	40
Prospective Payment System (PPS)-Capital		V	XVIII	XIX	
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	I	2	3	
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	Y	N	45
46	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. 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 Wkst. E-4. If column 2 is 'N', complete Wkst. D, Part III & IV and D-2, Pt. 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, chapter 21, section 2148? If yes, complete Wkst. D-5.	N			58
59	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59
60	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter 'Y' for yes or 'N' for no. (see instructions)	Y			60
		Y/N	IME	Direct GME	
61	Did your hospital receive FTE slots under ACA section 5503? Enter 'Y' for yes or 'N' for no in column 1.(see instructions)	N			61
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)				61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)				61.02
61.03	Enter the baseline FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)				61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions)				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)				61.06

Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program (see instructions). Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.

	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
	1	2	3	4	

Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program (see instructions). Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.

**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 Nonprovider Settings**

63	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter 'Y' for yes or 'N' for no. If yes, complete lines 64-67. (see instructions)	N			63
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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA**

**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 nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)				64
Enter in lines 65-65.49 in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 ÷ column 4)). (see instructions)					
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))
	1	2	3	4	5
65					65
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
66	Enter in column 1, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)				66
Enter in lines 67-67.49, column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 ÷ column 4)). (see instructions)					
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))
	1	2	3	4	5
67					67

**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.	N			70
71	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				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.	Y			75
76	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	Y	N		76

**Long Term Care Hospital PPS**

80	Is this a Long Term Care Hospital (LTCH)? Enter 'Y' for yes or 'N' for no.		N		80
81	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter 'Y' for yes and 'N' for no.		N		81

**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
87	Is this hospital a 'subclause (II)' LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter 'Y' for yes and 'N' for no.		N		87

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**WORKSHEET S-2  
PART I**

		V	XIX	
Title V and XIX Services		1	2	
90	Does this facility have title V and/or XIX inpatient hospital services? Enter 'Y' for yes, or 'N' for no in applicable column.	N	Y	90
91	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter 'Y' for yes, or 'N' for no in the applicable column.	N	N	91
92	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? Enter 'Y' for yes or 'N' for no in the applicable column.		N	92
93	Does this facility operate an ICF/IID 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	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. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes, complete Wkst. D-2, Pt. II.			107
108	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR §412.113(c). Enter 'Y' for yes or 'N' for no.	N		108
109	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter 'Y' for yes or 'N' for each therapy.	Y	Y	109
110	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter 'Y' for yes or 'N' for no.		N	110

**Miscellaneous Cost Reporting Information**

115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is 'E', enter in column 3 either '93' percent for short term hospital or '98' percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-1, chapter 22, section 2208.1.	N		115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	N		116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	Y		117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118
118.01	List amounts of malpractice premiums and paid losses:	Premiums 1,235,663	Paid Losses 14,061,341	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.	01 / 01 / 1985		126
127	If this is a Medicare certified heart transplant center enter the certification date in column 1 and termination date, if applicable in column 2.	10 / 17 / 1986		127
128	If this is a Medicare certified liver transplant center enter the certification date in column 1 and termination date, if applicable in column 2.	10 / 10 / 2000		128
129	If this is a Medicare certified lung transplant center enter the certification date in column 1 and termination date, if applicable in column 2.	02 / 02 / 1995		129
130	If this is a Medicare certified pancreas transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			130
131	If this is a Medicare certified intestinal transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			131
132	If this is a Medicare certified islet transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			132
133	If this is a Medicare certified other transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			133
134	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable in column 2.			134

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**WORKSHEET S-2  
PART I**

All Providers

		1	2	
140	Are there any related organization or home office costs as defined in CMS Pub 15-1, Chapter 10? Enter 'Y' for yes, or 'N' for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number (see instructions)	Y	902022	140

If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.

141	Name: TRINITY HEALTH HOME OFFICE	Contractor's Name: WISCONSIN PHYSICIAN SERVICE Contractor's Number: 08201			141
142	Street: 20555 VICTORY PARKWAY	P.O. Box:			142
143	City: LIVONIA	State: MI	ZIP Code: 48152		143
144	Are provider based physicians' costs included in Worksheet A?	N			144
145	If costs for renal services are claimed on Wkst. A, line 74 are the costs for inpatient services only? Enter 'Y' for yes, or 'N' for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2.	N	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, chapter 40, §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				
		Part A	Part B	Title V	Title XIX	
		1	2	3	4	
155	Hospital	N	N	N	N	155
156	Subprovider - IPF	N	N			156
157	Subprovider - IRF	N	N	N	N	157
158	Subprovider - Other					158
159	SNF	N	N			159
160	HHA	N	N	N	N	160
161	CMHC		N			161
161.10	CORF					161.10

Multicampus

165	Is this hospital part of a multicampus hospital that has one or more campuses in different CBSAs? Enter 'Y' for yes or 'N' for no.	N				165
166	If line 165 is yes, for each campus, enter the name in column 0, county in column 1, state in column 2, ZIP in column 3, CBSA in column 4, FTE/campus in column 5. (see instructions)					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
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter 'Y' for yes or 'N' for no. (see instructions)				168.01
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 / 2014	09 / 30 / 2015		170
171	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter 'Y' for yes and 'N' for no. (see instructions)		N		171

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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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		
<b>Provider Organization and Operation</b>					
1	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1
		Y/N	Date	V/I	
		1	2	3	
2	Has the provider terminated participation in the Medicare program? If yes, enter in column 2 the date of termination and in column 3, 'V' for voluntary or 'I' for involuntary.	N			2
3	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3

		Y/N	Type	Date	
<b>Financial Data and Reports</b>					
		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	09/23/2015	4
5	Are the cost report total expenses and total revenues different from those in the filed financial statements? If yes, submit reconciliation.	N			5

		Y/N	Y/N	
<b>Approved Educational Activities</b>				
		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?	N		8
9	Are costs claimed for Interns and Residents in approved GME programs claimed on the current cost report? If yes, see instructions.	Y		9
10	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10
11	Are GME costs directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11

		Y/N	
<b>Bad Debts</b>			
		Y/N	
12	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12
13	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13
14	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14

<b>Bed Complement</b>			
15	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N	15

		Part A		Part B	
		Y/N	Date	Y/N	Date
<b>PS&amp;R Report Data</b>					
		1	2	3	4
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16
17	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	10/19/2015	Y	10/19/2015
18	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file the cost report? If yes, see instructions.	N		N	18
19	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19
20	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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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 Cost			
22	Have assets been relifed 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 capitalization policy changed during the cost reporting period? If yes, see instructions.		27

Interest Expense			
28	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		28
29	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions.		29
30	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		30
31	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		31

Purchased Services			
32	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		32
33	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		33

Provider-Based Physicians			
34	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		34
35	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		35

Home Office Costs		Y/N	Date	
		1	2	
36	Are home office costs claimed on the cost report?			36
37	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37
38	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38
39	If line 36 is yes, did the provider render servcies to other chain components? If yes, see instructions.			39
40	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40

Cost Report Preparer Contact Information			
41	First name: SILIA	Last name: MIGLIO	Title: CONTROLLER
42	Employer: LOYOLA UNIVERSITY HEALTH SYSTEM		
43	Phone number: 708-216-4135	E-mail Address: SIMIGLIO@LUMC.EDU	

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA**

**WORKSHEET S-3  
PART I**

	Component	Wkst A Line No.	No. of Beds	Bed Days Available	CAH Hours	Inpatient Days / Outpatient Visits / Trips			Total All Patients	
						Title V	Title XVIII	Title XIX		
		1	2	3	4	5	6	7	8	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	315	114,975			32,834	11,894	92,850	1
2	HMO and other (see instructions)						7,833	14,513		2
3	HMO IPF Subprovider									3
4	HMO IRF Subprovider						455	474		4
5	Hospital Adults & Peds. Swing Bed SNF									5
6	Hospital Adults & Peds. Swing Bed NF									6
7	Total Adults & Peds. (exclude observation beds) (see instructions)		315	114,975			32,834	11,894	92,850	7
8	Intensive Care Unit	31	64	23,360			8,990	2,352	17,282	8
9	Coronary Care Unit	32								9
10	Burn Intensive Care Unit	33	10	3,650			1,131	675	2,083	10
11	Surgical Intensive Care Unit	34								11
12	NEONATAL INTENSIVE CARE	35	50	18,250				4,689	10,394	12
12.01	PEDIATRIC ICU	35.01	14	5,110				945	2,386	12.01
12.03	HEART TRANSPLANT ICU	35.03	10	3,650			713	311	3,299	12.03
12.04	BONE INTENSIVE CARE	35.04	10	3,650			591	294	3,024	12.04
13	Nursery	43							2,092	13
14	Total (see instructions)		473	172,645			44,259	21,160	133,410	14
15	CAH Visits									15
16	Subprovider - IPF	40								16
17	Subprovider - IRF	41	32	11,680			4,001	598	7,397	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							25,366	22
23	ASC (Distinct Part)	115								23
24	Hospice (Distinct Part)	116								24
24.10	Hospice (non-distinct part)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	Total (sum of lines 14-26)		505							27
28	Observation Bed Days							1,923	6,676	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)								1,379	30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)		16	11,680				266	535	32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33	LTCH non-covered days									33

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA**

**WORKSHEET S-3  
PART I**

	Component	Full Time Equivalents			DISCHARGES				
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		9	10	11	12	13	14	15	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					7,239	4,782	22,863	1
2	HMO and other (see instructions)					1,234			2
3	HMO IPF Subprovider								3
4	HMO IRF Subprovider								4
5	Hospital Adults & Peds. Swing Bed SNF								5
6	Hospital Adults & Peds. Swing Bed NF								6
7	Total Adults & Peds. (exclude observation beds) (see instructions)								7
8	Intensive Care Unit								8
9	Coronary Care Unit								9
10	Burn Intensive Care Unit								10
11	Surgical Intensive Care Unit								11
12	NEONATAL INTENSIVE CARE								12
12.01	PEDIATRIC ICU								12.01
12.03	HEART TRANSPLANT ICU								12.03
12.04	BONE INTENSIVE CARE								12.04
13	Nursery								13
14	Total (see instructions)	418.71	5,707.52			7,239	4,782	22,863	14
15	CAH Visits								15
16	Subprovider - IPF								16
17	Subprovider - IRF	4.75	48.50			355	46	646	17
18	Subprovider I								18
19	Skilled Nursing Facility								19
20	Nursing Facility								20
21	Other Long Term Care								21
22	Home Health Agency		45.49						22
23	ASC (Distinct Part)								23
24	Hospice (Distinct Part)		10.49						24
24.10	Hospice (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	Total (sum of lines 14-26)	423.46	5,812.00						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**HOSPITAL WAGE INDEX INFORMATION**

**WORKSHEET S-3  
PARTS II-III**

**Part II - Wage Data**

	Wkst A Line No.	Amount Reported	Reclassif- ication of Salaries (from Worksheet A-6)	Adjusted Salaries (column 2 ± column 3)	Paid Hours Related to Salaries in Column 4	Average Hourly wage (column 4 ± column 5)	
	1	2	3	4	5	6	
<b>SALARIES</b>							
1	200	546,315,711		546,315,711	11,947,338.57	45.73	1
2							2
3		3,413,989		3,413,989	43,394.00	78.67	3
4		3,770,086		3,770,086	54,133.00	69.64	4
4.01							4.01
5		26,162,386		26,162,386	286,630.00	91.28	5
6							6
7	21	35,141,600	3,839,009	38,980,609	1,486,725.00	26.22	7
7.01							7.01
8							8
9	44						9
10		165,596,753	-8,175,568	157,421,185	1,253,320.00	125.60	10
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11		1,896,676		1,896,676	60,852.00	31.17	11
12							12
13							13
14		35,327,769		35,327,769	470,673.00	75.06	14
15							15
16							16
<b>WAGE-RELATED COSTS</b>							
17		64,204,734		64,204,734			17
18							18
19		34,389,374		34,389,374			19
20							20
21		547,796		547,796			21
22		782,931		782,931			22
22.01							22.01
23		5,433,126		5,433,126			23
24							24
25		8,095,079		8,095,079			25
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26		5,475,137		5,475,137	86,775.53	63.10	26
27		75,171,847	4,541,582	79,713,429	1,874,899.78	42.52	27
28		1,269,434		1,269,434	29,523.00	43.00	28
29							29
30		10,471,844	-2,734,000	7,737,844	285,942.72	27.06	30
31		292		292			31
32		1,188,578		1,188,578	96,766.25	12.28	32
33		9,865,530		9,865,530	436,751.00	22.59	33
34		3,253,990	-609,996	2,643,994	171,122.87	15.45	34
35							35
36		210,931	577,381	788,312	53,677.22	14.69	36
37		931,443		931,443	74,814.73	12.45	37
38		2,493,466		2,493,466	54,713.81	45.57	38
39		2,216,743		2,216,743	96,821.88	22.90	39
40		8,526,429	-125,817	8,400,612	211,870.49	39.65	40
41		7,203,450		7,203,450	174,784.72	41.21	41
42		2,613,982		2,613,982	76,010.43	34.39	42
43							43

**Part III - Hospital Wage Index Summary**

1	Net salaries (see instructions)	492,732,700	-3,839,009	488,893,691	10,596,863.57	46.14	1
2	Excluded area salaries (see instructions)	165,596,753	-8,175,568	157,421,185	1,253,320.00	125.60	2
3	Subtotal salaries (line 1 minus line 2)	327,135,947	4,336,559	331,472,506	9,343,543.57	35.48	3
4	Subtotal other wages & related costs (see instructions)	37,224,445		37,224,445	531,525.00	70.03	4
5	Subtotal wage-related costs (see instructions)	64,987,665		64,987,665		19.61%	5
6	Total (sum of lines 3 through 5)	429,348,057	4,336,559	433,684,616	9,875,068.57	43.92	6
7	Total overhead cost (see instructions)	130,893,096	1,649,150	132,542,246	3,724,474.43	35.59	7

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**HOSPITAL WAGE RELATED COSTS**

**WORKSHEET S-3  
PART IV**

**Part IV - Wage Related Cost**

**Part A - Core List**

		Amount Reported	
	<b>RETIREMENT COST</b>		
1	401K Employer Contributions	12,786,725	1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Nonqualified Defined Benefit Plan Cost (see instructions)	1,388,595	3
4	Qualified Defined Benefit Plan Cost (see instructions)	17,117,820	4
	<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization):</b>		
5	401k/TSA Plan Administration Fees		5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees		7
	<b>HEALTH AND INSURANCE COST</b>		
8	Health Insurance (Purchased or Self Funded)	31,864,574	8
9	Prescription Drug Plan	6,513,971	9
10	Dental, Hearing and Vision Plan	976,450	10
11	Life Insurance (If employee is owner or beneficiary)	1,621,785	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)	667,632	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	2,763,388	15
16	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		16
	<b>TAXES</b>		
17	FICA-Employers Portion Only	29,040,481	17
18	Medicare Taxes - Employers Portion Only	6,791,725	18
19	Unemployment Insurance	419,890	19
20	State or Federal Unemployment Taxes		20
	<b>OTHER</b>		
21	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)		21
22	Day Care Costs and Allowances		22
23	Tuition Reimbursement	1,500,000	23
24	Total Wage Related cost (Sum of lines 1-23)	113,453,036	24

**Part B - Other Than Core Related Cost**

25	OTHER WAGE RELATED COSTs (SPECIFY)		25
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**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	Supporting Exhibit for Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**WAGE INDEX PENSION COST SCHEDULE (For Worksheet S-3, Part IV, Line 4)**

**EXHIBIT 3**

<b>STEP 1: DETERMINE THE 3-YEAR AVERAGING PERIOD</b>				
1	Wage Index Fiscal Year Ending Date	06/30/2018		1
2	Provider's Cost Reporting Period Used for Wage Index Year on Line 1 (FYB in Col. 1, FYE in Col. 2)	07/01/2014	06/30/2015	2
3	Midpoint of Provider's Cost Reporting Period Shown on Line 2, Adjusted to First of Month	1/01/2015		3
4	Date Beginning the 3-Year Averaging Period (subtract 18 months from midpoint shown on Line 3)	7/01/2013		4
5	Date Ending the 3-Year Averaging Period (add 18 months to midpoint shown on Line 3)	7/01/2016		5
<b>STEP 2 (OPTIONAL): ADJUST AVERAGING PERIOD FOR A NEW PLAN (see instructions)</b>				
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**

<b>STEP 3: AVERAGE PENSION CONTRIBUTIONS DURING THE AVERAGING PERIOD</b>				
9	Beginning Date of Averaging Period from Line 4 or Line 8, as Applicable	7/01/2013		9
10	Ending Date of Averaging Period from Line 5	7/01/2016		10
11	Enter Provider Contributions Made During Averaging Period on Lines 9 & 10	<b>DEPOSIT DATE(S)</b>	<b>CONTRIB-UTION(S)</b>	11
11.01		06/30/2013	26,680,942	11.01
11.02		06/30/2014	16,667,040	11.02
11.03		06/30/2015	8,005,494	11.03
12	Total Calendar Months Included in Averaging Period (36 unless Step 2 completed)	36		12
13	Total Contributions Made During Averaging Period	51,353,476		13
14	Average Monthly Contribution (Line 13 divided by Line 12)	1,426,485		14
15	Number of MOnths in Provider Cost Reporting Period on Line 2	12		15
16	Average Pension Contributions (Line 14 times Line 15)	17,117,820		16
<b>STEP 4: TOTAL PENSION COST FOR WAGE INDEX</b>				
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)	17,117,820		19

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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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 - FOHC			15
16	Hospital-Based - CMHC			16
17	Renal Dialysis			17
18	Other			18

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA**

**HHA CCN: 14-7257**

**WORKSHEET S-4**

HOME HEALTH AGENCY STATISTICAL DATA

County: COOK

	Description	Title V 1	Title XVIII 2	Title XIX 3	Other 4	Total 5	
1	Home Health Aide Hours						1
2	Unduplicated Census Count (see instructions)		871.00	300.00		1,747.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

	Enter the number of hours in your normal work week	Number of Employees (Full Time Equivalent)				
		Staff	Contract	Total		
		1	2	3		
3	Administrator and Assistant Administrator(s)				3	
4	Director(s) and Assistant Director(s)		0.67		0.67	4
5	Other Administrative Personnel		10.96		10.96	5
6	Direct Nursing Service		26.86		26.86	6
7	Nursing Supervisor					7
8	Physical Therapy Service		7.17		7.17	8
9	Physical Therapy Supervisor					9
10	Occupational Therapy Service		1.40		1.40	10
11	Occupational Therapy Supervisor					11
12	Speech Pathology Service		0.02		0.02	12
13	Speech Pathology Supervisor					13
14	Medical Social Service		0.25		0.25	14
15	Medical Social Service Supervisor					15
16	Home Health Aide		1.00		1.00	16
17	Home Health Aide Supervisor					17
18	Other (specify)					18

HOME HEALTH AGENCY CBSA CODES

19	Enter the number of CBSAs where you provided services during the cost reporting period.		1	19
20	List those CBSA code(s) serviced during this cost reporting period (line 20 contains the first code).		16974	20

PPS ACTIVITY

		Full Episodes				Total (columns 1 through 4)	
		Without Outliers	With Outliers	LUPA Episodes	PEP only Episodes		
		1	2	3	4		
21	Skilled Nursing Visits	5,896	617	431	166	7,110	21
22	Skilled Nursing Visit Charges	1,328,648	138,473	97,626	37,201	1,601,948	22
23	Physical Therapy Visits	3,065	66	101	82	3,314	23
24	Physical Therapy Visit Charges	837,226	17,754	20,560	23,159	898,699	24
25	Occupational Therapy Visits	796	66	35	26	923	25
26	Occupational Therapy Visit Charges	190,364	17,754	6,747	6,240	221,105	26
27	Speech Pathology Visits	60			1	61	27
28	Speech Pathology Visit Charges	14,405			240	14,645	28
29	Medical Social Service Visits	33	1		2	36	29
30	Medical Social Service Visit Charges	10,042	304		609	10,955	30
31	Home Health Aide Visits	1,003	351	1	7	1,362	31
32	Home Health Aide Visit Charges	128,211	44,823	128	894	174,056	32
33	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	10,853	1,101	568	284	12,806	33
34	Other Charges	85,992	9,734	3,108	1,636	100,470	34
35	Total Charges (sum of lines 22, 24, 26, 28, 30, 32 and 34)	2,594,888	228,842	128,169	69,979	3,021,878	35
36	Total Number of Episodes (standard/non-outlier)	773		197	24	994	36
37	Total Number of Outlier Episodes		20		1	21	37
38	Total Non-Routine Medical Supply Charges	85,992	9,734	3,108	1,636	100,470	38

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA**

**WORKSHEET S-5**

**RENAL DIALYSIS STATISTICS**

	DESCRIPTION	Outpatient		Training		Home		
		Regular	High Flux	Hemo-dialysis	CAPD CCPD	Hemo-dialysis	CAPD CCPD	
		1	2	3	4	5	6	
1	Number of patients in program at end of cost reporting period		1,566		12		250	1
2	Number of times per week patient receives dialysis		3.00		3.00		3.00	2
3	Average patient dialysis time including setup		4.50		4.50			3
4	CAPD exchanges per day				4		4	4
5	Number of days in year dialysis furnished		314					5
6	Number of stations		31		31			6
7	Treatment capacity per day per station		3					7
8	Utilization (see instructions)							8
9	Average times dialyzers re-used							9
10	Percentage of patients re-using dialyzers							10

**ESRD PPS**

		1	2	
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter 'Y' for yes or 'N' for no. (see instructions)	N		10.01
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter 'Y' for yes or 'N' for no. (see instructions for 'new' providers)	Y		10.02
10.03	If you responded 'N' to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)			10.03

**TRANSPLANT INFORMATION**

			32	11
11	Number of patients on transplant list			
12	Number of patients transplanted during the cost reporting period		8	12

**EPOETIN**

13	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider			13
14	Epoetin amount from Worksheet A for home dialysis program			14
15	Number of EPO units furnished relating to the renal dialysis department			15
16	Number of EPO units furnished relating to the home dialysis department			16

**ARANESP**

17	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider			17
18	ARANESP amount from Worksheet A for home dialysis program			18
19	Number of ARANESP units furnished relating to the renal dialysis department			19
20	Number of ARANESP units furnished relating to the home dialysis department			20

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

21	MCP X	INITIAL METHOD	
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Erythropoiesis-Stimulating Agents (ESA) Statistics:		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.	
		1	2	3	4	5	
22	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)						22
22.01		EPOTEIN	654,697		84,116,700		22.01

**KPMG LLP Compu-Max 2552-10**

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HOSPICE IDENTIFICATION DATA

HOSPICE CCN: 14-1566

WORKSHEET S-9  
PARTS I & II

**PART I - ENROLLMENT DAYS**

		Unduplicated Days					Total	
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	(sum of cols. 1, 2, & 5)	
		1	2	3	4	5	6	
1	Continuous Home Care							1
2	Routine Home Care	6,129	431			508	7,068	2
3	Inpatient Respite Care							3
4	General Inpatient Care	45					45	4
5	Total Hospice Days	6,174	431			508	7,113	5

**PART II - CENSUS DATA**

		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total	
		1	2	3	4	5	(sum of cols. 1, 2, & 5)	
6	Number of Patients Receiving Hospice Care	139	5			22	166	6
7	Total Number of Unduplicated Continuous Care Hours Billable to Medicare							7
8	Average Length of Stay (line 5/line 6)	44.42	86.20			23.09	42.85	8
9	Unduplicated Census Count							9

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

# KPMG LLP Compu-Max 2552-10

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## HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

WORKSHEET S-10

### Uncompensated and indigent care cost computation

1	Cost to charge ratio (Worksheet C, Part I, line 202, column 3 divided by line 202, column 8)		0.289252	1
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### Medicaid (see instructions for each line)

2	Net revenue from Medicaid		150,211,745	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		516,671,678	6
7	Medicaid cost (line 1 times line 6)		149,448,316	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 care (see instructions for each line)

17	Private grants, donations, or endowment income restricted to fundng 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	16,741,732	3,289,725	20,031,457	20
21	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	4,842,579	951,560	5,794,139	21
22	Partial payment by patients approved for charity care	8,991	342,067	351,058	22
23	Cost of charity care (line 21 minus line 22)	4,833,588	609,493	5,443,081	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)		43,849,705	26
27	Medicare bad debts for the entire hospital complex (see instructions)		2,806,320	27
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		41,043,385	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		11,871,881	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)		17,314,962	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		17,314,962	31

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES**

**WORKSHEET A**

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
<b>GENERAL SERVICE COST CENTERS</b>										
1	00100	Cap Rel Costs-Bldg & Fixt				21,084,090	21,084,090	684,952	21,769,042	1
1.01	00101	NEW CAPITAL-BLDG INTEREST				16,550,690	16,550,690	-10,530,174	6,020,516	1.01
2	00200	Cap Rel Costs-Mvble Equip				23,550,542	23,550,542		23,550,542	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	5,475,137	80,776,351	86,251,488	4,654,534	90,906,022	5,035,364	95,941,386	4
5.01	01160	COMMUNICATION	732,663	3,241,962	3,974,625	-2,021	3,972,604	-376,992	3,595,612	5.01
5.02	00550	SYSTEM & COMPUTERS	8,247,545	4,375,566	12,623,111	-277,209	12,345,902		12,345,902	5.02
5.03	00560	PURCHASING	1,288,376	-471,961	816,415	2,438,622	3,255,037		3,255,037	5.03
5.04	00597	OPC STORES		339	339	-3	336		336	5.04
5.05	00594	PATIENT AFFAIRS	3,142,169	559,862	3,702,031	-1,643	3,700,388		3,700,388	5.05
5.06	00570	PATIENT ADMITTING	2,519,520	201,331	2,720,851	-1,528	2,719,323		2,719,323	5.06
5.07	00580	PATIENT ACCOUNTS	6,231,190	5,082,251	11,313,441	-2,955	11,310,486		11,310,486	5.07
5.08	00590	ACCOUNTING	2,266,504	1,211,477	3,477,981	-701	3,477,280		3,477,280	5.08
5.09	00591	EMPLOYEE HEALTH SERVICES	168,996	578,773	747,769	-12,132	735,637	-37,315	698,322	5.09
5.10	00596	PASTORAL CARE	868,306	123,929	992,235	-35,903	956,332	-10,963	945,369	5.10
5.11	00592	HOSPITAL ADMINISTRATION	44,981,639	195,217,657	240,199,296	-59,162,016	181,037,280	981,001	182,018,281	5.11
5.12	00593	AMBULATORY ADMINISTRATION	4,431,376	243,159	4,674,535	-1,484,433	3,190,102	-143,981	3,046,121	5.12
5.14	00595	PRIMARY CARE ADMINISTRATION	293,563	8,274,087	8,567,650	-108,031	8,459,619	-2,000	8,457,619	5.14
6	00600	Maintenance & Repairs		12,470,044	12,470,044	-53,234	12,416,810		12,416,810	6
7	00700	Operation of Plant	8,030,731	12,275,333	20,306,064	-1,823,759	18,482,305	-4,627,657	13,854,648	7
7.01	00701	SAFETY AND SECURITY	2,441,113	503,634	2,944,747	-910,190	2,034,557		2,034,557	7.01
8	00800	Laundry & Linen Service	292	3,020,653	3,020,945	-277	3,020,668		3,020,668	8
9	00900	Housekeeping	1,188,578	9,059,021	10,247,599	-29,336	10,218,263		10,218,263	9
10	01000	Dietary	3,253,990	4,568,505	7,822,495	-1,988,203	5,834,292	-2,623,714	3,210,578	10
11	01100	Cafeteria	210,931	60,788	271,719	1,815,996	2,087,715	-588,587	1,499,128	11
12	01200	Maintenance of Personnel								12
12.01	01201	PATIENT TRANSPORTATION	931,443	263,978	1,195,421	-74	1,195,347		1,195,347	12.01
13	01300	Nursing Administration	2,493,466	505,226	2,998,692	-1,904	2,996,788	-27,417	2,969,371	13
14	01400	Central Services & Supply	1,420,894	2,983,876	4,404,770	-64,254	4,340,516		4,340,516	14
14.01	01401	CENTRAL PROCESSING	795,849	-390,001	405,848	13,571	419,419		419,419	14.01
15	01500	Pharmacy	8,526,429	32,541,178	41,067,607	-33,304,555	7,763,052	-16,116	7,746,936	15
16	01600	Medical Records & Library	7,023,450	4,590,369	11,793,819	-1,846	11,791,973	-40,883	11,751,090	16
17	01700	Social Service	2,613,982	52,815	2,666,797	-167	2,666,630	-2,275	2,664,355	17
17.01	01701	HOSPITAL MEDICAL ADMIN								17.01
19	01900	Nonphysician Anesthetists				4,035,150	4,035,150	-4,035,150		19
20	02000	Nursing School								20
21	02100	I&R Services-Salary & Fringes Apprvd	35,141,600	528,161	35,669,761	5,253,355	40,923,116		40,923,116	21
22	02200	I&R Services-Other Prgm Costs Apprvd								22
23	02300	PARAMED ED PRGM-(SPECIFY)								23
23.01	02301	PARAMEDICAL ED-MICU	543,588	161,558	705,146	-441	704,705	-82,216	622,489	23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK								23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30	03000	Adults & Pediatrics	38,392,303	5,293,526	43,685,829	-813,067	42,872,762	-17,483	42,855,279	30
31	03100	Intensive Care Unit	12,975,092	2,939,109	15,914,201	-60,764	15,853,437		15,853,437	31
33	03300	Burn Intensive Care Unit	3,807,787	1,066,594	4,874,381	-23,121	4,851,260	-1,154	4,850,106	33
35	02060	NEONATAL INTENSIVE CARE	7,125,582	1,001,653	8,127,235	-575,269	7,551,966	-848	7,551,118	35
35.01	02080	PEDIATRIC ICU	2,042,210	314,743	2,356,953	-6,619	2,350,334		2,350,334	35.01
35.03	02400	HEART TRANSPLANT ICU	2,599,987	472,573	3,072,560	-10,339	3,062,221		3,062,221	35.03
35.04	02401	BONE INTENSIVE CARE	3,057,294	560,586	3,617,880	-11,959	3,605,921	-108	3,605,813	35.04
41	04100	Subprovider - IRF	3,423,355	519,703	3,943,058	-5,452	3,937,606		3,937,606	41
43	04300	Nursery				701,225	701,225		701,225	43
<b>ANCILLARY SERVICE COST CENTERS</b>										
50	05000	Operating Room	12,195,368	47,628,418	59,823,786	-33,304,662	26,519,124		26,519,124	50
50.01	05001	AMBULATORY SURGERY CENTER	2,779,377	5,238,483	8,017,860	-3,259,620	4,758,240		4,758,240	50.01
51	05100	Recovery Room	2,635,546	689,269	3,324,815	-14,967	3,309,848		3,309,848	51
52	05200	Delivery Room & Labor Room	2,252,612	433,587	2,686,199	-8,410	2,677,789		2,677,789	52
53	05300	Anesthesiology	510,304	2,179,287	2,689,591	-1,156,687	1,532,904		1,532,904	53
54	05400	Radiology-Diagnostic	6,512,903	3,093,775	9,606,678	-2,831,472	6,775,206	-24,946	6,750,260	54
54.01	03630	RADIOLOGY-ULTRASOUND	1,001,998	40,693	1,042,691	50,085	1,092,776		1,092,776	54.01
55	05500	Radiology-Therapeutic								55
56	05600	Radioisotope	1,466,392	2,611,024	4,077,416	80,655	4,158,071		4,158,071	56
57	05700	CT Scan	2,410,514	1,361,335	3,771,849	277,165	4,049,014		4,049,014	57
58	05800	MRI	1,479,115	587,761	2,066,876	-61,946	2,004,930		2,004,930	58
59	05900	Cardiac Catheterization	4,594,434	9,082,477	13,676,911	-7,649,871	6,027,040	-5,795	6,021,245	59
60	06000	Laboratory	6,605,479	12,125,072	18,730,551	-142,426	18,588,125	-8,132	18,579,993	60
60.01	03420	LABORATORY-SURGICAL PATHOLOGY	1,251,034	1,352,766	2,603,800	-23,872	2,579,928	-1,080	2,578,848	60.01
60.02	03956	LABORATORY-NEUROSURGICAL								60.02
60.03	03957	LABORATORY-HLA		14	14		14		14	60.03
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30

**KPMG LLP Compu-Max 2552-10**

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**RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES**

**WORKSHEET A**

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
63	06300	Blood Storing, Processing & Trans.	1,131,637	6,877,912	8,009,549	-14,465	7,995,084		7,995,084	63
65	06500	Respiratory Therapy	5,485,041	1,267,860	6,752,901	-317,731	6,435,170		6,435,170	65
66	06600	Physical Therapy	3,277,829	195,269	3,473,098	-3,260	3,469,838	-6,901	3,462,937	66
67	06700	Occupational Therapy	941,675	270,413	1,212,088	-1,140	1,210,948		1,210,948	67
68	06800	Speech Pathology	319,684	130,158	449,842	-1,840	448,002		448,002	68
69	06900	Electrocardiology	2,799,078	11,143,002	13,942,080	-9,944,941	3,997,139		3,997,139	69
70	07000	Electroencephalography	1,091,859	276,692	1,368,551	-4,756	1,363,795		1,363,795	70
71	07100	Medical Supplies Charged to Patients				26,212,957	26,212,957		26,212,957	71
72	07200	Impl. Dev. Charged to Patients				34,574,595	34,574,595		34,574,595	72
73	07300	Drugs Charged to Patients				33,156,607	33,156,607		33,156,607	73
74	07400	Renal Dialysis	2,706,737	2,107,409	4,814,146	-43,118	4,771,028		4,771,028	74
76	03560	PULMONARY LABS	356,052	238,844	594,896	-4,404	590,492		590,492	76
76.01	03950	OCCUPATIONAL HEALTH	753,758	215,955	969,713	-1,484	968,229	-370,618	597,611	76.01
76.03	03951	HYPERALIMENTATION								76.03
76.04	03650	PERIPHERAL VASCULAR	834,823	104,496	939,319	-457	938,862		938,862	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION								76.05
76.07	03340	GASTROINTESTINAL SERVICE	2,408,805	2,355,260	4,764,065	-2,192,350	2,571,715		2,571,715	76.07
76.09	03953	BONE MARROW PROCUREMENT	113,060	2,279,619	2,392,679	-2,903	2,389,776	-11	2,389,765	76.09
76.10	03954	BIATRICS	446,340	256,488	702,828	-374	702,454	-341	702,113	76.10
76.11	03955	HEPATOLOGY	489,827	15,194	505,021	-105	504,916		504,916	76.11
76.97	07697	CARDIAC REHABILITATION	191,844	2,747	194,591	-40	194,551		194,551	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
		<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	09000	Clinic	211,183	58,527	269,710	-1,281	268,429		268,429	90
90.01	09001	CARDIAC REHABILITATION								90.01
90.02	09002	CANCER CENTER	5,615,220	17,943,815	23,559,035	-101,858	23,457,177	23,164	23,480,341	90.02
90.03	09003	PSYCH SOCIAL REHAB	297,299	23,327	320,626	-401	320,225		320,225	90.03
90.04	09004	WELLNESS ASSESSMENT								90.04
90.06	09005	HEART FAILURE CLINIC								90.06
90.07	09006	LOC OUTPATIENT CENTER	20,121,062	8,630,931	28,751,993	-149,515	28,602,478	-1,626,592	26,975,886	90.07
90.08	09007	OBT OUTPATIENT CENTER	5,680,264	2,054,225	7,734,489	-13,082	7,721,407	-1,434,119	6,287,288	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	921,340	858,465	1,779,805	-9,017	1,770,788	-74,931	1,695,857	90.09
90.10	09009	LAGRANGE FAMILY PCC	2,045,880	1,058,843	3,104,723	-12,732	3,091,991	-595,265	2,496,726	90.10
90.12	09010	NORTH RIVERSIDE PCC	2,803,518	1,391,569	4,195,087	-20,862	4,174,225	-1,590,052	2,584,173	90.12
90.13	09011	GLENDALE HEIGHTS PCC								90.13
90.14	09012	WHEATON PCC	1,346,476	1,311,971	2,658,447	-9,276	2,649,171	-600,125	2,049,046	90.14
90.15	09013	OBT II PCC	1,240,200	1,009,295	2,249,495	-15,320	2,234,175		2,234,175	90.15
90.16	09014	HICKORY HILLS PCC	3,409,425	1,070,285	4,479,710	-9,865	4,469,845	-1,454,577	3,015,268	90.16
90.18	09015	DARIEN PCC	579,913	1,078,208	1,658,121	-8,609	1,649,512	-33,566	1,615,946	90.18
90.20	09016	ORLANAD PARK - FP	2,911,398	1,220,433	4,131,831	-16,387	4,115,444	-1,758,702	2,356,742	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	839,537	307,667	1,147,204	-5,562	1,141,642		1,141,642	90.21
90.22	09018	HOMER GLEN PCC	3,593,792	2,398,009	5,991,801	-19,900	5,971,901	-919,887	5,052,014	90.22
90.23	09019	OAK PARK PCC	2,465,524	433,458	2,898,982	-6,217	2,892,765	-1,951,199	941,566	90.23
90.24	09020	PARK RIDGE PCC	1,529,982	486,775	2,016,757	-2,879	2,013,878	-345,147	1,668,731	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	2,604,283	649,567	3,253,850	-5,125	3,248,725	-1,681,327	1,567,398	90.25
90.26	09022	WOODRIDGE PCC	100,451	138,346	238,797	-1,631	237,166		237,166	90.26
90.27	09023	NEUROLOGY - NILES								90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	613,663	4,366,429	4,980,092	-21,395	4,958,697		4,958,697	90.28
90.29	09025	BURR RIDGE PCC	8,842,335	5,390,428	14,232,763	-99,751	14,133,012	-1,784,270	12,348,742	90.29
90.30	09026	RIVER FOREST	2,327,532	883,920	3,211,452	-232,787	2,978,665	-743,320	2,235,345	90.30
90.31	09027	NORRIDGE	114,855	80,523	195,378	-922	194,456	-2,123	192,333	90.31
90.32	09028	ELMWOOD PARK	385,301	394,842	780,143	-5,054	775,089		775,089	90.32
91	09100	Emergency	15,563,454	1,991,841	17,555,295	-40,313	17,514,982	-21,599	17,493,383	91
92	09200	Observation Beds (Non-Distinct Part)								92
92.01	09201	OBSERVATION BEDS-DISTINCT	264,629	33,898	298,527	-725	297,802		297,802	92.01
		<b>OTHER REIMBURSABLE COST CENTERS</b>								
95	09500	Ambulance Services		319,752	319,752		319,752		319,752	95
97	09700	Durable Medical Equip-Sold	347,330	28,929	376,259	-28	376,231		376,231	97
99.10	09910	CORF								99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY								99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY								99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY								99.40
101	10100	Home Health Agency	3,766,881	871,332	4,638,213	-153,704	4,484,509		4,484,509	101
		<b>SPECIAL PURPOSE COST CENTERS</b>								
105	10500	Kidney Acquisition	322,325	1,903,979	2,226,304	354,467	2,580,771		2,580,771	105
106	10600	Heart Acquisition	216,532	605,186	821,718	305,608	1,127,326		1,127,326	106
107	10700	Liver Acquisition	615,458	2,218,374	2,833,832	516,963	3,350,795		3,350,795	107
108	10800	Lung Acquisition	159,648	2,371,601	2,531,249	285,396	2,816,645		2,816,645	108
109	10900	Pancreas Acquisition	892,522	60,908	953,430	-377,009	576,421		576,421	109
110	11000	Intestinal Acquisition	515,742	29,499	545,241	-8	545,233		545,233	110

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LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES**

**WORKSHEET A**

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
111	11100	Islet Acquisition								111
112	08600	OTHER ORGAN ACQUISITION (SPECIFY)	1,356,940	1,608,363	2,965,303	-1,598,816	1,366,487	-1,963	1,364,524	112
116	11600	Hospice	634,107	509,802	1,143,909	-6,769	1,137,140	-12,415	1,124,725	116
118		SUBTOTALS (sum of lines 1-117)	393,166,056	574,733,009	967,899,065	11,204,767	979,103,832	-33,489,555	945,614,277	118
		<b>NONREIMBURSABLE COST CENTERS</b>								
190	19000	Gift, Flower, Coffee Shop & Canteen	47,327	132,670	179,997	-2,897	177,100		177,100	190
190.0	19001	HINES RADIATION THERAPY	830,353	2,344	832,697	-31	832,666		832,666	190.0
1										1
190.0	19002	HOME INFUSION THERAPY	757,046	1,448,981	2,206,027	27,926	2,233,953		2,233,953	190.0
2										2
190.0	19003	OP HOSPITAL PHARMACY	223,265	2,320,952	2,544,217	-9,892	2,534,325		2,534,325	190.0
3										3
190.0	19004	HOSPITALIST	5,549,842	74,579	5,624,421	-135	5,624,286	-11,834	5,612,452	190.0
4										4
190.0	19005	STUDENT HEALTH	93,471	10,186	103,657	-215	103,442	-23,387	80,055	190.0
5										5
192	19200	Physicians' Private Offices								192
192.0	19201	FACULTY CLINICAL OPERATIONS	145,648,351	22,212,664	167,861,015	-11,219,523	156,641,492	-719,821	155,921,671	192.0
1										1
200		TOTAL (sum of lines 118-199)	546,315,711	600,935,385	1,147,251,096		1,147,251,096	-34,244,597	1,113,006,499	200

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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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	DEPRECIATION EXPENSE	A	Cap Rel Costs-Bldg & Fixt	1		21,084,090	1
2	DEPR	A	Cap Rel Costs-Mvble Equip	2		23,550,542	2
3			AMBULATORY ADMINISTRATION	5.12		5,677	3
4			Operation of Plant	7		6,848	4
5			Operating Room	50		311	5
6			CT Scan	57		772	6
7			Blood Storing, Processing & T	63		2,892	7
8			Electrocardiology	69		583	8
9			PARK RIDGE PCC	90.24		108	9
500	Total reclassifications					44,651,823	500
	Code Letter - A						
1	CRNA	B	Nonphysician Anesthetists	19	3,405,909	629,241	1
2							2
500	Total reclassifications				3,405,909	629,241	500
	Code Letter - B						
1	SHARED SERVICE TO HE	D	HOSPITAL ADMINSTRATION	5.11	3,169,000		1
2							2
3							3
4							4
5							5
500	Total reclassifications				3,169,000		500
	Code Letter - D						
1	PENSION EXPENSE	E	Employee Benefits Department	4		4,676,798	1
500	Total reclassifications					4,676,798	500
	Code Letter - E						
1	CAFETERIA	K					1
2			Cafeteria	11	577,381	1,239,137	2
500	Total reclassifications				577,381	1,239,137	500
	Code Letter - K						
1	MEDICAL SUPPLY CHG TO PATIENT	L	Medical Supplies Charged to P	71		26,212,957	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					26,212,957	500
	Code Letter - L						
1	DRUGS CHG TO PATIENT	M	Drugs Charged to Patients	73		33,156,607	1
500	Total reclassifications					33,156,607	500
	Code Letter - M						
1	IMPLANTABLE DEVICES CHARGED TO PATI	N	Impl. Dev. Charged to Patient	72		34,574,595	1
2							2
3							3
4							4
5							5
500	Total reclassifications					34,574,595	500
	Code Letter - N						
1	HOSPITAL MEDICAL ADMIN (500455)	R					1
2			HOSPITAL ADMINSTRATION	5.11	1,745,032		2
3							3
500	Total reclassifications				1,745,032		500
	Code Letter - R						
1	NURSERY	T					1
2			Nursery	43	627,212	74,013	2
500	Total reclassifications				627,212	74,013	500
	Code Letter - T						
1	INTERST EXPENSE	U					1
2			NEW CAPITAL-BLDG INTEREST	1.01		16,550,690	2

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LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**RECLASSIFICATIONS**

**WORKSHEET A-6**

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				
			COST CENTER	LINE #	SALARY		OTHER
		1	2	3	4	5	
3							3
4							4
500	Total reclassifications					16,550,690	500
	Code Letter - U						
1	SUPPLY REBATE RECLS TO DEPTS	W	PURCHASING	5.03		2,438,622	1
2			CENTRAL PROCESSING	14.01		13,571	2
3			HOME INFUSION THERAPY	190.02		27,926	3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
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**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**RECLASSIFICATIONS**

**WORKSHEET A-6**

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				
			COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
71							71
72							72
73							73
74							74
75							75
76							76
77							77
78							78
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95							95
96							96
97							97
98							98
99							99
100							100
101							101
102							102
103							103
104							104
105							105
500	Total reclassifications					2,480,119	500
	Code Letter - W						
1	TRANSPLANT PRE VS POST	AB	Kidney Acquisition	105	171,449	30,158	1
2	TRANSPLANT PRE VS POST	AB	Heart Acquisition	106	185,487	32,627	2
3	TRANSPLANT PRE VS POST	AB	Liver Acquisition	107	143,865	25,306	3
4	TRANSPLANT PRE VS POST	AB	Lung Acquisition	108	151,995	26,736	4
5	TRANSPLANT PRE VS POST	AB					5
6	TRANSPLANT PRE VS POST	AB					6
500	Total reclassifications				652,796	114,827	500
	Code Letter - AB						
1	TRANSPLANT PHYSICIAN ORGAN ACQ	AC	Heart Acquisition	106	85,049	2,471	1
2	TRANSPLANT PHYSICIAN ORGAN ACQ	AC	Kidney Acquisition	105	148,576	4,445	2
3	TRANSPLANT PHYSICIAN ORGAN ACQ	AC	Liver Acquisition	107	336,611	11,271	3
4	TRANSPLANT PHYSICIAN ORGAN ACQ	AC	Lung Acquisition	108	104,666	2,486	4
500	Total reclassifications				674,902	20,673	500
	Code Letter - AC						
1	LAWSON AU 10637	AH	Electrocardiology	69	262,222	34,680	1
500	Total reclassifications				262,222	34,680	500
	Code Letter - AH						
1	HOSPITAL MEDICAL ADMIN (50993)	AK	HOSPITAL ADMINSTRATION	5.11	12,255,544		1
2							2
3							3
500	Total reclassifications				12,255,544		500
	Code Letter - AK						
1	RECLASS MWCC COSTS TO CORRECT CC	AL					1
500	Total reclassifications						500
	Code Letter - AL						
1	CORRECT POST TRANSPLANT (TMG)	AM					1
500	Total reclassifications						500
	Code Letter - AM						
1	REVERSE HOSP MED ADMIN (TMG)	AN					1
500	Total reclassifications						500
	Code Letter - AN						

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LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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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	RADIOLOGY NURSING	AO	Radiology-Diagnostic	54	196,287	512	1
2			RADIOLOGY-ULTRASOUND	54.01	50,759	132	2
3			MRI	58	156,119	407	3
4			CT Scan	57	282,555	737	4
5			Radioisotope	56	86,068	225	5
6			OBSERVATION BEDS-DISTINCT	92.01	11		6
500	Total reclassifications				771,799	2,013	500
	Code Letter - AO						
1	MEDICAL EDUCATION	AP	I&R Services-Salary & Fringes	21	3,839,009	1,418,362	1
500	Total reclassifications				3,839,009	1,418,362	500
	Code Letter - AP						
	<b>GRAND TOTAL (Increases)</b>				<b>27,980,806</b>	<b>165,836,535</b>	

(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.

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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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	DEPRECIATION EXPENSE	A	HOSPITAL ADMINSTRATION	5.11		44,503,761	9	
2	DEPR	A	Housekeeping	9		14,599	9	
3			Dietary	10		133,333		
4			NORRIDGE	90.31		130		
5								
6								
7								
8								
9								
500	Total reclassifications					44,651,823	500	
	Code letter - A							
1	CRNA	B					1	
2			FACULTY CLINICAL OPERATIONS	192.01	3,405,909	629,241	2	
500	Total reclassifications				3,405,909	629,241	500	
	Code letter - B							
1	SHARED SERVICE TO HE	D	SYSTEM & COMPUTERS	5.02	250,000		1	
2			Operation of Plant	7	1,825,000		2	
3			SAFETY AND SECURITY	7.01	909,000		3	
4			PASTORAL CARE	5.10	35,000		4	
5			HOSPITAL ADMINSTRATION	5.11	150,000		5	
500	Total reclassifications				3,169,000		500	
	Code letter - D							
1	PENSION EXPENSE	E	HOSPITAL ADMINSTRATION	5.11		4,676,798	1	
500	Total reclassifications					4,676,798	500	
	Code letter - E							
1	CAFETERIA	K					1	
2			Dietary	10	577,381	1,239,137	2	
500	Total reclassifications				577,381	1,239,137	500	
	Code letter - K							
1	MEDICAL SUPPLY CHG TO PATIENT	L	Central Services & Supply	14		43,391	1	
2			NEONATAL INTENSIVE CARE	35		554,464	2	
3			Operating Room	50		8,047,513	3	
4			AMBULATORY SURGERY CENTER	50.01		1,456,950	4	
5			Anesthesiology	53		1,110,616	5	
6			Radiology-Diagnostic	54		2,194,377	6	
7			MRI	58		212,685	7	
8			Cardiac Catheterization	59		4,287,892	8	
9			Respiratory Therapy	65		305,473	9	
10			Electrocardiology	69		4,540,971	10	
11			GASTROINTESTINAL SERVICE	76.07		1,837,896	11	
12			Home Health Agency	101		149,205	12	
13			OTHER ORGAN ACQUISITION (SPEC	112		1,471,524	13	
500	Total reclassifications					26,212,957	500	
	Code letter - L							
1	DRUGS CHG TO PATIENT	M	Pharmacy	15		33,156,607	1	
500	Total reclassifications					33,156,607	500	
	Code letter - M							
1	IMPLANTABLE DEVICES CHARGED TO PATI	N	Operating Room	50		24,719,194	1	
2			AMBULATORY SURGERY CENTER	50.01		1,734,131	2	
3			Cardiac Catheterization	59		2,204,272	3	
4			Electrocardiology	69		5,608,403	4	
5			GASTROINTESTINAL SERVICE	76.07		308,595	5	
500	Total reclassifications					34,574,595	500	
	Code letter - N							
1	HOSPITAL MEDICAL ADMIN (500455)	R					1	
2			Cardiac Catheterization	59	718,500		2	
3			FACULTY CLINICAL OPERATIONS	192.01	1,026,532		3	
500	Total reclassifications				1,745,032		500	
	Code letter - R							
1	NURSERY	T					1	
2			Adults & Pediatrics	30	627,212	74,013	2	
500	Total reclassifications				627,212	74,013	500	
	Code letter - T							
1	INTERST EXPENSE	U					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			HOSPITAL ADMINISTRATION	5.11		16,264,500	9	
3			BURR RIDGE PCC	90.29		61,069	3	
4			RIVER FOREST	90.30		225,121	4	
500	Total reclassifications					16,550,690	500	
	Code letter - U							
1	SUPPLY REBATE RECLS TO DEPTS	W	Employee Benefits Department	4		1,591	1	
2			COMMUNICATION	5.01		2,021	2	
3			SYSTEM & COMPUTERS	5.02		27,209	3	
4			OPC STORES	5.04		3	4	
5			PATIENT AFFAIRS	5.05		1,643	5	
6			PATIENT ADMITTING	5.06		1,528	6	
7			PATIENT ACCOUNTS	5.07		2,955	7	
8			ACCOUNTING	5.08		701	8	
9			EMPLOYEE HEALTH SERVICES	5.09		12,132	9	
10			PASTORAL CARE	5.10		903	10	
11			HOSPITAL ADMINISTRATION	5.11		29,083	11	
12			AMBULATORY ADMINISTRATION	5.12		405	12	
13			PRIMARY CARE ADMINISTRATION	5.14		108,031	13	
14			Maintenance & Repairs	6		53,234	14	
15			Operation of Plant	7		5,607	15	
16			SAFETY AND SECURITY	7.01		1,190	16	
17			Laundry & Linen Service	8		277	17	
18			Housekeeping	9		14,737	18	
19			Cafeteria	11		522	19	
20			PATIENT TRANSPORTATION	12.01		74	20	
21			Nursing Administration	13		1,904	21	
22			Central Services & Supply	14		20,863	22	
23			Medical Records & Library	16		1,846	23	
24			Social Service	17		167	24	
25			I&R Services-Salary & Fringes	21		4,016	25	
26			PARAMEDICAL ED-MICU	23.01		441	26	
27			Adults & Pediatrics	30		111,842	27	
28			Intensive Care Unit	31		60,764	28	
29			Burn Intensive Care Unit	33		23,121	29	
30			NEONATAL INTENSIVE CARE	35		20,805	30	
31			PEDIATRIC ICU	35.01		6,619	31	
32			HEART TRANSPLANT ICU	35.03		10,339	32	
33			BONE INTENSIVE CARE	35.04		11,959	33	
34			Subprovider - IRF	41		5,452	34	
35			Operating Room	50		538,266	35	
36			AMBULATORY SURGERY CENTER	50.01		68,539	36	
37			Recovery Room	51		14,967	37	
38			Delivery Room & Labor Room	52		8,410	38	
39			Anesthesiology	53		46,071	39	
40			Radiology-Diagnostic	54		61,242	40	
41			RADIOLOGY-ULTRASOUND	54.01		806	41	
42			Radioisotope	56		5,638	42	
43			CT Scan	57		6,899	43	
44			MRI	58		5,787	44	
45			Cardiac Catheterization	59		142,305	45	
46			Laboratory	60		142,426	46	
47			LABORATORY-SURGICAL PATHOLOGY	60.01		23,872	47	
48			Blood Storing, Processing & T	63		17,357	48	
49			Respiratory Therapy	65		12,258	49	
50			Physical Therapy	66		3,260	50	
51			Occupational Therapy	67		1,140	51	
52			Speech Pathology	68		1,840	52	
53			Electrocardiology	69		93,052	53	
54			Electroencephalography	70		4,756	54	
55			Renal Dialysis	74		43,118	55	
56			PULMONARY LABS	76		4,404	56	
57			OCCUPATIONAL HEALTH	76.01		1,484	57	
58			PERIPHERAL VASCULAR	76.04		457	58	
59			GASTROINTESTINAL SERVICE	76.07		45,859	59	
60			BONE MARROW PROCUREMENT	76.09		2,903	60	
61			BARIATRICS	76.10		374	61	
62			HEPATOLOGY	76.11		105	62	
63			Clinic	90		1,281	63	
64			CARDIAC REHABILITATION	76.97		40	64	
65			CANCER CENTER	90.02		101,858	65	
66			PSYCH SOCIAL REHAB	90.03		401	66	
67			LOC OUTPATIENT CENTER	90.07		148,355	67	
68			OBT OUTPATIENT CENTER	90.08		13,082	68	

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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	
69			ELMHURST IMMEDIATE CARE	90.09		9,017	69	
70			LAGRANGE FAMILY PCC	90.10		12,732	70	
71			NORTH RIVERSIDE PCC	90.12		20,862	71	
72			WHEATON PCC	90.14		9,276	72	
73			OBT II PCC	90.15		15,320	73	
74			HICKORY HILLS PCC	90.16		9,865	74	
75			DARIEN PCC	90.18		8,609	75	
76			ORLANAD PARK - FP	90.20		16,387	76	
77			FAMILY PRACTICE MAYWOOD PCC	90.21		5,562	77	
78			HOMER GLEN PCC	90.22		19,900	78	
79			OAK PARK PCC	90.23		6,217	79	
80			PARK RIDGE PCC	90.24		2,987	80	
81			LOYOLA CLINIC AT GOTTLIEB	90.25		5,125	81	
82			WOODRIDGE PCC	90.26		1,631	82	
83			MARJORIE WEINBERG CANCER CENT	90.28		21,395	83	
84			BURR RIDGE PCC	90.29		38,682	84	
85			RIVER FOREST	90.30		7,666	85	
86			NORRIDGE	90.31		792	86	
87			ELMWOOD PARK	90.32		5,054	87	
88			Emergency	91		40,313	88	
89			OBSERVATION BEDS-DISTINCT	92.01		736	89	
90			Durable Medical Equip-Sold	97		28	90	
91			Home Health Agency	101		4,499	91	
92			Kidney Acquisition	105		161	92	
93			Heart Acquisition	106		26	93	
94			Liver Acquisition	107		90	94	
95			Lung Acquisition	108		487	95	
96			Pancreas Acquisition	109		351	96	
97			Intestinal Acquisition	110		8	97	
98			OTHER ORGAN ACQUISITION (SPEC	112		32,633	98	
99			Hospice	116		6,769	99	
100			Gift, Flower, Coffee Shop & C	190		2,897	100	
101			HINES RADIATION THERAPY	190.01		31	101	
102			OP HOSPITAL PHARMACY	190.03		9,892	102	
103			HOSPITALIST	190.04		135	103	
104			STUDENT HEALTH	190.05		215	104	
105			FACULTY CLINICAL OPERATIONS	192.01		57,173	105	
500	Total reclassifications					2,480,119	500	
	Code letter - W							
1	TRANSPLANT PRE VS POST	AB	HOSPITAL ADMINISTRATION	5.11	23,654	4,161	1	
2	TRANSPLANT PRE VS POST	AB	Dietary	10	32,615	5,737	2	
3	TRANSPLANT PRE VS POST	AB	Pharmacy	15	125,817	22,131	3	
4	TRANSPLANT PRE VS POST	AB	Pancreas Acquisition	109	320,315	56,343	4	
5	TRANSPLANT PRE VS POST	AB	OTHER ORGAN ACQUISITION (SPEC	112	80,499	14,160	5	
6	TRANSPLANT PRE VS POST	AB	FACULTY CLINICAL OPERATIONS	192.01	69,896	12,295	6	
500	Total reclassifications				652,796	114,827	500	
	Code letter - AB							
1	TRANSPLANT PHYSICIAN ORGAN ACQ	AC	FACULTY CLINICAL OPERATIONS	192.01	674,902		1	
2	TRANSPLANT PHYSICIAN ORGAN ACQ	AC	Employee Benefits Department	4		20,673	2	
3	TRANSPLANT PHYSICIAN ORGAN ACQ	AC					3	
4	TRANSPLANT PHYSICIAN ORGAN ACQ	AC					4	
500	Total reclassifications				674,902	20,673	500	
	Code letter - AC							
1	LAWSON AU 10637	AH	Cardiac Catheterization	59	262,222	34,680	1	
500	Total reclassifications				262,222	34,680	500	
	Code letter - AH							
1	HOSPITAL MEDICAL ADMIN (50993)	AK	HOSPITAL ADMINISTRATION	5.11	10,679,635		1	
2			AMBULATORY ADMINISTRATION	5.12	1,489,705		2	
3			FACULTY CLINICAL OPERATIONS	192.01	86,204		3	
500	Total reclassifications				12,255,544		500	
	Code letter - AK							
1	RECLASS MWCC COSTS TO CORRECT CC	AL					1	
500	Total reclassifications						500	
	Code letter - AL							
1	CORRECT POST TRANSPLANT (TMG)	AM					1	
500	Total reclassifications						500	
	Code letter - AM							

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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	REVERSE HOSP MED ADMIN (TMG)	AN						
500	Total reclassifications						1	
	Code letter - AN						500	
1	RADIOLOGY NURSING	AO	Radiology-Diagnostic	54	771,799	853		
2			LOC OUTPATIENT CENTER	90.07		1,160		
3								
4								
5								
6								
500	Total reclassifications				771,799	2,013		
	Code letter - AO						6	
1	MEDICAL EDUCATION	AP	FACULTY CLINICAL OPERATIONS	192.01	3,839,009	1,418,362		
500	Total reclassifications				3,839,009	1,418,362		
	Code letter - AP						1	
							500	
	GRAND TOTAL (Decreases)				27,980,806	165,836,535		

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

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**RECONCILIATION OF CAPITAL COST CENTERS**

**WORKSHEET A-7  
PARTS I, II & III**

**PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES**

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land	8,850,000					8,850,000		1
2	Land Improvements	140,126					140,126		2
3	Buildings and Fixtures	339,259,832					339,259,832		3
4	Building Improvements	12,142,276	20,124,568		20,124,568	422,465	31,844,379		4
5	Fixed Equipment								5
6	Movable Equipment	184,063,180	21,756,623		21,756,623	646,368	205,173,435		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	544,455,414	41,881,191		41,881,191	1,068,833	585,267,772		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	544,455,414	41,881,191		41,881,191	1,068,833	585,267,772		10

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

	Description	SUMMARY OF CAPITAL								
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)		
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt									1
1.01	NEW CAPITAL-BLDG INTEREST									1.01
2	Cap Rel Costs-Mvble Equip									2
3	Total (sum of lines 1-2)									3

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

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

**PART III - RECONCILIATION OF CAPITAL COST CENTERS**

	Description	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	
*		1	2	3	4	5	6	7	8	
1	Cap Rel Costs-Bldg & Fi	199,644,733		199,644,733	0.368845					1
1.01	NEW CAPITAL-BLDG INTERE	180,449,604	43,997,966	136,451,638	0.252095					1.01
2	Cap Rel Costs-Mvble Equ	205,173,436		205,173,436	0.379060					2
3	Total (sum of lines 1-2)	585,267,773	43,997,966	541,269,807	1.000000					3

	Description	SUMMARY OF CAPITAL								
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	21,769,042						21,769,042		1
1.01	NEW CAPITAL-BLDG INTEREST	16,550,690		-10,530,174				6,020,516		1.01
2	Cap Rel Costs-Mvble Equip	23,550,542						23,550,542		2
3	Total (sum of lines 1-2)	61,870,274		-10,530,174				51,340,100		3

(2) The amounts on lines 1 and 2 must equal the corresponding amounts on Worksheet A, column 7, lines 1 and 2. Columns 9 through 14 should include related Worksheet A-6 reclassifications, Worksheet A-8 adjustments, and Worksheet A-8-1 related organizations and home office costs. (See instructions.)

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**ADJUSTMENTS TO EXPENSES**

**WORKSHEET A-8**

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		
				COST CENTER	LINE#	Wkst. A-7 Ref.
		1	2	3	4	5
1	Investment income-buildings & fixtures (chapter 2)			Cap Rel Costs-Bldg & Fixt	1	
1.01	INV INC-BLDGS AND FIXT	B	-10,530,174	NEW CAPITAL-BLDG INTEREST	1.01	11
2	Investment income-movable equipment (chapter 2)			Cap Rel Costs-Mvble Equip	2	
3	Investment income-other (chapter 2)					
4	Trade, quantity, and time discounts (chapter 8)					
5	Refunds and rebates of expenses (chapter 8)					
6	Rental of provider space by suppliers (chapter 8)					
7	Telephone services (pay stations excl) (chapter 21)	A	-376,992	COMMUNICATION	5.01	
8	Television and radio service (chapter 21)	A	-17,946	Operation of Plant	7	
9	Parking lot (chapter 21)	B	-4,608,567	Operation of Plant	7	
10	Provider-based physician adjustment	Wkst A-8-2				
11	Sale of scrap, waste, etc. (chapter 23)					
12	Related organization transactions (chapter 10)	Wkst A-8-1	14,010,968			
13	Laundry and linen service					
14	Cafeteria - employees and guests	B	-2,394,563	Dietary	10	
15	Rental of quarters to employees & others					
16	Sale of medical and surgical supplies to other than patients					
17	Sale of drugs to other than patients					
18	Sale of medical records and abstracts					
19	Nursing school (tuition,fees,books,etc.)					
20	Vending machines					
21	Income from imposition of interest, finance or penalty charges (chapter 21)					
22	Interest exp on Medicare overpayments & borrowings to repay Medicare overpayments					
23	Adj for respiratory therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Respiratory Therapy	65	
24	Adj for physical therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Physical Therapy	66	
25	Util review-physicians' compensation (chapter 21)			Utilization Review-SNF	114	
26	Depreciation--buildings & fixtures			Cap Rel Costs-Bldg & Fixt	1	
27	Depreciation--movable equipment			Cap Rel Costs-Mvble Equip	2	
28	Non-physician anesthetist	A	-4,035,150	Nonphysician Anesthetists	19	
29	Physicians' assistant					
30	Adj for occupational therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Occupational Therapy	67	
31	Adj for speech pathology costs in excess of limitation (chapter 14)	Wkst A-8-3		Speech Pathology	68	
32	CAH HIT Adj for Depreciation					
33						11
33.03	PATIENT TELEVISION	A	-35,786	Cap Rel Costs-Bldg & Fixt	1	9
33.04	PARKING	A	1	HOSPITAL ADMINISTRATION	5.11	9
34						
35	LOBBYING EXPENSE	A	-58,195	HOSPITAL ADMINISTRATION	5.11	
35.01	PHYSICIAN RECRUITING	A	1	HOSPITAL ADMINISTRATION	5.11	
35.02	BOARD OF DIRECTORS	A	-14,010	HOSPITAL ADMINISTRATION	5.11	
35.03	DONATIONS	A	-213,099	HOSPITAL ADMINISTRATION	5.11	
35.04	DONATIONS	A	-2,275	Social Service	17	
35.05	DONATIONS	A	-655	Emergency	91	
35.06	FLOWERS AND GIFTS	A	-4,251	HOSPITAL ADMINISTRATION	5.11	
35.07	ADVERTISING	A	-5,554,275	HOSPITAL ADMINISTRATION	5.11	
35.08	LOBBYING TRINITY	A	1	HOSPITAL ADMINISTRATION	5.11	
36						
37	PENSION ADJ	A	5,793,366	Employee Benefits Department	4	
38						
38.30	PARAMEDICAL ED-MICU	B	-174,579	PARAMEDICAL ED-MICU	23.01	
38.42	PARAMEDICAL ED-MICU	A	92,363	PARAMEDICAL ED-MICU	23.01	
38.44	GRANTS	A	-12,370	HOSPITAL ADMINISTRATION	5.11	
38.45	OUTSIDE PROGRAM EXPENSE	A	-88,954	HOSPITAL ADMINISTRATION	5.11	
38.47	REORGANIZATION EXPENSE	A	-21,198	HOSPITAL ADMINISTRATION	5.11	
38.48	PHYSICIAN SALARIES	A	-534,991	Employee Benefits Department	4	
38.50	PHYSICIAN SALARIES	A	-100,718	HOSPITAL ADMINISTRATION	5.11	
38.51	PHYSICIAN SALARIES	A	-143,981	AMBULATORY ADMINISTRATION	5.12	
38.52	PHYSICIAN SALARIES	A	-2,000	PRIMARY CARE ADMINISTRATION	5.14	
38.53	PHYSICIAN SALARIES	A	-370,618	OCCUPATIONAL HEALTH	76.01	
38.54	PHYSICIAN SALARIES	A	-1,503,085	LOC OUTPATIENT CENTER	90.07	
38.55	PHYSICIAN SALARIES	A	-1,425,651	OBT OUTPATIENT CENTER	90.08	
38.56	PHYSICIAN SALARIES	A	-593,276	LAGRANGE FAMILY PCC	90.10	
38.57	PHYSICIAN SALARIES	A	-1,589,078	NORTH RIVERSIDE PCC	90.12	
38.58	PHYSICIAN SALARIES	A	-599,554	WHEATON PCC	90.14	

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**ADJUSTMENTS TO EXPENSES**

**WORKSHEET A-8**

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		Wkst. A-7 Ref.
				COST CENTER	LINE#	
		1	2	3	4	5
38.59	PHYSICIAN SALARIES	A	-1,449,615	HICKORY HILLS PCC	90.16	38.59
38.60	PHYSICIAN SALARIES	A	-1,744,689	ORLANAD PARK - FP	90.20	38.60
38.61	PHYSICIAN SALARIES	A	-919,608	HOMER GLEN PCC	90.22	38.61
38.62	PHYSICIAN SALARIES	A	-1,951,199	OAK PARK PCC	90.23	38.62
38.63	PHYSICIAN SALARIES	A	-345,147	PARK RIDGE PCC	90.24	38.63
38.64	PHYSICIAN SALARIES	A	-1,680,707	LOYOLA CLINIC AT GOTTLIEB	90.25	38.64
38.65	PHYSICIAN SALARIES	A	-1,782,582	BURR RIDGE PCC	90.29	38.65
38.66	PHYSICIAN SALARIES	A	-743,320	RIVER FOREST	90.30	38.66
38.67	PHYSICIAN SALARIES	A	-20,775	Emergency	91	38.67
38.73	APN	A	-2,038	EMPLOYEE HEALTH SERVICES	5.09	38.73
38.74	APN	A	-908,375	HOSPITAL ADMINISTRATION	5.11	38.74
38.75	APN	A	-7,135	Adults & Pediatrics	30	38.75
38.76	APN	A	-341	BARIATRICS	76.10	38.76
38.77	APN	A	-11,834	HOSPITALIST	190.04	38.77
38.78	APN	A	-23,387	STUDENT HEALTH	190.05	38.78
39	APN	A	-1,154	Burn Intensive Care Unit	33	39
39.01	APN	A	-848	NEONATAL INTENSIVE CARE	35	39.01
39.02	APN	A	-108	BONE INTENSIVE CARE	35.04	39.02
39.04	APN	A	-5,795	Cardiac Catheterization	59	39.04
39.06	APN	A	-1,914	CANCER CENTER	90.02	39.06
39.07	APN	A	-2,790	LOC OUTPATIENT CENTER	90.07	39.07
39.08	APN	A	-39	OBT OUTPATIENT CENTER	90.08	39.08
39.09	APN	A	-974	NORTH RIVERSIDE PCC	90.12	39.09
39.10	APN	A	-571	WHEATON PCC	90.14	39.10
39.11	APN	A	-4,962	HICKORY HILLS PCC	90.16	39.11
39.14	APN	A	-169	Emergency	91	39.14
39.16	APN	A	-1,963	OTHER ORGAN ACQUISITION (SPECIFY)	112	39.16
39.17	APN	A	-12,415	Hospice	116	39.17
39.20	APN	A	-719,821	FACULTY CLINICAL OPERATIONS	192.01	39.20
39.24	OTHER OPERATING REVENUE	B	-35,277	EMPLOYEE HEALTH SERVICES	5.09	39.24
39.25	OTHER OPERATING REVENUE	B	-10,963	PASTORAL CARE	5.10	39.25
39.26	OTHER OPERATING REVENUE	B	-3,741,126	HOSPITAL ADMINISTRATION	5.11	39.26
39.27	OTHER OPERATING REVENUE	B	-1,144	Operation of Plant	7	39.27
39.28	OTHER OPERATING REVENUE	B	-229,151	Dietary	10	39.28
39.29	OTHER OPERATING REVENUE	B	-588,587	Cafeteria	11	39.29
40	OTHER OPERATING REVENUE	B	-27,417	Nursing Administration	13	40
41						41
42	OTHER OPERATING REVENUE	B	-16,116	Pharmacy	15	42
43	OTHER OPERATING REVENUE	B	-40,883	Medical Records & Library	16	43
44						44
45	OTHER OPERATING REVENUE	B	-10,348	Adults & Pediatrics	30	45
46						46
47						47
48	OTHER OPERATING REVENUE	B	-24,946	Radiology-Diagnostic	54	48
49						49
49.01	OTHER OPERATING REVENUE	B	-8,132	Laboratory	60	49.01
49.02	OTHER OPERATING REVENUE	B	-1,080	LABORATORY-SURGICAL PATHOLOGY	60.01	49.02
49.03	OTHER OPERATING REVENUE	B	-6,901	Physical Therapy	66	49.03
49.04	OTHER OPERATING REVENUE	B	25,078	CANCER CENTER	90.02	49.04
49.05	OTHER OPERATING REVENUE	B	-120,717	LOC OUTPATIENT CENTER	90.07	49.05
49.06	OTHER OPERATING REVENUE	B	-8,429	OBT OUTPATIENT CENTER	90.08	49.06
49.07	OTHER OPERATING REVENUE	B	-74,931	ELMHURST IMMEDIATE CARE	90.09	49.07
49.08	OTHER OPERATING REVENUE	B	-1,989	LAGRANGE FAMILY PCC	90.10	49.08
49.09	OTHER OPERATING REVENUE	B	-33,566	DARIEN PCC	90.18	49.09
49.11	LASCO MGMT FEE	A	-138,731	HOSPITAL ADMINISTRATION	5.11	49.11
49.12	DEVELOPMENT	A	-1,096,636	HOSPITAL ADMINISTRATION	5.11	49.12
49.13	ADJUST FOR DEPENDENT TUITION	A	-580,305	Employee Benefits Department	4	49.13
49.14	OTHER OPERATING REVENUE	B	-279	HOMER GLEN PCC	90.22	49.14
49.15	OTHER OPERATING REVENUE	B	-620	LOYOLA CLINIC AT GOTTLIEB	90.25	49.15
49.16	OTHER OPERATING REVENUE	B	-2,123	NORRIDGE	90.31	49.16
49.17	OTHER OPERATING REVENUE	B	-14,013	ORLANAD PARK - FP	90.20	49.17
49.19	OTHER OPERATING REVENUE	B	-1,688	BURR RIDGE PCC	90.29	49.19
49.20	OTHER OPERATING REVENUE	B	-11	BONE MARROW PROCUREMENT	76.09	49.20
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-34,244,597			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

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**ADJUSTMENTS TO EXPENSES**

**WORKSHEET A-8**

				EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			
	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	COST CENTER	LINE#	Wkst. A-7 Ref.	
		1	2	3	4	5	

(3) Additional adjustments may be made on lines 33 thru 49 and subscripsts thereof.

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

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LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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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	1	Cap Rel Costs-Bldg & Fixt	INTERCOMPANY LOAN AND CAP	14,957,414	14,236,676	720,738	9	1
2	5.11	HOSPITAL ADMINSTRATION	ADMIN OTHER OPERATING EXP	31,312,710	21,406,613	9,906,097		2
3	1	Cap Rel Costs-Bldg & Fixt	TIS CAPITAL EXP	70,445	70,445		9	3
3.01	5.11	HOSPITAL ADMINSTRATION	TIS OPERATING EXP	4,781,059	1,173,228	3,607,831		3.01
3.02	5.11	HOSPITAL ADMINSTRATION	MALPRACTICE INSURANCE	15,297,004	29,659,964	-14,362,960		3.02
3.03	5.11	HOSPITAL ADMINSTRATION	WORKERS COMP INSURANCE	2,763,388	4,759,585	-1,996,197		3.03
3.04	5.11	HOSPITAL ADMINSTRATION	PROPERTY INSURANCE	3,489,384	682,353	2,807,031		3.04
3.05	5.11	HOSPITAL ADMINSTRATION	INTEGRATED RISK INSURANCE	1,516,819	1,303,558	213,261		3.05
3.06	5.11	HOSPITAL ADMINSTRATION	PENSION	14,971,499	2,213,626	12,757,873		3.06
3.07	4	Employee Benefits Department	EMP HEALTH STOP LOSS	943,319	586,025	357,294		3.07
4								4
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12			90,103,041	76,092,073	14,010,968		5

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

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

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

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

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office			
			Name	Percentage of Ownership	Type of Business	
1	2	3	4	5	6	
B			TRINITY HEALTH	100.00	HEALTHCARE SYSTEM	6
						7
						8
						9
B	TRINITY HEALTH HOME OFFICE		TRINITY HEALTH HOME OFFICE		HEALTHCARE	10

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

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

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**PROVIDER-BASED PHYSICIANS ADJUSTMENTS**

**WORKSHEET A-8-2**

	Wkst A Line #	Cost Center/ Physician Identifier	Total Remun- eration	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									1
	2									2
	3									3
	4									4
	5									5
	6									6
	7									7
	8									8
	9									9
	10									10
	11									11
	12									12
	13									13
	14									14
	15									15
	16									16
	17									17
	18									18
	19									19
	20									20
	200	TOTAL								200

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**PROVIDER-BASED PHYSICIANS ADJUSTMENTS**

**WORKSHEET A-8-2**

	Wkst A Line #	Cost Center/ Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	10	11	12	13	14	15	16	17	18	
1										1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL								200

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	NEW CPTL BLG INTRST	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICTN	
		0	1	1.01	2	4	5.01	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt	21,769,042	21,769,042					1
1.01	NEW CAPITAL-BLDG INTEREST	6,020,516		6,020,516				1.01
2	Cap Rel Costs-Mvble Equip	23,550,542			23,550,542			2
4	Employee Benefits Department	95,941,386	93,905	25,971	1,511	96,062,773		4
5.01	COMMUNICATION	3,595,612	116,626	32,255	12,975	130,134	3,887,602	5.01
5.02	SYSTEM & COMPUTERS	12,345,902	436,811	120,806	56,937	1,420,508	77,810	5.02
5.03	PURCHASING	3,255,037	282,348	78,087	14,096	228,839	41,316	5.03
5.04	OPC STORES	336	78,346	21,668			391	5.04
5.05	PATIENT AFFAIRS	3,700,388	6,609	1,828	27,942	558,106	19,252	5.05
5.06	PATIENT ADMITTING	2,719,323	12,175	3,367	8,411	447,512	26,588	5.06
5.07	PATIENT ACCOUNTS	11,310,486	19,401	5,366	881	1,106,772	140,854	5.07
5.08	ACCOUNTING	3,477,280	70,377	19,464	2,903	402,572	44,053	5.08
5.09	EMPLOYEE HEALTH SERVICES	698,322	14,057	3,888		30,017	4,245	5.09
5.10	PASTORAL CARE	945,369	222,200	61,452	10,341	148,010	24,875	5.10
5.11	HOSPITAL ADMINISTRATION	182,018,281	1,018,330	281,633	1,879,385	9,111,435	240,914	5.11
5.12	AMBULATORY ADMINISTRATION	3,046,121	27,797	7,688	43,333	522,494	8,174	5.12
5.14	PRIMARY CARE ADMINISTRATION	8,457,619				52,142		5.14
6	Maintenance & Repairs	12,416,810						6
7	Operation of Plant	13,854,648	196,269	54,281	470,060	1,102,250	65,540	7
7.01	SAFETY AND SECURITY	2,034,557	61,634	17,046	88,235	272,131	20,165	7.01
8	Laundry & Linen Service	3,020,668	73,824	20,417	2,076		52	8
9	Housekeeping	10,218,263	152,044	42,050	7,777	211,113	25,806	9
10	Dietary	3,210,578	157,768	43,633	47,711	469,621	40,218	10
11	Cafeteria	1,499,128	296,641	82,040	4,423	140,018		11
12	Maintenance of Personnel							12
12.01	PATIENT TRANSPORTATION	1,195,347	9,851	2,724	4,355	165,441	16,515	12.01
13	Nursing Administration	2,969,371	67,832	18,760	15,156	442,884	32,230	13
14	Central Services & Supply	4,340,516	157,578	43,580	515,666	252,376	1,750	14
14.01	CENTRAL PROCESSING	419,419	90,600	25,057	24,527	141,357	354	14.01
15	Pharmacy	7,746,936	143,553	39,702	199,485	1,492,100	33,068	15
16	Medical Records & Library	11,751,090	298,934	82,674	22,076	1,279,462	74,514	16
17	Social Service	2,664,355	68,749	19,013	3,081	464,290	56,286	17
17.01	HOSPITAL MEDICAL ADMIN							17.01
19	Nonphysician Anesthetists					604,951		19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	40,923,116	86,774	23,999	731	6,923,658		21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMEDICAL ED-MICU	622,489	94,411	26,111	5,821	96,551		23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	42,855,279	1,985,873	549,220	795,019	6,707,760	569,843	30
31	Intensive Care Unit	15,853,437	431,830	119,428	392,294	2,304,610	100,767	31
33	Burn Intensive Care Unit	4,850,106	173,785	48,063	93,333	676,332	12,940	33
35	NEONATAL INTENSIVE CARE	7,551,118	172,995	47,844	299,118	1,265,632	70,437	35
35.01	PEDIATRIC ICU	2,350,334	51,878	14,348	112,429	362,733	25,601	35.01
35.03	HEART TRANSPLANT ICU	3,062,221	135,632	37,511	140,072	461,804	19,085	35.03
35.04	BONE INTENSIVE CARE	3,605,813	154,558	42,745	122,748	543,030	22,157	35.04
41	Subprovider - IRF	3,937,606	306,966	84,896	23,996	608,049	51,892	41
43	Nursery	701,225				111,404		43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	26,519,124	1,001,080	276,862	3,580,943	2,166,117	92,407	50
50.01	AMBULATORY SURGERY CENTER	4,758,240	371,541	102,755	294,791	493,667		50.01
51	Recovery Room	3,309,848	319,141	88,263	155,526	468,120	19,681	51
52	Delivery Room & Labor Room	2,677,789	104,641	28,940	289,285	400,104	27,817	52
53	Anesthesiology	1,532,904	40,810	11,286	430,564	90,639		53
54	Radiology-Diagnostic	6,750,260	627,673	173,591	1,367,748	1,054,588	171,483	54
54.01	RADIOLOGY-ULTRASOUND	1,092,776	17,915	4,955	88,467	186,989		54.01
55	Radiology-Therapeutic							55
56	Radioisotope	4,158,071	96,435	26,670	723,967	275,745	25,322	56
57	CT Scan	4,049,014	86,331	23,876	491,519	478,338		57
58	MRI	2,004,930	154,305	42,675	1,228,800	290,447	19,010	58
59	Cardiac Catheterization	6,021,245	358,876	99,252	1,364,343	641,860	16,459	59
60	Laboratory	18,579,993	237,727	65,747	266,809	1,173,252	80,696	60
60.01	LABORATORY-SURGICAL PATHOLOGY	2,578,848	229,126	63,368	97,780	222,206	44,965	60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA	14	19,417	5,370				60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	7,995,084	73,366	20,290	93,377	200,999	10,836	63
65	Respiratory Therapy	6,435,170	77,809	21,519	231,276	974,242	6,610	65
66	Physical Therapy	3,462,937	176,299	48,758	1,953	582,201	41,242	66

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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	NEW CPTL BLG INTRST	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICTN	
		0	1	1.01	2	4	5.01	
67	Occupational Therapy	1,210,948	63,768	17,636		167,258		67
68	Speech Pathology	448,002	11,701	3,236	1,597	56,782	6,926	68
69	Electrocardiology	3,997,139	278,426	77,003	1,849,862	543,742	46,008	69
70	Electroencephalography	1,363,795	85,983	23,780	108,640	193,934	26,886	70
71	Medical Supplies Charged to Patients	26,212,957						71
72	Impl. Dev. Charged to Patients	34,574,595						72
73	Drugs Charged to Patients	33,156,607						73
74	Renal Dialysis	4,771,028	160,567	44,407	33,538	480,765	17,186	74
76	PULMONARY LABS	590,492	70,915	19,612	28,363	63,241	16,310	76
76.01	OCCUPATIONAL HEALTH	597,611	98,490	27,239	2,017	133,881		76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	938,862	1,138	315	33,392	148,280	6,144	76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	2,571,715	124,801	34,515	1,260,500	427,847		76.07
76.09	BONE MARROW PROCUREMENT	2,389,765				20,081		76.09
76.10	BARIATRICS	702,113				79,278		76.10
76.11	HEPATOLOGY	504,916	166,196	45,964		87,002		76.11
76.97	CARDIAC REHABILITATION	194,551				34,075	782	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	268,429	38,153	10,552	725	37,510		90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER	23,480,341	450,646	124,632	84,401	997,364	145,044	90.02
90.03	PSYCH SOCIAL REHAB	320,225	89,019	24,619		52,806	25,937	90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	26,975,886	2,203,267	609,343	1,930,521	3,573,863	523,070	90.07
90.08	OBT OUTPATIENT CENTER	6,287,288	499,346	138,101	129,701	1,008,917	59,395	90.08
90.09	ELMHURST IMMEDIATE CARE	1,695,857	122,287	33,820	85,451	163,647		90.09
90.10	LAGRANGE FAMILY PCC	2,496,726	189,470	52,401	87,254	363,385	45,524	90.10
90.12	NORTH RIVERSIDE PCC	2,584,173			6,996	497,955	58,260	90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	2,049,046	130,288	36,033	44,519	239,158	21,282	90.14
90.15	OBT II PCC	2,234,175	151,855	41,997	124,113	220,282	43,904	90.15
90.16	HICKORY HILLS PCC	3,015,268			19,508	605,575	55,727	90.16
90.18	DARIEN PCC	1,615,946	89,762	24,825	50,172	103,003	29,567	90.18
90.20	ORLANAD PARK - FP	2,356,742	13,962	3,861	22,271	517,117	66,582	90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	1,141,642	58,535	16,188	3,968	149,117		90.21
90.22	HOMER GLEN PCC	5,052,014	201,092	55,615	67,721	638,322	763	90.22
90.23	OAK PARK PCC	941,566			13,201	437,921		90.23
90.24	PARK RIDGE PCC	1,668,731	111,092	30,724	30,688	271,752	317	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	1,567,398			20,483	462,568		90.25
90.26	WOODRIDGE PCC	237,166			1,114	17,842		90.26
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER	4,958,697			25,403	108,998		90.28
90.29	BURR RIDGE PCC	12,348,742	1,234,506	341,419	598,896	1,570,558		90.29
90.30	RIVER FOREST	2,235,345			3,144	413,412		90.30
90.31	NORRIDGE	192,333	32,082	8,873	399	20,400		90.31
90.32	ELMWOOD PARK	775,089	84,750	23,439		68,436		90.32
91	Emergency	17,493,383	253,017	69,975	212,233	2,764,350	165,823	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	297,802	18,310	5,064		47,005		92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	Ambulance Services	319,752					875	95
97	Durable Medical Equip-Sold	376,231				61,692		97
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	4,484,509	3,273	905		669,066	50,812	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	Kidney Acquisition	2,580,771				114,093	18,396	105
106	Heart Acquisition	1,127,326	1,486	411	1,581	86,512	7,243	106
107	Liver Acquisition	3,350,795	3,542	980		194,658	10,967	107
108	Lung Acquisition	2,816,645	1,486	411		73,944	5,381	108
109	Pancreas Acquisition	576,421	2,008	555		101,634		109
110	Intestinal Acquisition	545,233				91,605		110
111	Islet Acquisition							111
112	OTHER ORGAN ACQUISITION (SPECIFY)	1,364,524	47,925	13,254	3,190	226,719	428	112
116	Hospice	1,124,725				112,629	4,413	116
118	SUBTOTALS (sum of lines 1-117)	945,614,277	18,854,597	5,214,496	23,041,614	70,477,645	3,884,120	118

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	NEW CPTL BLG INTRST	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICTN	
		0	1	1.01	2	4	5.01	
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen	177,100	16,713	4,622		8,406	3,482	190
190.0 1	HINES RADIATION THERAPY	832,666				147,486		190.0 1
190.0 2	HOME INFUSION THERAPY	2,233,953			311	134,465		190.0 2
190.0 3	OP HOSPITAL PHARMACY	2,534,325			930	39,656		190.0 3
190.0 4	HOSPITALIST	5,612,452	49,712	13,748		985,752		190.0 4
190.0 5	STUDENT HEALTH	80,055				16,602		190.0 5
192	Physicians' Private Offices							192
192.0 1	FACULTY CLINICAL OPERATIONS	155,921,671	2,848,020	787,650	507,687	24,252,761		192.0 1
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,113,006,499	21,769,042	6,020,516	23,550,542	96,062,773	3,887,602	202

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	SYSTEM + COMPUTERS	PURCHASING	OPC STORES	PATIENT AFFAIRS	PATIENT ADMITTING	PATIENT ACCOUNTS	
		5.02	5.03	5.04	5.05	5.06	5.07	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	COMMUNICATION							5.01
5.02	SYSTEM & COMPUTERS	14,458,774						5.02
5.03	PURCHASING		3,899,723					5.03
5.04	OPC STORES		1,093	101,834				5.04
5.05	PATIENT AFFAIRS		127		4,314,252			5.05
5.06	PATIENT ADMITTING		807			3,218,183		5.06
5.07	PATIENT ACCOUNTS		254				12,584,014	5.07
5.08	ACCOUNTING		445					5.08
5.09	EMPLOYEE HEALTH SERVICES		2,504					5.09
5.10	PASTORAL CARE		183					5.10
5.11	HOSPITAL ADMINISTRATION		10,985	185				5.11
5.12	AMBULATORY ADMINISTRATION		429					5.12
5.14	PRIMARY CARE ADMINISTRATION		8					5.14
6	Maintenance & Repairs							6
7	Operation of Plant		34,066	158				7
7.01	SAFETY AND SECURITY		731	185				7.01
8	Laundry & Linen Service		6,836					8
9	Housekeeping		366	317				9
10	Dietary		39,451					10
11	Cafeteria		34,853					11
12	Maintenance of Personnel							12
12.01	PATIENT TRANSPORTATION		103	106				12.01
13	Nursing Administration		1,653					13
14	Central Services & Supply		4,240					14
14.01	CENTRAL PROCESSING		5,608					14.01
15	Pharmacy		71,364					15
16	Medical Records & Library		1,101					16
17	Social Service		270					17
17.01	HOSPITAL MEDICAL ADMIN							17.01
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		8					21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMEDICAL ED-MICU		119					23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	1,178,874	1,182,055	26		488,557	1,026,207	30
31	Intensive Care Unit	313,856	517,284			139,672	273,211	31
33	Burn Intensive Care Unit	127,225	98,511			56,617	110,749	33
35	NEONATAL INTENSIVE CARE	193,953	57,542			86,313	168,836	35
35.01	PEDIATRIC ICU	56,886	71,300			25,315	49,519	35.01
35.03	HEART TRANSPLANT ICU	70,740	76,383			31,481	61,579	35.03
35.04	BONE INTENSIVE CARE	98,645	72,195			43,899	85,870	35.04
41	Subprovider - IRF	88,502	51,366			39,385	77,041	41
43	Nursery	14,794				6,583	12,878	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	474,196	235,974			159,319	412,787	50
50.01	AMBULATORY SURGERY CENTER	227,843	125,874	72,282		280	198,337	50.01
51	Recovery Room	290,595	78,557			75,176	252,963	51
52	Delivery Room & Labor Room	61,823	81,363			24,341	53,817	52
53	Anesthesiology	515,664	6,589			170,542	448,884	53
54	Radiology-Diagnostic	445,028	51,128	555		89,217	387,396	54
54.01	RADIOLOGY-ULTRASOUND	124,765	4,852	26		14,219	108,608	54.01
55	Radiology-Therapeutic							55
56	Radioisotope	172,712	7,825			9,756	150,345	56
57	CT Scan	684,649	22,347			123,559	595,986	57
58	MRI	375,426	7,400	660		46,168	326,808	58
59	Cardiac Catheterization	315,038	23,905			60,547	274,240	59
60	Laboratory	2,057,178	87,002			413,860	1,788,445	60
60.01	LABORATORY-SURGICAL PATHOLOGY	184,751	15,189			25,500	160,826	60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA							60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	212,308	8,835	423		74,999	184,813	63
65	Respiratory Therapy	236,051				103,074	205,482	65
66	Physical Therapy	116,421	9,804		315,823	17,843	101,344	66
67	Occupational Therapy	34,034	7,026		54,763	10,675	29,626	67
68	Speech Pathology	9,335	2,973	53		4,110	8,126	68

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	SYSTEM + COMPUTERS	PURCHASING	OPC STORES	PATIENT AFFAIRS	PATIENT ADMITTING	PATIENT ACCOUNTS	
		5.02	5.03	5.04	5.05	5.06	5.07	
69	Electrocardiology	513,448	30,983			93,908	446,956	69
70	Electroencephalography	41,101	3,382			10,454	35,778	70
71	Medical Supplies Charged to Patients	324,530				84,584	282,503	71
72	Impl. Dev. Charged to Patients	491,480				152,642	427,833	72
73	Drugs Charged to Patients	1,412,916				315,281	1,229,941	73
74	Renal Dialysis	133,607	30,684			12,255	116,305	74
76	PULMONARY LABS	18,375	14,569			3,077	15,995	76
76.01	OCCUPATIONAL HEALTH	2,867	552	26	29,257		2,496	76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	72,905	660			14,678	63,464	76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	178,800	23,662		47,261	12,466	155,645	76.07
76.09	BONE MARROW PROCUREMENT	15,465				5,626	13,462	76.09
76.10	BIATRICS	1,908				1	1,661	76.10
76.11	HEPATOLOGY	6,025					5,245	76.11
76.97	CARDIAC REHABILITATION	2,726	133,579	872		1,213	2,373	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	4,242	9,129	26	18,754	4	3,692	90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER	124,329	839			407	108,228	90.02
90.03	PSYCH SOCIAL REHAB	64			71,267		56	90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	736,975	115,553	24,376	1,816,172	6,835	641,536	90.07
90.08	OBT OUTPATIENT CENTER	150,215	26,885	1,083	130,530	186	130,762	90.08
90.09	ELMHURST IMMEDIATE CARE	13,704	4,630		119,278	9	11,929	90.09
90.10	LAGRANGE FAMILY PCC	46,679	10,814		57,013	10	40,634	90.10
90.12	NORTH RIVERSIDE PCC	21,861	7,682		243,056	13	19,030	90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	12,730	3,839		63,015	27	11,081	90.14
90.15	OBT II PCC	16,129	7,769	79	235,555	12	14,041	90.15
90.16	HICKORY HILLS PCC	55,603	11,819	26	214,550	23	48,402	90.16
90.18	DARIEN PCC	5,489	9,796		99,023	3	4,778	90.18
90.20	ORLANAD PARK - FP	21,953	6,895	264	195,795	8	19,110	90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	15,581	4,244		150,035	21	13,564	90.21
90.22	HOMER GLEN PCC	82,444	30,438		195,795	62	71,767	90.22
90.23	OAK PARK PCC	8,212	4,908	106	90,021	8	7,149	90.23
90.24	PARK RIDGE PCC	32,579	3,533		16,504	110	28,360	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	7,779	1,200		7,502	6	6,772	90.25
90.26	WOODRIDGE PCC	2,921					2,542	90.26
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER	29,614				34	25,779	90.28
90.29	BURR RIDGE PCC	366,538			143,283	382	319,071	90.29
90.30	RIVER FOREST	54,494				99	47,437	90.30
90.31	NORRIDGE	1,410					1,227	90.31
90.32	ELMWOOD PARK	4,542				2	3,954	90.32
91	Emergency	571,945	153,999			112,635	497,877	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	6,134	4,797			981	5,340	92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	Ambulance Services							95
97	Durable Medical Equip-Sold	13,901	16			904	12,101	97
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	31,003	962				26,988	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	Kidney Acquisition	27,330	72			12,162	23,791	105
106	Heart Acquisition	9,095	87			4,047	7,917	106
107	Liver Acquisition	35,894	131			15,973	31,246	107
108	Lung Acquisition	36,583	28			16,028	31,846	108
109	Pancreas Acquisition							109
110	Intestinal Acquisition							110
111	Islet Acquisition							111
112	OTHER ORGAN ACQUISITION (SPECIFY)		4					112
116	Hospice	13,357	56				11,627	116
118	SUBTOTALS (sum of lines 1-117)	14,458,774	3,779,079	101,834	4,314,252	3,218,183	12,584,014	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen		223					190
190.0	HINES RADIATION THERAPY		56					190.0
1								1

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	SYSTEM + COMPUTERS	PURCHASING	OPC STORES	PATIENT AFFAIRS	PATIENT ADMITTING	PATIENT ACCOUNTS	
		5.02	5.03	5.04	5.05	5.06	5.07	
190.0 2	HOME INFUSION THERAPY		22,251					190.0 2
190.0 3	OP HOSPITAL PHARMACY		97,343					190.0 3
190.0 4	HOSPITALIST		143					190.0 4
190.0 5	STUDENT HEALTH							190.0 5
192	Physicians' Private Offices		485					192
192.0 1	FACULTY CLINICAL OPERATIONS		143					192.0 1
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	14,458,774	3,899,723	101,834	4,314,252	3,218,183	12,584,014	202

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL (cols.0-4)	ACCOUNTING	SUBTOTAL (cols.0-4)	EMPLOYEE HEALTH SERVICES	SUBTOTAL (cols.0-4)	PASTORAL CARE	
		4A	5.08		5.09		5.10	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	COMMUNICATION							5.01
5.02	SYSTEM & COMPUTERS							5.02
5.03	PURCHASING							5.03
5.04	OPC STORES							5.04
5.05	PATIENT AFFAIRS							5.05
5.06	PATIENT ADMITTING							5.06
5.07	PATIENT ACCOUNTS							5.07
5.08	ACCOUNTING	4,017,094	4,017,094					5.08
5.09	EMPLOYEE HEALTH SERVICES	753,033	2,727	755,760	755,760			5.09
5.10	PASTORAL CARE	1,412,430	5,116	1,417,546	963	1,418,509	1,418,509	5.10
5.11	HOSPITAL ADMINISTRATION	194,561,148	705,035	195,266,183	133,127	195,399,310	249,458	5.11
5.12	AMBULATORY ADMINISTRATION	3,656,036	13,242	3,669,278	2,491	3,671,769	4,685	5.12
5.14	PRIMARY CARE ADMINISTRATION	8,509,769	30,822	8,540,591	5,799	8,546,390	10,905	5.14
6	Maintenance & Repairs	12,416,810	44,974	12,461,784	8,462	12,470,246	15,912	6
7	Operation of Plant	15,777,272	57,145	15,834,417	10,752	15,845,169	20,218	7
7.01	SAFETY AND SECURITY	2,494,684	9,036	2,503,720	1,700	2,505,420	3,197	7.01
8	Laundry & Linen Service	3,123,873	11,315	3,135,188	2,129	3,137,317	4,003	8
9	Housekeeping	10,657,736	38,602	10,696,338	7,263	10,703,601	13,658	9
10	Dietary	4,008,980	14,521	4,023,501	2,732	4,026,233	5,137	10
11	Cafeteria	2,057,103	7,451	2,064,554	1,402	2,065,956	2,636	11
12	Maintenance of Personnel							12
12.01	PATIENT TRANSPORTATION	1,394,442	5,051	1,399,493	950	1,400,443	1,787	12.01
13	Nursing Administration	3,547,886	12,850	3,560,736	2,418	3,563,154	4,547	13
14	Central Services & Supply	5,315,706	19,253	5,334,959	3,622	5,338,581	6,812	14
14.01	CENTRAL PROCESSING	706,922	2,560	709,482	482	709,964	906	14.01
15	Pharmacy	9,726,208	35,228	9,761,436	6,628	9,768,064	12,464	15
16	Medical Records & Library	13,509,851	48,933	13,558,784	9,206	13,567,990	17,313	16
17	Social Service	3,276,044	11,866	3,287,910	2,232	3,290,142	4,198	17
17.01	HOSPITAL MEDICAL ADMIN							17.01
19	Nonphysician Anesthetists	604,951	2,191	607,142	412	607,554	775	19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	47,958,286	173,705	48,131,991	32,682	48,164,673	61,458	21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMEDICAL ED-MICU	845,502	3,062	848,564	576	849,140	1,084	23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	57,338,713	207,681	57,546,394	39,074	57,585,468	73,479	30
31	Intensive Care Unit	20,446,389	74,057	20,520,446	13,933	20,534,379	26,202	31
33	Burn Intensive Care Unit	6,247,661	22,629	6,270,290	4,258	6,274,548	8,006	33
35	NEONATAL INTENSIVE CARE	9,913,788	35,908	9,949,696	6,756	9,956,452	12,704	35
35.01	PEDIATRIC ICU	3,120,343	11,302	3,131,645	2,126	3,133,771	3,999	35.01
35.03	HEART TRANSPLANT ICU	4,096,508	14,838	4,111,346	2,792	4,114,138	5,250	35.03
35.04	BONE INTENSIVE CARE	4,791,660	17,355	4,809,015	3,265	4,812,280	6,140	35.04
41	Subprovider - IRF	5,269,699	19,087	5,288,786	3,591	5,292,377	6,753	41
43	Nursery	846,884	3,067	849,951	577	850,528	1,085	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	34,918,809	126,476	35,045,285	23,796	35,069,081	44,748	50
50.01	AMBULATORY SURGERY CENTER	6,645,610	24,070	6,669,680	4,529	6,674,209	8,516	50.01
51	Recovery Room	5,057,870	18,320	5,076,190	3,447	5,079,637	6,482	51
52	Delivery Room & Labor Room	3,749,920	13,582	3,763,502	2,555	3,766,057	4,805	52
53	Anesthesiology	3,247,882	11,764	3,259,646	2,213	3,261,859	4,162	53
54	Radiology-Diagnostic	11,118,667	40,272	11,158,939	7,577	11,166,516	14,248	54
54.01	RADIOLOGY-ULTRASOUND	1,643,572	5,953	1,649,525	1,120	1,650,645	2,106	54.01
55	Radiology-Therapeutic							55
56	Radioisotope	5,646,848	20,453	5,667,301	3,848	5,671,149	7,236	56
57	CT Scan	6,555,619	23,744	6,579,363	4,467	6,583,830	8,401	57
58	MRI	4,496,629	16,287	4,512,916	3,064	4,515,980	5,762	58
59	Cardiac Catheterization	9,175,765	33,235	9,209,000	6,253	9,215,253	11,759	59
60	Laboratory	24,750,709	89,647	24,840,356	16,867	24,857,223	31,718	60
60.01	LABORATORY-SURGICAL PATHOLOGY	3,622,559	13,121	3,635,680	2,469	3,638,149	4,642	60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA	24,801	90	24,891	17	24,908	32	60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	8,875,330	32,146	8,907,476	6,048	8,913,524	11,374	63
65	Respiratory Therapy	8,291,233	30,031	8,321,264	5,650	8,326,914	10,625	65
66	Physical Therapy	4,874,625	17,656	4,892,281	3,322	4,895,603	6,247	66
67	Occupational Therapy	1,595,734	5,780	1,601,514	1,087	1,602,601	2,045	67
68	Speech Pathology	552,841	2,002	554,843	377	555,220	708	68

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL (cols.0-4)	ACCOUNTING	SUBTOTAL (cols.0-4)	EMPLOYEE HEALTH SERVICES	SUBTOTAL (cols.0-4)	PASTORAL CARE	
		4A	5.08		5.09		5.10	
69	Electrocardiology	7,877,475	28,532	7,906,007	5,368	7,911,375	10,095	69
70	Electroencephalography	1,893,733	6,859	1,900,592	1,291	1,901,883	2,427	70
71	Medical Supplies Charged to Patients	26,904,574	97,448	27,002,022	18,334	27,020,356	34,478	71
72	Impl. Dev. Charged to Patients	35,646,550	129,112	35,775,662	24,292	35,799,954	45,681	72
73	Drugs Charged to Patients	36,114,745	130,808	36,245,553	24,611	36,270,164	46,281	73
74	Renal Dialysis	5,800,342	21,009	5,821,351	3,953	5,825,304	7,433	74
76	PULMONARY LABS	840,949	3,046	843,995	573	844,568	1,078	76
76.01	OCCUPATIONAL HEALTH	894,436	3,240	897,676	610	898,286	1,146	76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	1,279,838	4,636	1,284,474	872	1,285,346	1,640	76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	4,837,212	17,520	4,854,732	3,296	4,858,028	6,199	76.07
76.09	BONE MARROW PROCUREMENT	2,444,399	8,854	2,453,253	1,666	2,454,919	3,132	76.09
76.10	BARIASTRICS	784,961	2,843	787,804	535	788,339	1,006	76.10
76.11	HEPATOLOGY	815,348	2,953	818,301	556	818,857	1,045	76.11
76.97	CARDIAC REHABILITATION	370,171	1,341	371,512	252	371,764	474	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	391,216	1,417	392,633	267	392,900	501	90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER	25,516,231	92,420	25,608,651	17,388	25,626,039	32,699	90.02
90.03	PSYCH SOCIAL REHAB	583,993	2,115	586,108	398	586,506	748	90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	39,157,397	141,828	39,299,225	26,684	39,325,909	50,180	90.07
90.08	OBT OUTPATIENT CENTER	8,562,409	31,013	8,593,422	5,835	8,599,257	10,973	90.08
90.09	ELMHURST IMMEDIATE CARE	2,250,612	8,152	2,258,764	1,534	2,260,298	2,884	90.09
90.10	LAGRANGE FAMILY PCC	3,389,910	12,278	3,402,188	2,310	3,404,498	4,344	90.10
90.12	NORTH RIVERSIDE PCC	3,439,026	12,456	3,451,482	2,344	3,453,826	4,407	90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	2,611,018	9,457	2,620,475	1,779	2,622,254	3,346	90.14
90.15	OBT II PCC	3,089,911	11,192	3,101,103	2,106	3,103,209	3,960	90.15
90.16	HICKORY HILLS PCC	4,026,501	14,584	4,041,085	2,744	4,043,829	5,160	90.16
90.18	DARIEN PCC	2,032,364	7,361	2,039,725	1,385	2,041,110	2,604	90.18
90.20	ORLANAD PARK - FP	3,224,560	11,679	3,236,239	2,197	3,238,436	4,132	90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	1,552,895	5,625	1,558,520	1,058	1,559,578	1,990	90.21
90.22	HOMER GLEN PCC	6,396,033	23,166	6,419,199	4,359	6,423,558	8,196	90.22
90.23	OAK PARK PCC	1,503,092	5,444	1,508,536	1,024	1,509,560	1,926	90.23
90.24	PARK RIDGE PCC	2,194,390	7,948	2,202,338	1,495	2,203,833	2,812	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	2,073,708	7,511	2,081,219	1,413	2,082,632	2,657	90.25
90.26	WOODRIDGE PCC	261,585	947	262,532	178	262,710	335	90.26
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER	5,148,525	18,648	5,167,173	3,509	5,170,682	6,598	90.28
90.29	BURR RIDGE PCC	16,923,395	61,297	16,984,692	11,533	16,996,225	21,687	90.29
90.30	RIVER FOREST	2,753,931	9,975	2,763,906	1,877	2,765,783	3,529	90.30
90.31	NORRIDGE	256,724	930	257,654	175	257,829	329	90.31
90.32	ELMWOOD PARK	960,212	3,478	963,690	654	964,344	1,231	90.32
91	Emergency	22,295,237	80,753	22,375,990	15,193	22,391,183	28,571	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	385,433	1,396	386,829	263	387,092	494	92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	Ambulance Services	320,627	1,161	321,788	218	322,006	411	95
97	Durable Medical Equip-Sold	464,845	1,684	466,529	317	466,846	596	97
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	5,267,518	19,079	5,286,597	3,590	5,290,187	6,750	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	Kidney Acquisition	2,776,615	10,057	2,786,672	1,892	2,788,564	3,558	105
106	Heart Acquisition	1,245,705	4,512	1,250,217	849	1,251,066	1,596	106
107	Liver Acquisition	3,644,186	13,199	3,657,385	2,483	3,659,868	4,670	107
108	Lung Acquisition	2,982,352	10,802	2,993,154	2,032	2,995,186	3,822	108
109	Pancreas Acquisition	680,618	2,465	683,083	464	683,547	872	109
110	Intestinal Acquisition	636,838	2,307	639,145	434	639,579	816	110
111	Islet Acquisition							111
112	OTHER ORGAN ACQUISITION (SPECIFY)	1,656,044	5,998	1,662,042	1,129	1,663,171	2,122	112
116	Hospice	1,266,807	4,588	1,271,395	863	1,272,258	1,623	116
118	SUBTOTALS (sum of lines 1-117)	915,675,630	3,302,361	914,960,897	621,288	914,826,425	1,165,631	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen	210,546	763	211,309	143	211,452	270	190
190.0	HINES RADIATION THERAPY	980,208	3,550	983,758	668	984,426	1,256	190.0
1								1

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL (cols.0-4)	ACCOUNTING	SUBTOTAL (cols.0-4)	EMPLOYEE HEALTH SERVICES	SUBTOTAL (cols.0-4)	PASTORAL CARE	
		4A	5.08		5.09		5.10	
190.0 2	HOME INFUSION THERAPY	2,390,980	8,660	2,399,640	1,629	2,401,269	3,064	190.0 2
190.0 3	OP HOSPITAL PHARMACY	2,672,254	9,679	2,681,933	1,821	2,683,754	3,424	190.0 3
190.0 4	HOSPITALIST	6,661,807	24,129	6,685,936	4,540	6,690,476	8,537	190.0 4
190.0 5	STUDENT HEALTH	96,657	350	97,007	66	97,073	124	190.0 5
192	Physicians' Private Offices	485	2	487		487	1	192
192.0 1	FACULTY CLINICAL OPERATIONS	184,317,932	667,600	184,985,532	125,605	185,111,137	236,202	192.0 1
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,113,006,499	4,017,094	1,113,006,499	755,760	1,113,006,499	1,418,509	202

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL (cols.0-4)	HOSPITAL ADMINSTRTN	SUBTOTAL (cols.0-4)	AMBULATOR Y ADMIN	SUBTOTAL (cols.0-4)	PRIMARY CARE ADMIN	
			5.11		5.12		5.14	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	COMMUNICATION							5.01
5.02	SYSTEM & COMPUTERS							5.02
5.03	PURCHASING							5.03
5.04	OPC STORES							5.04
5.05	PATIENT AFFAIRS							5.05
5.06	PATIENT ADMITTING							5.06
5.07	PATIENT ACCOUNTS							5.07
5.08	ACCOUNTING							5.08
5.09	EMPLOYEE HEALTH SERVICES							5.09
5.10	PASTORAL CARE							5.10
5.11	HOSPITAL ADMINISTRATION	195,648,768	195,648,768					5.11
5.12	AMBULATORY ADMINISTRATION	3,676,454	784,092	4,460,546	4,460,546			5.12
5.14	PRIMARY CARE ADMINISTRATION	8,557,295	1,825,049	10,382,344	41,779	10,424,123	10,424,123	5.14
6	Maintenance & Repairs	12,486,158	2,662,973	15,149,131	60,960	15,210,091	143,796	6
7	Operation of Plant	15,865,387	3,383,675	19,249,062	77,458	19,326,520	182,713	7
7.01	SAFETY AND SECURITY	2,508,617	535,023	3,043,640	12,248	3,055,888	28,890	7.01
8	Laundry & Linen Service	3,141,320	669,962	3,811,282	15,337	3,826,619	36,177	8
9	Housekeeping	10,717,259	2,285,713	13,002,972	52,324	13,055,296	123,425	9
10	Dietary	4,031,370	859,786	4,891,156	19,682	4,910,838	46,427	10
11	Cafeteria	2,068,592	441,177	2,509,769	10,099	2,519,868	23,823	11
12	Maintenance of Personnel							12
12.01	PATIENT TRANSPORTATION	1,402,230	299,059	1,701,289	6,846	1,708,135	16,149	12.01
13	Nursing Administration	3,567,701	760,898	4,328,599	17,418	4,346,017	41,087	13
14	Central Services & Supply	5,345,393	1,140,033	6,485,426	26,097	6,511,523	61,560	14
14.01	CENTRAL PROCESSING	710,870	151,610	862,480	3,471	865,951	8,187	14.01
15	Pharmacy	9,780,528	2,085,932	11,866,460	47,751	11,914,211	112,637	15
16	Medical Records & Library	13,585,303	2,897,392	16,482,695	66,326	16,549,021	156,454	16
17	Social Service	3,294,340	702,597	3,996,937	16,084	4,013,021	37,939	17
17.01	HOSPITAL MEDICAL ADMIN							17.01
19	Nonphysician Anesthetists	608,329	129,741	738,070	2,970	741,040	7,006	19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	48,226,131	10,285,380	58,511,511	235,450	58,746,961	555,394	21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMEDICAL ED-MICU	850,224	181,331	1,031,555	4,151	1,035,706	9,792	23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	57,658,947	12,297,154	69,956,101	281,503	70,237,604	664,026	30
31	Intensive Care Unit	20,560,581	4,385,037	24,945,618	100,381	25,045,999	236,785	31
33	Burn Intensive Care Unit	6,282,554	1,339,905	7,622,459	30,673	7,653,132	72,353	33
35	NEONATAL INTENSIVE CARE	9,969,156	2,126,162	12,095,318	48,672	12,143,990	114,809	35
35.01	PEDIATRIC ICU	3,137,770	669,205	3,806,975	15,319	3,822,294	36,136	35.01
35.03	HEART TRANSPLANT ICU	4,119,388	878,558	4,997,946	20,112	5,018,058	47,441	35.03
35.04	BONE INTENSIVE CARE	4,818,420	1,027,644	5,846,064	23,525	5,869,589	55,491	35.04
41	Subprovider - IRF	5,299,130	1,130,167	6,429,297	25,871	6,455,168	61,027	41
43	Nursery	851,613	181,627	1,033,240	4,158	1,037,398	9,808	43
	<b>ANCILARY SERVICE COST CENTERS</b>							
50	Operating Room	35,113,829	7,488,867	42,602,696	171,433	42,774,129	404,387	50
50.01	AMBULATORY SURGERY CENTER	6,682,725	1,425,251	8,107,976	32,626	8,140,602	76,961	50.01
51	Recovery Room	5,086,119	1,084,737	6,170,856	24,832	6,195,688	58,574	51
52	Delivery Room & Labor Room	3,770,862	804,227	4,575,089	18,410	4,593,499	43,427	52
53	Anesthesiology	3,266,021	696,557	3,962,578	15,945	3,978,523	37,613	53
54	Radiology-Diagnostic	11,180,764	2,384,566	13,565,330	54,587	13,619,917	128,763	54
54.01	RADIOLOGY-ULTRASOUND	1,652,751	352,489	2,005,240	8,069	2,013,309	19,034	54.01
55	Radiology-Therapeutic							55
56	Radioisotope	5,678,385	1,211,052	6,889,437	27,723	6,917,160	65,395	56
57	CT Scan	6,592,231	1,405,951	7,998,182	32,185	8,030,367	75,919	57
58	MRI	4,521,742	964,370	5,486,112	22,076	5,508,188	52,074	58
59	Cardiac Catheterization	9,227,012	1,967,882	11,194,894	45,048	11,239,942	106,262	59
60	Laboratory	24,888,941	5,308,164	30,197,105	121,513	30,318,618	286,632	60
60.01	LABORATORY-SURGICAL PATHOLOGY	3,642,791	776,913	4,419,704	17,785	4,437,489	41,952	60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA	24,940	5,319	30,259	122	30,381	287	60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	8,924,898	1,903,449	10,828,347	43,573	10,871,920	102,783	63
65	Respiratory Therapy	8,337,539	1,778,180	10,115,719	40,706	10,156,425	96,019	65
66	Physical Therapy	4,901,850	1,045,437	5,947,287	23,932	5,971,219	56,452	66
67	Occupational Therapy	1,604,646	342,229	1,946,875	7,834	1,954,709	18,480	67

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL (cols.0-4)	HOSPITAL ADMINSTRTN	SUBTOTAL (cols.0-4)	AMBULATOR Y ADMIN	SUBTOTAL (cols.0-4)	PRIMARY CARE ADMIN	
			5.11		5.12		5.14	
68	Speech Pathology	555,928	118,565	674,493	2,714	677,207	6,402	68
69	Electrocardiology	7,921,470	1,689,444	9,610,914	38,674	9,649,588	91,227	69
70	Electroencephalography	1,904,310	406,140	2,310,450	9,297	2,319,747	21,931	70
71	Medical Supplies Charged to Patients	27,054,834	5,770,093	32,824,927	132,088	32,957,015	311,576	71
72	Impl. Dev. Charged to Patients	35,845,635	7,644,942	43,490,577	175,006	43,665,583	412,814	72
73	Drugs Charged to Patients	36,316,445	7,745,353	44,061,798	177,305	44,239,103	418,236	73
74	Renal Dialysis	5,832,737	1,243,971	7,076,708	28,477	7,105,185	67,172	74
76	PULMONARY LABS	845,646	180,354	1,026,000	4,129	1,030,129	9,739	76
76.01	OCCUPATIONAL HEALTH	899,432	191,825	1,091,257	4,391	1,095,648	10,358	76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	1,286,986	274,481	1,561,467	6,283	1,567,750	14,822	76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	4,864,227	1,037,413	5,901,640	23,748	5,925,388	56,019	76.07
76.09	BONE MARROW PROCUREMENT	2,458,051	524,238	2,982,289	12,001	2,994,290	28,308	76.09
76.10	BARIATRICS	789,345	168,347	957,692	3,854	961,546	9,090	76.10
76.11	HEPATOLOGY	819,902	174,864	994,766	4,003	998,769	9,442	76.11
76.97	CARDIAC REHABILITATION	372,238	79,389	451,627	1,817	453,444	4,287	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	393,401	83,902	477,303	1,921	479,224	4,531	90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER	25,658,738	5,472,342	31,131,080	125,271	31,256,351	295,498	90.02
90.03	PSYCH SOCIAL REHAB	587,254	125,246	712,500	2,867	715,367	6,763	90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	39,376,089	8,397,896	47,773,985	192,243	47,966,228	453,473	90.07
90.08	OBT OUTPATIENT CENTER	8,610,230	1,836,338	10,446,568	42,037	10,488,605	99,159	90.08
90.09	ELMHURST IMMEDIATE CARE	2,263,182	482,678	2,745,860	11,049	2,756,909	26,064	90.09
90.10	LAGRANGE FAMILY PCC	3,408,842	727,017	4,135,859	16,643	4,152,502	39,258	90.10
90.12	NORTH RIVERSIDE PCC	3,458,233	737,551	4,195,784	16,884	4,212,668	39,827	90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	2,625,600	559,972	3,185,572	12,819	3,198,391	30,238	90.14
90.15	OBT II PCC	3,107,169	662,678	3,769,847	15,170	3,785,017	35,784	90.15
90.16	HICKORY HILLS PCC	4,048,989	863,544	4,912,533	19,768	4,932,301	46,630	90.16
90.18	DARIEN PCC	2,043,714	435,871	2,479,585	9,978	2,489,563	23,536	90.18
90.20	ORLANAD PARK - FP	3,242,568	691,555	3,934,123	15,831	3,949,954	37,343	90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	1,561,568	333,042	1,894,610	7,624	1,902,234	17,984	90.21
90.22	HOMER GLEN PCC	6,431,754	1,371,726	7,803,480	31,401	7,834,881	74,071	90.22
90.23	OAK PARK PCC	1,511,486	322,361	1,833,847	7,379	1,841,226	17,407	90.23
90.24	PARK RIDGE PCC	2,206,645	470,620	2,677,265	10,773	2,688,038	25,413	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	2,085,289	444,738	2,530,027	10,181	2,540,208	24,015	90.25
90.26	WOODRIDGE PCC	263,045	56,101	319,146	1,284	320,430	3,029	90.26
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER	5,177,280	1,104,179	6,281,459	25,277	6,306,736	59,624	90.28
90.29	BURR RIDGE PCC	17,017,912	3,629,478	20,647,390	83,085	20,730,475	195,986	90.29
90.30	RIVER FOREST	2,769,312	590,622	3,359,934	13,520	3,373,454	31,893	90.30
90.31	NORRIDGE	258,158	55,058	313,216	1,260	314,476	2,973	90.31
90.32	ELMWOOD PARK	965,575	205,932	1,171,507	4,714	1,176,221	11,120	90.32
91	Emergency	22,419,754	4,781,551	27,201,305	109,458	27,310,763	258,196	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	387,586	82,662	470,248	1,892	472,140	4,464	92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	Ambulance Services	322,417	68,763	391,180	1,574	392,754	3,713	95
97	Durable Medical Equip-Sold	467,442	99,693	567,135	2,282	569,417	5,383	97
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	5,296,937	1,129,699	6,426,636	25,861	6,452,497	61,002	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	Kidney Acquisition	2,792,122	595,487	3,387,609	13,632	3,401,241	32,155	105
106	Heart Acquisition	1,252,662	267,160	1,519,822	6,116	1,525,938	14,426	106
107	Liver Acquisition	3,664,538	781,551	4,446,089	17,891	4,463,980	42,202	107
108	Lung Acquisition	2,999,008	639,610	3,638,618	14,642	3,653,260	34,538	108
109	Pancreas Acquisition	684,419	145,969	830,388	3,341	833,729	7,882	109
110	Intestinal Acquisition	640,395	136,580	776,975	3,127	780,102	7,375	110
111	Islet Acquisition							111
112	OTHER ORGAN ACQUISITION (SPECIFY)	1,665,293	355,164	2,020,457	8,130	2,028,587	19,178	112
116	Hospice	1,273,881	271,686	1,545,567	6,219	1,551,786	14,671	116
118	SUBTOTALS (sum of lines 1-117)	914,573,547	153,327,963	872,252,742	3,491,995	871,284,191	8,138,573	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen	211,722	45,155	256,877	1,034	257,911	2,438	190

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL (cols.0-4)	HOSPITAL ADMINSTRTN	SUBTOTAL (cols.0-4)	AMBULATOR Y ADMIN	SUBTOTAL (cols.0-4)	PRIMARY CARE ADMIN	
			5.11		5.12		5.14	
190.0 1	HINES RADIATION THERAPY	985,682	210,220	1,195,902	4,812	1,200,714	11,352	190.0 1
190.0 2	HOME INFUSION THERAPY	2,404,333	512,782	2,917,115	11,738	2,928,853	27,689	190.0 2
190.0 3	OP HOSPITAL PHARMACY	2,687,178	573,105	3,260,283	13,119	3,273,402	30,947	190.0 3
190.0 4	HOSPITALIST	6,699,013	1,428,725	8,127,738	32,706	8,160,444	77,149	190.0 4
190.0 5	STUDENT HEALTH	97,197	20,730	117,927	475	118,402	1,119	190.0 5
192	Physicians' Private Offices	488	104	592	2	594	6	192
192.0 1	FACULTY CLINICAL OPERATIONS	185,347,339	39,529,984	224,877,323	904,665	225,781,988	2,134,850	192.0 1
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,113,006,499	195,648,768	1,113,006,499	4,460,546	1,113,006,499	10,424,123	202

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	SAFETY & SECURITY	LAUNDRY + LINEN SERVICE	HOUSE-KEEPING	DIETARY	
		6	7	7.01	8	9	10	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	COMMUNICATION							5.01
5.02	SYSTEM & COMPUTERS							5.02
5.03	PURCHASING							5.03
5.04	OPC STORES							5.04
5.05	PATIENT AFFAIRS							5.05
5.06	PATIENT ADMITTING							5.06
5.07	PATIENT ACCOUNTS							5.07
5.08	ACCOUNTING							5.08
5.09	EMPLOYEE HEALTH SERVICES							5.09
5.10	PASTORAL CARE							5.10
5.11	HOSPITAL ADMINISTRATION							5.11
5.12	AMBULATORY ADMINISTRATION							5.12
5.14	PRIMARY CARE ADMINISTRATION							5.14
6	Maintenance & Repairs	15,353,887						6
7	Operation of Plant	155,575	19,664,808					7
7.01	SAFETY AND SECURITY	48,855	63,212	3,196,845				7.01
8	Laundry & Linen Service	58,518	75,715	12,348	4,009,377			8
9	Housekeeping	120,520	155,938	25,432	629	13,481,240		9
10	Dietary	125,057	161,808	26,389		562,229	5,832,748	10
11	Cafeteria	235,136	304,238	49,618		48,871		11
12	Maintenance of Personnel							12
12.01	PATIENT TRANSPORTATION	7,808	10,103	1,648	117	20,064		12.01
13	Nursing Administration	53,768	69,569	11,346		60,326		13
14	Central Services & Supply	124,906	161,614	26,358		257,852		14
14.01	CENTRAL PROCESSING	71,815	92,921	15,155		122,294		14.01
15	Pharmacy	113,789	147,230	24,012	2,039	172,404		15
16	Medical Records & Library	236,953	306,589	50,002		77,342		16
17	Social Service	54,494	70,509	11,499		16,681		17
17.01	HOSPITAL MEDICAL ADMIN							17.01
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	68,782	88,996	14,514	26,171	50,411		21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMEDICAL ED-MICU	74,836	96,829	15,792		28,237		23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	1,574,124	2,036,729	332,172	1,582,307	3,025,285	4,043,046	30
31	Intensive Care Unit	342,295	442,889	72,231	331,047	418,130	503,880	31
33	Burn Intensive Care Unit	137,753	178,236	29,069	112,345	152,842	202,984	33
35	NEONATAL INTENSIVE CARE	137,126	177,425	28,936	64,715	224,925		35
35.01	PEDIATRIC ICU	41,122	53,206	8,677	24,675	96,334		35.01
35.03	HEART TRANSPLANT ICU	107,510	139,105	22,687	65,308	102,330	162,907	35.03
35.04	BONE INTENSIVE CARE	122,512	158,516	25,853	29,597	201,344	172,503	35.04
41	Subprovider - IRF	243,320	314,827	51,346	105,401	590,466	554,921	41
43	Nursery							43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	793,517	1,026,716	167,448	316,859	1,519,744		50
50.01	AMBULATORY SURGERY CENTER	294,506	381,056	62,147	124,732	259,560		50.01
51	Recovery Room	252,971	327,314	53,382	72,089	331,208		51
52	Delivery Room & Labor Room	82,945	107,321	17,503	70,302	79,754		52
53	Anesthesiology	32,348	41,855	6,826	19,344	24,285		53
54	Radiology-Diagnostic	497,532	643,747	104,989	57,237	600,080		54
54.01	RADIOLOGY-ULTRASOUND	14,200	18,373	2,997	32,431	34,032		54.01
55	Radiology-Therapeutic							55
56	Radioisotope	76,440	98,905	16,130	22,317	119,982		56
57	CT Scan	68,431	88,542	14,440	51,385	59,455		57
58	MRI	122,312	158,257	25,810	45,137	135,792		58
59	Cardiac Catheterization	284,467	368,066	60,028	70,010	367,852		59
60	Laboratory	188,437	243,815	39,764		343,400		60
60.01	LABORATORY-SURGICAL PATHOLOGY	181,619	234,993	38,325		278,251		60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA	15,391	19,914	3,248				60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	58,154	75,245	12,272	4,222	110,771		63
65	Respiratory Therapy	61,676	79,801	13,015	10,541	96,066		65
66	Physical Therapy	139,746	180,814	29,489	21,967	158,067		66
67	Occupational Therapy	50,547	65,401	10,666		108,728		67
68	Speech Pathology	9,275	12,000	1,957		22,342		68

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	SAFETY & SECURITY	LAUNDRY + LINEN SERVICE	HOUSE-KEEPING	DIETARY	
		6	7	7.01	8	9	10	
69	Electrocardiology	220,698	285,557	46,572	22,402	315,264		69
70	Electroencephalography	68,156	88,185	14,382	6,503	178,232		70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	127,275	164,679	26,858	43,305	14,973		74
76	PULMONARY LABS	56,212	72,731	11,862	2,277			76
76.01	OCCUPATIONAL HEALTH	78,070	101,013	16,474		70,241		76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	902	1,168	190	11,498	27,601		76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	98,925	127,997	20,875	35,912	84,075		76.07
76.09	BONE MARROW PROCUREMENT							76.09
76.10	BIARIATRICS							76.10
76.11	HEPATOLOGY	131,737	170,452	27,799				76.11
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	30,243	39,130	6,382	1,473	72,351	165,225	90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER	357,210	462,187	75,379	76,280	284,347	27,282	90.02
90.03	PSYCH SOCIAL REHAB	70,562	91,299	14,890		21,605		90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	1,746,443	2,259,690	368,535	100,209	1,485,678		90.07
90.08	OBT OUTPATIENT CENTER	395,812	512,134	83,524	38,423	770		90.08
90.09	ELMHURST IMMEDIATE CARE	96,932	125,419	20,455	1,015			90.09
90.10	LAGRANGE FAMILY PCC	150,186	194,322	31,692	10,101			90.10
90.12	NORTH RIVERSIDE PCC				8,520			90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC		133,624	21,793	1,994			90.14
90.15	OBT II PCC	120,369	155,743	25,400	11,349			90.15
90.16	HICKORY HILLS PCC				17,538			90.16
90.18	DARIEN PCC	71,151	92,061	15,014	2,614			90.18
90.20	ORLANAD PARK - FP	11,067	14,319	2,335	7,352			90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	46,398	60,034	9,791	26,054			90.21
90.22	HOMER GLEN PCC	159,398	206,242	33,636	22,380			90.22
90.23	OAK PARK PCC							90.23
90.24	PARK RIDGE PCC	88,058	113,937	18,582	4,734			90.24
90.25	LOYOLA CLINIC AT GOTTLIEB				979			90.25
90.26	WOODRIDGE PCC							90.26
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER							90.28
90.29	BURR RIDGE PCC	978,545	1,266,120	206,493				90.29
90.30	RIVER FOREST							90.30
90.31	NORRIDGE	25,430	32,903	5,366				90.31
90.32	ELMWOOD PARK	67,178	86,921	14,176				90.32
91	Emergency	200,557	259,497	42,322	281,194			91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	14,513	18,779	3,063	12,347	14,738		92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	Ambulance Services							95
97	Durable Medical Equip-Sold					1,976		97
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	2,594	3,357	547		12,661		101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	Kidney Acquisition					1,507		105
106	Heart Acquisition	1,178	1,524	249		7,939		106
107	Liver Acquisition	2,807	3,632	592		1,842		107
108	Lung Acquisition	1,178	1,524	249		6,465		108
109	Pancreas Acquisition	1,592	2,059	336				109
110	Intestinal Acquisition					469		110
111	Islet Acquisition					770		111
112	OTHER ORGAN ACQUISITION (SPECIFY)	37,988	49,152	8,016				112
116	Hospice							116
118	SUBTOTALS (sum of lines 1-117)	13,043,726	16,675,730	2,709,349	4,009,377	13,481,240	5,832,748	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen	13,248	17,141	2,796				190
190.0	HINES RADIATION THERAPY							190.0
1								1

**KPMG LLP Compu-Max 2552-10**

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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	SAFETY & SECURITY	LAUNDRY + LINEN SERVICE	HOUSE-KEEPING	DIETARY	
		6	7	7.01	8	9	10	
190.0 2	HOME INFUSION THERAPY							190.0 2
190.0 3	OP HOSPITAL PHARMACY							190.0 3
190.0 4	HOSPITALIST	39,404	50,985	8,315				190.0 4
190.0 5	STUDENT HEALTH							190.0 5
192	Physicians' Private Offices							192
192.0 1	FACULTY CLINICAL OPERATIONS	2,257,509	2,920,952	476,385				192.0 1
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	15,353,887	19,664,808	3,196,845	4,009,377	13,481,240	5,832,748	202

**KPMG LLP Compu-Max 2552-10**

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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	CAFETERIA	PATIENT TRANSPORT	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	CENTRAL PROCESSING	PHARMACY	
		11	12.01	13	14	14.01	15	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	COMMUNICATION							5.01
5.02	SYSTEM & COMPUTERS							5.02
5.03	PURCHASING							5.03
5.04	OPC STORES							5.04
5.05	PATIENT AFFAIRS							5.05
5.06	PATIENT ADMITTING							5.06
5.07	PATIENT ACCOUNTS							5.07
5.08	ACCOUNTING							5.08
5.09	EMPLOYEE HEALTH SERVICES							5.09
5.10	PASTORAL CARE							5.10
5.11	HOSPITAL ADMINISTRATION							5.11
5.12	AMBULATORY ADMINISTRATION							5.12
5.14	PRIMARY CARE ADMINISTRATION							5.14
6	Maintenance & Repairs							6
7	Operation of Plant							7
7.01	SAFETY AND SECURITY							7.01
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria	3,181,554						11
12	Maintenance of Personnel							12
12.01	PATIENT TRANSPORTATION	26,611	1,790,635					12.01
13	Nursing Administration	19,460		4,601,573				13
14	Central Services & Supply	26,627			7,170,440			14
14.01	CENTRAL PROCESSING	7,812			214	1,184,349		14.01
15	Pharmacy	74,258		526	21,212		12,582,318	15
16	Medical Records & Library	62,170			24			16
17	Social Service	27,036			9			17
17.01	HOSPITAL MEDICAL ADMIN							17.01
19	Nonphysician Anesthetists	15,435						19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	327,729			11			21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMEDICAL ED-MICU	6,366		2,628	49		148	23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	472,764	556,857	1,282,044	231,983	517,831	1,505	30
31	Intensive Care Unit	124,701	108,174	468,698	104,100	121,011	674	31
33	Burn Intensive Care Unit	39,580	3,665	123,187	28,523	28,051	32	33
35	NEONATAL INTENSIVE CARE	61,370	2,077	238,306	41,356	70,526	492	35
35.01	PEDIATRIC ICU	19,001	6,559	72,892	12,818	21,371	44	35.01
35.03	HEART TRANSPLANT ICU	25,370	13,998	94,717	19,277	26,277	181	35.03
35.04	BONE INTENSIVE CARE	35,020	6,740	106,309	21,118	22,590	156	35.04
41	Subprovider - IRF	37,551	12,619	60,898	9,834	31,195	7	41
43	Nursery	7,710						43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	131,403	263	302,790	2,859,829	5,805	38,799	50
50.01	AMBULATORY SURGERY CENTER	31,378	163	76,756	267,867	2,262	151,368	50.01
51	Recovery Room	26,076	145	85,814	28,357	16,653	4	51
52	Delivery Room & Labor Room	21,521	1,415	74,685	17,564	152,437	232	52
53	Anesthesiology	9,054		46,585	94,010	19,322	107	53
54	Radiology-Diagnostic	70,000	308,565	49,986	182,895	2,187	1,810	54
54.01	RADIOLOGY-ULTRASOUND	8,810	19,704		1,884	37	177	54.01
55	Radiology-Therapeutic							55
56	Radioisotope	11,340	8,791	31	165,220	619		56
57	CT Scan	22,344	178,083		20,479	912	171	57
58	MRI	11,861	58,986	62	15,779	1,525	59	58
59	Cardiac Catheterization	30,216	13,100	82,166	530,991	17,541	3,546	59
60	Laboratory	82,369	17,609	93	495,885		2,108	60
60.01	LABORATORY-SURGICAL PATHOLOGY	17,169	6,142		72,965		2,766	60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA							60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	12,270	1,833	7,945	470,265	1,106	260	63
65	Respiratory Therapy	62,231	24,612		36,548		165,335	65
66	Physical Therapy	32,206	31,344	927	6,398	112	212	66
67	Occupational Therapy	8,597	32,550		2,784	369	321	67
68	Speech Pathology	2,633			4,350			68

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	CAFETERIA	PATIENT TRANSPORT	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	CENTRAL PROCESSING	PHARMACY	
		11	12.01	13	14	14.01	15	
69	Electrocardiology	29,554	52,309	39,321	719,152	8,361	1,170	69
70	Electroencephalography	13,760		62	13,652		4,906	70
71	Medical Supplies Charged to Patients				491,687			71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients						4,997,903	73
74	Renal Dialysis	32,950	73,673	49,708	101,347	1,475	98,322	74
76	PULMONARY LABS	3,532		7,079	53	412	35	76
76.01	OCCUPATIONAL HEALTH	5,819		5,286	280		1,870	76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	7,558	56,065		48	87		76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	28,091	56,001	71,470	6,375	1,650	1,155	76.07
76.09	BONE MARROW PROCUREMENT	1,280		2,628				76.09
76.10	BIARIATRICS	6,725		2,071				76.10
76.11	HEPATOLOGY	5,264		13,169				76.11
76.97	CARDIAC REHABILITATION	1,669		6,986	119			76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	2,557	236	4,606			1,216	90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER	66,894	21,392	69,615	27,398	44,499	4,180,902	90.02
90.03	PSYCH SOCIAL REHAB	5,085		5,904	8		235	90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	218,325	36	272,155	4,563	481	759,049	90.07
90.08	OBT OUTPATIENT CENTER	12,988		38,857	1,665		24,222	90.08
90.09	ELMHURST IMMEDIATE CARE	13,028		19,166	386		33,496	90.09
90.10	LAGRANGE FAMILY PCC	22,115		35,673	921		25,210	90.10
90.12	NORTH RIVERSIDE PCC	14,941		22,937	712		119,812	90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	9,372		6,615	215	4,312	13,840	90.14
90.15	OBT II PCC	16,108		24,761	675		71,197	90.15
90.16	HICKORY HILLS PCC	26,050		20,124	1,046	3,831	70,846	90.16
90.18	DARIEN PCC	9,320		4,946	386		45,979	90.18
90.20	ORLANAD PARK - FP	17,068		18,579	855		117,390	90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	12,889		7,666	398		17,168	90.21
90.22	HOMER GLEN PCC	17,953		38,548	1,798	4,393	533,168	90.22
90.23	OAK PARK PCC	7,158		8,408	348		30,794	90.23
90.24	PARK RIDGE PCC	13,308		15,395	271		2,093	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	12,611		3,524	80		1,307	90.25
90.26	WOODRIDGE PCC	1,185		649				90.26
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER	6,843		12,551				90.28
90.29	BURR RIDGE PCC	57,610		58,301			524	90.29
90.30	RIVER FOREST	19,401		23,525				90.30
90.31	NORRIDGE	2,364						90.31
90.32	ELMWOOD PARK	7,252		2,226				90.32
91	Emergency	67,658	113,518	199,572	30,574	54,628		91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	2,377	3,239	9,923	110	481	331	92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	Ambulance Services						25	95
97	Durable Medical Equip-Sold	3,325						97
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	35,747		71,316	244		1,054	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	Kidney Acquisition	2,717			4			105
106	Heart Acquisition	1,809	172	62	3			106
107	Liver Acquisition	2,479						107
108	Lung Acquisition	1,404			6			108
109	Pancreas Acquisition	13,159						109
110	Intestinal Acquisition	4,823		278				110
111	Islet Acquisition							111
112	OTHER ORGAN ACQUISITION (SPECIFY)	12,479		247				112
116	Hospice	7,001		13,818	181		14,774	116
118	SUBTOTALS (sum of lines 1-117)	2,891,654	1,790,635	4,385,772	7,170,158	1,184,349	11,540,507	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen	954						190
190.0	HINES RADIATION THERAPY	5,793						190.0
1								1

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	CAFETERIA	PATIENT TRANSPORT	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	CENTRAL PROCESSING	PHARMACY	
		11	12.01	13	14	14.01	15	
190.0 2	HOME INFUSION THERAPY	7,511		5,564	206		433,941	190.0 2
190.0 3	OP HOSPITAL PHARMACY	2,609					607,730	190.0 3
190.0 4	HOSPITALIST	1,811		1,360	50			190.0 4
190.0 5	STUDENT HEALTH	654		2,720				190.0 5
192	Physicians' Private Offices				23		140	192
192.0 1	FACULTY CLINICAL OPERATIONS	270,568		206,157	3			192.0 1
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	3,181,554	1,790,635	4,601,573	7,170,440	1,184,349	12,582,318	202

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	NONPHYSIC. ANESTHET.	I&R SALARY & FRINGES	PARAMED ED-MICU	SUBTOTAL	
		16	17	19	21	23.01	24	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	COMMUNICATION							5.01
5.02	SYSTEM & COMPUTERS							5.02
5.03	PURCHASING							5.03
5.04	OPC STORES							5.04
5.05	PATIENT AFFAIRS							5.05
5.06	PATIENT ADMITTING							5.06
5.07	PATIENT ACCOUNTS							5.07
5.08	ACCOUNTING							5.08
5.09	EMPLOYEE HEALTH SERVICES							5.09
5.10	PASTORAL CARE							5.10
5.11	HOSPITAL ADMINISTRATION							5.11
5.12	AMBULATORY ADMINISTRATION							5.12
5.14	PRIMARY CARE ADMINISTRATION							5.14
6	Maintenance & Repairs							6
7	Operation of Plant							7
7.01	SAFETY AND SECURITY							7.01
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
12.01	PATIENT TRANSPORTATION							12.01
13	Nursing Administration							13
14	Central Services & Supply							14
14.01	CENTRAL PROCESSING							14.01
15	Pharmacy							15
16	Medical Records & Library	17,438,555						16
17	Social Service		4,231,188					17
17.01	HOSPITAL MEDICAL ADMIN							17.01
19	Nonphysician Anesthetists			763,481				19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd				59,878,969			21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMEDICAL ED-MICU					1,270,383		23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	2,567,976	1,246,655		38,167,934		128,540,842	30
31	Intensive Care Unit	778,220	81,649		7,808,028		36,988,511	31
33	Burn Intensive Care Unit	328,238	92,405		1,076,734		10,259,129	33
35	NEONATAL INTENSIVE CARE	473,967	166,678		4,460,107		18,406,805	35
35.01	PEDIATRIC ICU	122,268	89,435		948,108		5,374,940	35.01
35.03	HEART TRANSPLANT ICU	165,777	110,026		1,423,980		7,544,949	35.03
35.04	BONE INTENSIVE CARE	243,955	128,159		1,483,066		8,682,518	35.04
41	Subprovider - IRF	206,003	38,314		3,684,713		12,457,610	41
43	Nursery	29,022			826,299		1,910,237	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	1,645,489	109,616	763,481			52,860,275	50
50.01	AMBULATORY SURGERY CENTER	2,199	820				9,872,377	50.01
51	Recovery Room	354,065					7,802,340	51
52	Delivery Room & Labor Room	124,959					5,387,564	52
53	Anesthesiology	898,271					5,208,143	53
54	Radiology-Diagnostic	524,619					16,792,327	54
54.01	RADIOLOGY-ULTRASOUND	81,186					2,246,174	54.01
55	Radiology-Therapeutic							55
56	Radioisotope	54,559					7,556,889	56
57	CT Scan	668,794					9,279,322	57
58	MRI	263,781					6,399,623	58
59	Cardiac Catheterization	448,650					13,622,837	59
60	Laboratory	2,151,870	64,540				34,235,140	60
60.01	LABORATORY-SURGICAL PATHOLOGY	135,997					5,447,668	60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA						69,221	60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	429,095					12,158,141	63
65	Respiratory Therapy	681,574					11,483,843	65
66	Physical Therapy	125,937					6,754,890	66
67	Occupational Therapy	86,886					2,340,038	67
68	Speech Pathology	30,431	40,056				806,653	68

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	NONPHYSIC. ANESTHET.	I&R SALARY & FRINGES	PARAMED ED-MICU	SUBTOTAL	
		16	17	19	21	23.01	24	
69	Electrocardiology	715,013	202,227				12,398,415	69
70	Electroencephalography	60,411					2,789,927	70
71	Medical Supplies Charged to Patients	21,852					33,782,130	71
72	Impl. Dev. Charged to Patients						44,078,397	72
73	Drugs Charged to Patients	1,704,076					51,359,318	73
74	Renal Dialysis	75,268	168,317				8,150,507	74
76	PULMONARY LABS	18,474					1,212,535	76
76.01	OCCUPATIONAL HEALTH						1,385,059	76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	68,262					1,755,951	76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	92,426	4,815				6,611,174	76.07
76.09	BONE MARROW PROCUREMENT	26,009					3,052,515	76.09
76.10	BIARIATRICS	3					979,435	76.10
76.11	HEPATOLOGY						1,356,632	76.11
76.97	CARDIAC REHABILITATION	7,197	205				473,907	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	34	1,434				808,642	90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER	8,806	2,971				37,257,011	90.02
90.03	PSYCH SOCIAL REHAB						931,718	90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	45,730	1,431,772				57,112,367	90.07
90.08	OBT OUTPATIENT CENTER	1,025					11,697,184	90.08
90.09	ELMHURST IMMEDIATE CARE	50					3,092,920	90.09
90.10	LAGRANGE FAMILY PCC	72					4,662,052	90.10
90.12	NORTH RIVERSIDE PCC	87					4,419,504	90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	832					3,524,500	90.14
90.15	OBT II PCC	120					4,246,523	90.15
90.16	HICKORY HILLS PCC	141					5,118,507	90.16
90.18	DARIEN PCC	58					2,754,628	90.18
90.20	ORLANAD PARK - FP	45					4,176,307	90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	34					2,100,650	90.21
90.22	HOMER GLEN PCC	402					8,926,870	90.22
90.23	OAK PARK PCC	39					1,905,380	90.23
90.24	PARK RIDGE PCC	385					2,970,214	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	6					2,582,730	90.25
90.26	WOODRIDGE PCC						325,293	90.26
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER	259					6,386,013	90.28
90.29	BURR RIDGE PCC	2,156	126,520				23,622,730	90.29
90.30	RIVER FOREST	293					3,448,566	90.30
90.31	NORRIDGE						383,512	90.31
90.32	ELMWOOD PARK	3					1,365,097	90.32
91	Emergency	608,662				1,270,383	30,697,524	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	74					556,579	92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	Ambulance Services						396,492	95
97	Durable Medical Equip-Sold	4,825					584,926	97
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency						6,641,019	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	Kidney Acquisition	144,026	80,215				3,661,865	105
106	Heart Acquisition	25,337					1,578,637	106
107	Liver Acquisition	77,189					4,594,723	107
108	Lung Acquisition	84,823	44,359				3,827,806	108
109	Pancreas Acquisition						858,757	109
110	Intestinal Acquisition						793,047	110
111	Islet Acquisition						770	111
112	OTHER ORGAN ACQUISITION (SPECIFY)	20,263					2,175,910	112
116	Hospice						1,602,231	116
118	SUBTOTALS (sum of lines 1-117)	17,438,555	4,231,188	763,481	59,878,969	1,270,383	861,664,112	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen						294,488	190
190.0	HINES RADIATION THERAPY						1,217,859	190.0
1								1

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	NONPHYSIC. ANESTHET.	I&R SALARY & FRINGES	PARAMED ED-MICU	SUBTOTAL	
		16	17	19	21	23.01	24	
190.0 2	HOME INFUSION THERAPY						3,403,764	190.0 2
190.0 3	OP HOSPITAL PHARMACY						3,914,688	190.0 3
190.0 4	HOSPITALIST						8,339,518	190.0 4
190.0 5	STUDENT HEALTH						122,895	190.0 5
192	Physicians' Private Offices						763	192
192.0 1	FACULTY CLINICAL OPERATIONS						234,048,412	192.0 1
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	17,438,555	4,231,188	763,481	59,878,969	1,270,383	1,113,006,499	202

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP-DOWN ADJS	TOTAL				
		25	26				
	<b>GENERAL SERVICE COST CENTERS</b>						
1	Cap Rel Costs-Bldg & Fixt						1
1.01	NEW CAPITAL-BLDG INTEREST						1.01
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.01	COMMUNICATION						5.01
5.02	SYSTEM & COMPUTERS						5.02
5.03	PURCHASING						5.03
5.04	OPC STORES						5.04
5.05	PATIENT AFFAIRS						5.05
5.06	PATIENT ADMITTING						5.06
5.07	PATIENT ACCOUNTS						5.07
5.08	ACCOUNTING						5.08
5.09	EMPLOYEE HEALTH SERVICES						5.09
5.10	PASTORAL CARE						5.10
5.11	HOSPITAL ADMINISTRATION						5.11
5.12	AMBULATORY ADMINISTRATION						5.12
5.14	PRIMARY CARE ADMINISTRATION						5.14
6	Maintenance & Repairs						6
7	Operation of Plant						7
7.01	SAFETY AND SECURITY						7.01
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
12.01	PATIENT TRANSPORTATION						12.01
13	Nursing Administration						13
14	Central Services & Supply						14
14.01	CENTRAL PROCESSING						14.01
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
17.01	HOSPITAL MEDICAL ADMIN						17.01
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	PARAMED ED PRGM-(SPECIFY)						23
23.01	PARAMEDICAL ED-MICU						23.01
23.02	PARAMEDICAL ED-SOCIAL WORK						23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	Adults & Pediatrics	-38,167,934	90,372,908				30
31	Intensive Care Unit	-7,808,028	29,180,483				31
33	Burn Intensive Care Unit	-1,076,734	9,182,395				33
35	NEONATAL INTENSIVE CARE	-4,460,107	13,946,698				35
35.01	PEDIATRIC ICU	-948,108	4,426,832				35.01
35.03	HEART TRANSPLANT ICU	-1,423,980	6,120,969				35.03
35.04	BONE INTENSIVE CARE	-1,483,066	7,199,452				35.04
41	Subprovider - IRF	-3,684,713	8,772,897				41
43	Nursery	-826,299	1,083,938				43
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room		52,860,275				50
50.01	AMBULATORY SURGERY CENTER		9,872,377				50.01
51	Recovery Room		7,802,340				51
52	Delivery Room & Labor Room		5,387,564				52
53	Anesthesiology		5,208,143				53
54	Radiology-Diagnostic		16,792,327				54
54.01	RADIOLOGY-ULTRASOUND		2,246,174				54.01
55	Radiology-Therapeutic						55
56	Radioisotope		7,556,889				56
57	CT Scan		9,279,322				57
58	MRI		6,399,623				58
59	Cardiac Catheterization		13,622,837				59
60	Laboratory		34,235,140				60
60.01	LABORATORY-SURGICAL PATHOLOGY		5,447,668				60.01
60.02	LABORATORY-NEUROSURGICAL						60.02
60.03	LABORATORY-HLA		69,221				60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.		12,158,141				63
65	Respiratory Therapy		11,483,843				65
66	Physical Therapy		6,754,890				66
67	Occupational Therapy		2,340,038				67
68	Speech Pathology		806,653				68

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP-DOWN ADJS	TOTAL			
		25	26			
69	Electrocardiology		12,398,415			69
70	Electroencephalography		2,789,927			70
71	Medical Supplies Charged to Patients		33,782,130			71
72	Impl. Dev. Charged to Patients		44,078,397			72
73	Drugs Charged to Patients		51,359,318			73
74	Renal Dialysis	-654,697	7,495,810			74
76	PULMONARY LABS		1,212,535			76
76.01	OCCUPATIONAL HEALTH		1,385,059			76.01
76.03	HYPERALIMENTATION					76.03
76.04	PERIPHERAL VASCULAR		1,755,951			76.04
76.05	PEDIATRIC ENDO NUTRITION					76.05
76.07	GASTROINTESTINAL SERVICE		6,611,174			76.07
76.09	BONE MARROW PROCUREMENT		3,052,515			76.09
76.10	BARIATRICS		979,435			76.10
76.11	HEPATOLOGY		1,356,632			76.11
76.97	CARDIAC REHABILITATION		473,907			76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>					
90	Clinic		808,642			90
90.01	CARDIAC REHABILITATION					90.01
90.02	CANCER CENTER		37,257,011			90.02
90.03	PSYCH SOCIAL REHAB		931,718			90.03
90.04	WELLNESS ASSESSMENT					90.04
90.06	HEART FAILURE CLINIC					90.06
90.07	LOC OUTPATIENT CENTER		57,112,367			90.07
90.08	OBT OUTPATIENT CENTER		11,697,184			90.08
90.09	ELMHURST IMMEDIATE CARE		3,092,920			90.09
90.10	LAGRANGE FAMILY PCC		4,662,052			90.10
90.12	NORTH RIVERSIDE PCC		4,419,504			90.12
90.13	GLENDALE HEIGHTS PCC					90.13
90.14	WHEATON PCC		3,524,500			90.14
90.15	OBT II PCC		4,246,523			90.15
90.16	HICKORY HILLS PCC		5,118,507			90.16
90.18	DARIEN PCC		2,754,628			90.18
90.20	ORLANAD PARK - FP		4,176,307			90.20
90.21	FAMILY PRACTICE MAYWOOD PCC		2,100,650			90.21
90.22	HOMER GLEN PCC		8,926,870			90.22
90.23	OAK PARK PCC		1,905,380			90.23
90.24	PARK RIDGE PCC		2,970,214			90.24
90.25	LOYOLA CLINIC AT GOTTLIEB		2,582,730			90.25
90.26	WOODRIDGE PCC		325,293			90.26
90.27	NEUROLOGY - NILES					90.27
90.28	MARJORIE WEINBERG CANCER CENTER		6,386,013			90.28
90.29	BURR RIDGE PCC		23,622,730			90.29
90.30	RIVER FOREST		3,448,566			90.30
90.31	NORRIDGE		383,512			90.31
90.32	ELMWOOD PARK		1,365,097			90.32
91	Emergency		30,697,524			91
92	Observation Beds (Non-Distinct Part)					92
92.01	OBSERVATION BEDS-DISTINCT		556,579			92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>					
95	Ambulance Services		396,492			95
97	Durable Medical Equip-Sold		584,926			97
99.10	CORF					99.10
99.20	OUTPATIENT PHYSICAL THERAPY					99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40	OUTPATIENT SPEECH PATHOLOGY					99.40
101	Home Health Agency		6,641,019			101
	<b>SPECIAL PURPOSE COST CENTERS</b>					
105	Kidney Acquisition		3,661,865			105
106	Heart Acquisition		1,578,637			106
107	Liver Acquisition		4,594,723			107
108	Lung Acquisition		3,827,806			108
109	Pancreas Acquisition		858,757			109
110	Intestinal Acquisition		793,047			110
111	Islet Acquisition		770			111
112	OTHER ORGAN ACQUISITION (SPECIFY)		2,175,910			112
116	Hospice		1,602,231			116
118	SUBTOTALS (sum of lines 1-117)	-60,533,666	801,130,446			118
	<b>NONREIMBURSABLE COST CENTERS</b>					
190	Gift, Flower, Coffee Shop & Canteen		294,488			190
190.0	HINES RADIATION THERAPY		1,217,859			190.0
1						1

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL				
		25	26				
190.0 2	HOME INFUSION THERAPY		3,403,764				190.0 2
190.0 3	OP HOSPITAL PHARMACY		3,914,688				190.0 3
190.0 4	HOSPITALIST		8,339,518				190.0 4
190.0 5	STUDENT HEALTH		122,895				190.0 5
192	Physicians' Private Offices		763				192
192.0 1	FACULTY CLINICAL OPERATIONS		234,048,412				192.0 1
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	-60,533,666	1,052,472,833				202

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	NEW CPTL BLG INTRST	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	
		0	1	1.01	2	2A	4	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department		93,905	25,971	1,511	121,387	121,387	4
5.01	COMMUNICATION		116,626	32,255	12,975	161,856	164	5.01
5.02	SYSTEM & COMPUTERS		436,811	120,806	56,937	614,554	1,791	5.02
5.03	PURCHASING		282,348	78,087	14,096	374,531	289	5.03
5.04	OPC STORES		78,346	21,668		100,014		5.04
5.05	PATIENT AFFAIRS		6,609	1,828	27,942	36,379	704	5.05
5.06	PATIENT ADMITTING		12,175	3,367	8,411	23,953	564	5.06
5.07	PATIENT ACCOUNTS		19,401	5,366	881	25,648	1,396	5.07
5.08	ACCOUNTING		70,377	19,464	2,903	92,744	508	5.08
5.09	EMPLOYEE HEALTH SERVICES		14,057	3,888		17,945	38	5.09
5.10	PASTORAL CARE		222,200	61,452	10,341	293,993	187	5.10
5.11	HOSPITAL ADMINISTRATION		1,018,330	281,633	1,879,385	3,179,348	11,491	5.11
5.12	AMBULATORY ADMINISTRATION		27,797	7,688	43,333	78,818	659	5.12
5.14	PRIMARY CARE ADMINISTRATION						66	5.14
6	Maintenance & Repairs							6
7	Operation of Plant		196,269	54,281	470,060	720,610	1,390	7
7.01	SAFETY AND SECURITY		61,634	17,046	88,235	166,915	343	7.01
8	Laundry & Linen Service		73,824	20,417	2,076	96,317		8
9	Housekeeping		152,044	42,050	7,777	201,871	266	9
10	Dietary		157,768	43,633	47,711	249,112	592	10
11	Cafeteria		296,641	82,040	4,423	383,104	177	11
12	Maintenance of Personnel							12
12.01	PATIENT TRANSPORTATION		9,851	2,724	4,355	16,930	209	12.01
13	Nursing Administration		67,832	18,760	15,156	101,748	559	13
14	Central Services & Supply		157,578	43,580	515,666	716,824	318	14
14.01	CENTRAL PROCESSING		90,600	25,057	24,527	140,184	178	14.01
15	Pharmacy		143,553	39,702	199,485	382,740	1,882	15
16	Medical Records & Library		298,934	82,674	22,076	403,684	1,614	16
17	Social Service		68,749	19,013	3,081	90,843	586	17
17.01	HOSPITAL MEDICAL ADMIN							17.01
19	Nonphysician Anesthetists						763	19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		86,774	23,999	731	111,504	8,732	21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMEDICAL ED-MICU		94,411	26,111	5,821	126,343	122	23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics		1,985,873	549,220	795,019	3,330,112	8,459	30
31	Intensive Care Unit		431,830	119,428	392,294	943,552	2,906	31
33	Burn Intensive Care Unit		173,785	48,063	93,333	315,181	853	33
35	NEONATAL INTENSIVE CARE		172,995	47,844	299,118	519,957	1,596	35
35.01	PEDIATRIC ICU		51,878	14,348	112,429	178,655	457	35.01
35.03	HEART TRANSPLANT ICU		135,632	37,511	140,072	313,215	582	35.03
35.04	BONE INTENSIVE CARE		154,558	42,745	122,748	320,051	685	35.04
41	Subprovider - IRF		306,966	84,896	23,996	415,858	767	41
43	Nursery						140	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room		1,001,080	276,862	3,580,943	4,858,885	2,732	50
50.01	AMBULATORY SURGERY CENTER		371,541	102,755	294,791	769,087	623	50.01
51	Recovery Room		319,141	88,263	155,526	562,930	590	51
52	Delivery Room & Labor Room		104,641	28,940	289,285	422,866	505	52
53	Anesthesiology		40,810	11,286	430,564	482,660	114	53
54	Radiology-Diagnostic		627,673	173,591	1,367,748	2,169,012	1,330	54
54.01	RADIOLOGY-ULTRASOUND		17,915	4,955	88,467	111,337	236	54.01
55	Radiology-Therapeutic							55
56	Radioisotope		96,435	26,670	723,967	847,072	348	56
57	CT Scan		86,331	23,876	491,519	601,726	603	57
58	MRI		154,305	42,675	1,228,800	1,425,780	366	58
59	Cardiac Catheterization		358,876	99,252	1,364,343	1,822,471	809	59
60	Laboratory		237,727	65,747	266,809	570,283	1,480	60
60.01	LABORATORY-SURGICAL PATHOLOGY		229,126	63,368	97,780	390,274	280	60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA		19,417	5,370		24,787		60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		73,366	20,290	93,377	187,033	253	63
65	Respiratory Therapy		77,809	21,519	231,276	330,604	1,229	65
66	Physical Therapy		176,299	48,758	1,953	227,010	734	66
67	Occupational Therapy		63,768	17,636		81,404	211	67
68	Speech Pathology		11,701	3,236	1,597	16,534	72	68

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	NEW CPTL BLG INTRST	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	
		0	1	1.01	2	2A	4	
69	Electrocardiology		278,426	77,003	1,849,862	2,205,291	686	69
70	Electroencephalography		85,983	23,780	108,640	218,403	245	70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis		160,567	44,407	33,538	238,512	606	74
76	PULMONARY LABS		70,915	19,612	28,363	118,890	80	76
76.01	OCCUPATIONAL HEALTH		98,490	27,239	2,017	127,746	169	76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR		1,138	315	33,392	34,845	187	76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE		124,801	34,515	1,260,500	1,419,816	540	76.07
76.09	BONE MARROW PROCUREMENT						25	76.09
76.10	BIARIATRICS						100	76.10
76.11	HEPATOLOGY		166,196	45,964		212,160	110	76.11
76.97	CARDIAC REHABILITATION						43	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic		38,153	10,552	725	49,430	47	90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER		450,646	124,632	84,401	659,679	1,258	90.02
90.03	PSYCH SOCIAL REHAB		89,019	24,619		113,638	67	90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER		2,203,267	609,343	1,930,521	4,743,131	4,507	90.07
90.08	OBT OUTPATIENT CENTER		499,346	138,101	129,701	767,148	1,272	90.08
90.09	ELMHURST IMMEDIATE CARE		122,287	33,820	85,451	241,558	206	90.09
90.10	LAGRANGE FAMILY PCC		189,470	52,401	87,254	329,125	458	90.10
90.12	NORTH RIVERSIDE PCC				6,996	6,996	628	90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC		130,288	36,033	44,519	210,840	302	90.14
90.15	OBT II PCC		151,855	41,997	124,113	317,965	278	90.15
90.16	HICKORY HILLS PCC				19,508	19,508	764	90.16
90.18	DARIEN PCC		89,762	24,825	50,172	164,759	130	90.18
90.20	ORLANAD PARK - FP		13,962	3,861	22,271	40,094	652	90.20
90.21	FAMILY PRACTICE MAYWOOD PCC		58,535	16,188	3,968	78,691	188	90.21
90.22	HOMER GLEN PCC		201,092	55,615	67,721	324,428	805	90.22
90.23	OAK PARK PCC				13,201	13,201	552	90.23
90.24	PARK RIDGE PCC		111,092	30,724	30,688	172,504	343	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB				20,483	20,483	583	90.25
90.26	WOODRIDGE PCC				1,114	1,114	23	90.26
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER				25,403	25,403	137	90.28
90.29	BURR RIDGE PCC		1,234,506	341,419	598,896	2,174,821	1,981	90.29
90.30	RIVER FOREST				3,144	3,144	521	90.30
90.31	NORRIDGE		32,082	8,873	399	41,354	26	90.31
90.32	ELMWOOD PARK		84,750	23,439		108,189	86	90.32
91	Emergency		253,017	69,975	212,233	535,225	3,486	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT		18,310	5,064		23,374	59	92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	Ambulance Services							95
97	Durable Medical Equip-Sold						78	97
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency		3,273	905		4,178	844	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	Kidney Acquisition						144	105
106	Heart Acquisition		1,486	411	1,581	3,478	109	106
107	Liver Acquisition		3,542	980		4,522	245	107
108	Lung Acquisition		1,486	411		1,897	93	108
109	Pancreas Acquisition		2,008	555		2,563	128	109
110	Intestinal Acquisition						116	110
111	Islet Acquisition							111
112	OTHER ORGAN ACQUISITION (SPECIFY)		47,925	13,254	3,190	64,369	286	112
116	Hospice						142	116
118	SUBTOTALS (sum of lines 1-117)		18,854,597	5,214,496	23,041,614	47,110,707	88,883	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen		16,713	4,622		21,335	11	190
190.0	HINES RADIATION THERAPY						186	190.0
1								1

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	NEW CPTL BLG INTRST	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	
		0	1	1.01	2	2A	4	
190.0 2	HOME INFUSION THERAPY				311	311	170	190.0 2
190.0 3	OP HOSPITAL PHARMACY				930	930	50	190.0 3
190.0 4	HOSPITALIST		49,712	13,748		63,460	1,243	190.0 4
190.0 5	STUDENT HEALTH						21	190.0 5
192	Physicians' Private Offices							192
192.0 1	FACULTY CLINICAL OPERATIONS		2,848,020	787,650	507,687	4,143,357	30,823	192.0 1
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		21,769,042	6,020,516	23,550,542	51,340,100	121,387	202

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	COMMUNICTN	SYSTEM + COMPUTERS	PURCHASING	OPC STORES	PATIENT AFFAIRS	PATIENT ADMITTING	
		5.01	5.02	5.03	5.04	5.05	5.06	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	COMMUNICATION	162,020						5.01
5.02	SYSTEM & COMPUTERS	3,243	619,588					5.02
5.03	PURCHASING	1,722		376,542				5.03
5.04	OPC STORES	16		106	100,136			5.04
5.05	PATIENT AFFAIRS	802		12		37,897		5.05
5.06	PATIENT ADMITTING	1,108		78			25,703	5.06
5.07	PATIENT ACCOUNTS	5,870		25				5.07
5.08	ACCOUNTING	1,836		43				5.08
5.09	EMPLOYEE HEALTH SERVICES	177		242				5.09
5.10	PASTORAL CARE	1,037		18				5.10
5.11	HOSPITAL ADMINISTRATION	10,040		1,061	182			5.11
5.12	AMBULATORY ADMINISTRATION	341		41				5.12
5.14	PRIMARY CARE ADMINISTRATION			1				5.14
6	Maintenance & Repairs							6
7	Operation of Plant	2,731		3,289	156			7
7.01	SAFETY AND SECURITY	840		71	182			7.01
8	Laundry & Linen Service			660				8
9	Housekeeping	1,076		35	312			9
10	Dietary	1,676		3,809				10
11	Cafeteria			3,365				11
12	Maintenance of Personnel							12
12.01	PATIENT TRANSPORTATION	688		10	104			12.01
13	Nursing Administration	1,343		160				13
14	Central Services & Supply	73		409				14
14.01	CENTRAL PROCESSING	15		541				14.01
15	Pharmacy	1,378		6,891				15
16	Medical Records & Library	3,105		106				16
17	Social Service	2,346		26				17
17.01	HOSPITAL MEDICAL ADMIN							17.01
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd			1				21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMEDICAL ED-MICU			12				23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	23,751	50,588	114,131	26		3,379	30
31	Intensive Care Unit	4,200	13,468	49,947			1,142	31
33	Burn Intensive Care Unit	539	5,459	9,512			463	33
35	NEONATAL INTENSIVE CARE	2,936	8,323	5,556			706	35
35.01	PEDIATRIC ICU	1,067	2,441	6,884			207	35.01
35.03	HEART TRANSPLANT ICU	795	3,036	7,375			257	35.03
35.04	BONE INTENSIVE CARE	923	4,233	6,971			359	35.04
41	Subprovider - IRF	2,163	3,798	4,960			322	41
43	Nursery		635				54	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	3,851	20,349	22,785			1,303	50
50.01	AMBULATORY SURGERY CENTER			9,777	71,075		2	50.01
51	Recovery Room	820	12,470	7,585			615	51
52	Delivery Room & Labor Room	1,159	2,653	7,856			199	52
53	Anesthesiology		22,128	636			1,395	53
54	Radiology-Diagnostic	7,147	19,097	4,937	545		730	54
54.01	RADIOLOGY-ULTRASOUND		5,354	469	26		116	54.01
55	Radiology-Therapeutic							55
56	Radioisotope	1,055	7,411	756			80	56
57	CT Scan		29,380	2,158			1,011	57
58	MRI	792	16,110	715	649		378	58
59	Cardiac Catheterization	686	13,519	2,308			495	59
60	Laboratory	3,363	87,412	8,401			3,385	60
60.01	LABORATORY-SURGICAL PATHOLOGY	1,874	7,928	1,467			209	60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA							60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	452	9,111	853	416		613	63
65	Respiratory Therapy	275	10,129				843	65
66	Physical Therapy	1,719	4,996	947		2,774	146	66
67	Occupational Therapy		1,460	678		481	87	67
68	Speech Pathology	289	401	287	52		34	68

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	COMMUNICTN	SYSTEM + COMPUTERS	PURCHASING	OPC STORES	PATIENT AFFAIRS	PATIENT ADMITTING	
		5.01	5.02	5.03	5.04	5.05	5.06	
69	Electrocardiology	1,917	22,033	2,992			768	69
70	Electroencephalography	1,121	1,764	327			86	70
71	Medical Supplies Charged to Patients		13,926				692	71
72	Impl. Dev. Charged to Patients		21,090				1,248	72
73	Drugs Charged to Patients		60,631				2,579	73
74	Renal Dialysis	716	5,733	2,963			100	74
76	PULMONARY LABS	680	788	1,407			25	76
76.01	OCCUPATIONAL HEALTH		123	53	26	257		76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	256	3,129	64			120	76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE		7,673	2,285		415	102	76.07
76.09	BONE MARROW PROCUREMENT		664				46	76.09
76.10	BIARIATRICS		82					76.10
76.11	HEPATOLOGY		259					76.11
76.97	CARDIAC REHABILITATION	33	117	12,898	857		10	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic		182	881	26	165		90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER	6,045	5,335	81			3	90.02
90.03	PSYCH SOCIAL REHAB	1,081	3			626		90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	21,799	31,625	11,157	23,969	15,951	56	90.07
90.08	OBT OUTPATIENT CENTER	2,475	6,446	2,596	1,065	1,147	2	90.08
90.09	ELMHURST IMMEDIATE CARE		588	447		1,048		90.09
90.10	LAGRANGE FAMILY PCC	1,897	2,003	1,044		501		90.10
90.12	NORTH RIVERSIDE PCC	2,428	938	742		2,135		90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	887	546	371		554		90.14
90.15	OBT II PCC	1,830	692	750	78	2,069		90.15
90.16	HICKORY HILLS PCC	2,322	2,386	1,141	26	1,885		90.16
90.18	DARIEN PCC	1,232	236	946		870		90.18
90.20	ORLANAD PARK - FP	2,775	942	666	260	1,720		90.20
90.21	FAMILY PRACTICE MAYWOOD PCC		669	410		1,318		90.21
90.22	HOMER GLEN PCC	32	3,538	2,939		1,720	1	90.22
90.23	OAK PARK PCC		352	474	104	791		90.23
90.24	PARK RIDGE PCC	13	1,398	341		145	1	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB		334	116		66		90.25
90.26	WOODRIDGE PCC		125					90.26
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER		1,271					90.28
90.29	BURR RIDGE PCC		15,729			1,259	3	90.29
90.30	RIVER FOREST		2,338				1	90.30
90.31	NORRIDGE		60					90.31
90.32	ELMWOOD PARK		195					90.32
91	Emergency	6,911	24,543	14,869			921	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT		263	463			8	92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	Ambulance Services	36						95
97	Durable Medical Equip-Sold		597	2			7	97
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	2,118	1,330	93				101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	Kidney Acquisition	767	1,173	7			99	105
106	Heart Acquisition	302	390	8			33	106
107	Liver Acquisition	457	1,540	13			131	107
108	Lung Acquisition	224	1,570	3			131	108
109	Pancreas Acquisition							109
110	Intestinal Acquisition							110
111	Islet Acquisition							111
112	OTHER ORGAN ACQUISITION (SPECIFY)	18						112
116	Hospice	184	573	5				116
118	SUBTOTALS (sum of lines 1-117)	161,875	619,588	364,894	100,136	37,897	25,703	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen	145		21				190
190.0	HINES RADIATION THERAPY			5				190.0
1								1

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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	COMMUNICTN	SYSTEM + COMPUTERS	PURCHASING	OPC STORES	PATIENT AFFAIRS	PATIENT ADMITTING	
		5.01	5.02	5.03	5.04	5.05	5.06	
190.0 2	HOME INFUSION THERAPY			2,148				190.0 2
190.0 3	OP HOSPITAL PHARMACY			9,399				190.0 3
190.0 4	HOSPITALIST			14				190.0 4
190.0 5	STUDENT HEALTH							190.0 5
192	Physicians' Private Offices			47				192
192.0 1	FACULTY CLINICAL OPERATIONS			14				192.0 1
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	162,020	619,588	376,542	100,136	37,897	25,703	202

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LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	PATIENT ACCOUNTS	ACCOUNTING	EMPLOYEE HEALTH SERVICES	PASTORAL CARE	HOSPITAL ADMINSTRTN	AMBULATOR Y ADMIN	
		5.07	5.08	5.09	5.10	5.11	5.12	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	COMMUNICATION							5.01
5.02	SYSTEM & COMPUTERS							5.02
5.03	PURCHASING							5.03
5.04	OPC STORES							5.04
5.05	PATIENT AFFAIRS							5.05
5.06	PATIENT ADMITTING							5.06
5.07	PATIENT ACCOUNTS	32,939						5.07
5.08	ACCOUNTING		95,131					5.08
5.09	EMPLOYEE HEALTH SERVICES		65	18,467				5.09
5.10	PASTORAL CARE		121	24	295,380			5.10
5.11	HOSPITAL ADMINISTRATION		16,489	2,882	51,668	3,273,161		5.11
5.12	AMBULATORY ADMINISTRATION		314	62	977	13,118	94,330	5.12
5.14	PRIMARY CARE ADMINISTRATION		732	145	2,273	30,532	882	5.14
6	Maintenance & Repairs		1,068	212	3,317	44,551	1,288	6
7	Operation of Plant		1,357	269	4,215	56,608	1,636	7
7.01	SAFETY AND SECURITY		215	43	666	8,951	259	7.01
8	Laundry & Linen Service		269	53	835	11,208	324	8
9	Housekeeping		917	182	2,847	38,239	1,105	9
10	Dietary		345	68	1,071	14,384	416	10
11	Cafeteria		177	35	550	7,381	213	11
12	Maintenance of Personnel							12
12.01	PATIENT TRANSPORTATION		120	24	373	5,003	145	12.01
13	Nursing Administration		305	61	948	12,730	368	13
14	Central Services & Supply		457	91	1,420	19,072	551	14
14.01	CENTRAL PROCESSING		61	12	189	2,536	73	14.01
15	Pharmacy		836	166	2,598	34,897	1,009	15
16	Medical Records & Library		1,162	230	3,609	48,472	1,401	16
17	Social Service		282	56	875	11,754	340	17
17.01	HOSPITAL MEDICAL ADMIN							17.01
19	Nonphysician Anesthetists		52	10	162	2,171	63	19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		4,124	818	12,812	172,071	4,973	21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMEDICAL ED-MICU		73	14	226	3,034	88	23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	2,710	4,931	978	15,318	205,727	5,946	30
31	Intensive Care Unit	722	1,758	349	5,462	73,360	2,120	31
33	Burn Intensive Care Unit	292	537	107	1,669	22,416	648	33
35	NEONATAL INTENSIVE CARE	446	853	169	2,648	35,570	1,028	35
35.01	PEDIATRIC ICU	131	268	53	834	11,196	324	35.01
35.03	HEART TRANSPLANT ICU	163	352	70	1,094	14,698	425	35.03
35.04	BONE INTENSIVE CARE	227	412	82	1,280	17,192	497	35.04
41	Subprovider - IRF	203	453	90	1,408	18,907	546	41
43	Nursery	34	73	14	226	3,039	88	43
	<b>ANCILARY SERVICE COST CENTERS</b>							
50	Operating Room	1,090	3,003	596	9,328	125,286	3,621	50
50.01	AMBULATORY SURGERY CENTER	524	572	113	1,775	23,844	689	50.01
51	Recovery Room	668	435	86	1,351	18,147	525	51
52	Delivery Room & Labor Room	142	322	64	1,002	13,454	389	52
53	Anesthesiology	1,185	279	55	868	11,653	337	53
54	Radiology-Diagnostic	1,023	956	190	2,970	39,893	1,153	54
54.01	RADIOLOGY-ULTRASOUND	287	141	28	439	5,897	170	54.01
55	Radiology-Therapeutic							55
56	Radioisotope	397	486	96	1,509	20,260	586	56
57	CT Scan	1,574	564	112	1,751	23,521	680	57
58	MRI	863	387	77	1,201	16,134	466	58
59	Cardiac Catheterization	724	789	157	2,451	32,922	952	59
60	Laboratory	4,429	2,129	422	6,612	88,804	2,567	60
60.01	LABORATORY-SURGICAL PATHOLOGY	425	312	62	968	12,997	376	60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA		2		7	89	3	60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	488	763	151	2,371	31,844	920	63
65	Respiratory Therapy	543	713	141	2,215	29,748	860	65
66	Physical Therapy	268	419	83	1,302	17,490	506	66
67	Occupational Therapy	78	137	27	426	5,725	165	67

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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	PATIENT ACCOUNTS	ACCOUNTING	EMPLOYEE HEALTH SERVICES	PASTORAL CARE	HOSPITAL ADMINSTRN	AMBULATOR Y ADMIN	
		5.07	5.08	5.09	5.10	5.11	5.12	
68	Speech Pathology	21	48	9	148	1,984	57	68
69	Electrocardiology	1,180	677	134	2,104	28,264	817	69
70	Electroencephalography	94	163	32	506	6,795	196	70
71	Medical Supplies Charged to Patients	746	2,314	459	7,187	96,532	2,790	71
72	Impl. Dev. Charged to Patients	1,130	3,066	608	9,523	127,897	3,697	72
73	Drugs Charged to Patients	3,248	3,106	616	9,648	129,577	3,745	73
74	Renal Dialysis	307	499	99	1,550	20,811	602	74
76	PULMONARY LABS	42	72	14	225	3,017	87	76
76.01	OCCUPATIONAL HEALTH	7	77	15	239	3,209	93	76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	168	110	22	342	4,592	133	76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	411	416	83	1,292	17,356	502	76.07
76.09	BONE MARROW PROCUREMENT	36	210	42	653	8,770	253	76.09
76.10	BIATRICS	4	68	13	210	2,816	81	76.10
76.11	HEPATOLOGY	14	70	14	218	2,925	85	76.11
76.97	CARDIAC REHABILITATION	6	32	6	99	1,328	38	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	10	34	7	105	1,404	41	90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER	286	2,194	435	6,817	91,550	2,646	90.02
90.03	PSYCH SOCIAL REHAB		50	10	156	2,095	61	90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	1,694	3,368	668	10,461	140,494	4,061	90.07
90.08	OBT OUTPATIENT CENTER	345	736	146	2,287	30,721	888	90.08
90.09	ELMHURST IMMEDIATE CARE	32	194	38	601	8,075	233	90.09
90.10	LAGRANGE FAMILY PCC	107	292	58	906	12,163	352	90.10
90.12	NORTH RIVERSIDE PCC	50	296	59	919	12,339	357	90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	29	225	45	698	9,368	271	90.14
90.15	OBT II PCC	37	266	53	825	11,086	320	90.15
90.16	HICKORY HILLS PCC	128	346	69	1,076	14,447	418	90.16
90.18	DARIEN PCC	13	175	35	543	7,292	211	90.18
90.20	ORLANAD PARK - FP	50	277	55	861	11,569	334	90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	36	134	26	415	5,572	161	90.21
90.22	HOMER GLEN PCC	190	550	109	1,709	22,948	663	90.22
90.23	OAK PARK PCC	19	129	26	402	5,393	156	90.23
90.24	PARK RIDGE PCC	75	189	37	586	7,873	228	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	18	178	35	554	7,440	215	90.25
90.26	WOODRIDGE PCC	7	22	4	70	939	27	90.26
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER	68	443	88	1,375	18,473	534	90.28
90.29	BURR RIDGE PCC	843	1,455	289	4,521	60,720	1,755	90.29
90.30	RIVER FOREST	125	237	47	736	9,881	286	90.30
90.31	NORRIDGE	3	22	4	69	921	27	90.31
90.32	ELMWOOD PARK	10	83	16	257	3,445	100	90.32
91	Emergency	1,315	1,917	380	5,956	79,994	2,312	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	14	33	7	103	1,383	40	92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	Ambulance Services		28	5	86	1,150	33	95
97	Durable Medical Equip-Sold	32	40	8	124	1,668	48	97
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	71	453	90	1,407	18,899	546	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	Kidney Acquisition	63	239	47	742	9,962	288	105
106	Heart Acquisition	21	107	21	333	4,469	129	106
107	Liver Acquisition	83	313	62	974	13,075	378	107
108	Lung Acquisition	84	256	51	797	10,700	309	108
109	Pancreas Acquisition		59	12	182	2,442	71	109
110	Intestinal Acquisition		55	11	170	2,285	66	110
111	Islet Acquisition							111
112	OTHER ORGAN ACQUISITION (SPECIFY)		142	28	442	5,942	172	112
116	Hospice	31	109	22	338	4,545	131	116
118	SUBTOTALS (sum of lines 1-117)	32,939	78,161	15,098	242,663	2,565,120	73,765	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen		18	4	56	755	22	190

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	PATIENT ACCOUNTS	ACCOUNTING	EMPLOYEE HEALTH SERVICES	PASTORAL CARE	HOSPITAL ADMINSTRTN	AMBULATOR Y ADMIN	
		5.07	5.08	5.09	5.10	5.11	5.12	
190.0 1	HINES RADIATION THERAPY		84	17	262	3,517	102	190.0 1
190.0 2	HOME INFUSION THERAPY		206	41	639	8,579	248	190.0 2
190.0 3	OP HOSPITAL PHARMACY		230	46	714	9,588	277	190.0 3
190.0 4	HOSPITALIST		573	114	1,780	23,902	691	190.0 4
190.0 5	STUDENT HEALTH		8	2	26	347	10	190.0 5
192	Physicians' Private Offices					2		192
192.0 1	FACULTY CLINICAL OPERATIONS		15,851	3,145	49,240	661,351	19,215	192.0 1
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	32,939	95,131	18,467	295,380	3,273,161	94,330	202

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	PRIMARY CARE ADMIN	MAINTENANCE & REPAIRS	OPERATION OF PLANT	SAFETY & SECURITY	LAUNDRY + LINEN SERVICE	HOUSE-KEEPING	
		5.14	6	7	7.01	8	9	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	COMMUNICATION							5.01
5.02	SYSTEM & COMPUTERS							5.02
5.03	PURCHASING							5.03
5.04	OPC STORES							5.04
5.05	PATIENT AFFAIRS							5.05
5.06	PATIENT ADMITTING							5.06
5.07	PATIENT ACCOUNTS							5.07
5.08	ACCOUNTING							5.08
5.09	EMPLOYEE HEALTH SERVICES							5.09
5.10	PASTORAL CARE							5.10
5.11	HOSPITAL ADMINISTRATION							5.11
5.12	AMBULATORY ADMINISTRATION							5.12
5.14	PRIMARY CARE ADMINISTRATION	34,631						5.14
6	Maintenance & Repairs	472	50,908					6
7	Operation of Plant	599	516	793,376				7
7.01	SAFETY AND SECURITY	95	162	2,550	181,292			7.01
8	Laundry & Linen Service	119	194	3,055	700	113,734		8
9	Housekeeping	405	400	6,291	1,442	18	255,406	9
10	Dietary	152	415	6,528	1,497		10,652	10
11	Cafeteria	78	780	12,274	2,814		926	11
12	Maintenance of Personnel							12
12.01	PATIENT TRANSPORTATION	53	26	408	93	3	380	12.01
13	Nursing Administration	135	178	2,807	643		1,143	13
14	Central Services & Supply	202	414	6,520	1,495		4,885	14
14.01	CENTRAL PROCESSING	27	238	3,749	859		2,317	14.01
15	Pharmacy	369	377	5,940	1,362	58	3,266	15
16	Medical Records & Library	513	786	12,369	2,836		1,465	16
17	Social Service	124	181	2,845	652		316	17
17.01	HOSPITAL MEDICAL ADMIN							17.01
19	Nonphysician Anesthetists	23						19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	1,821	228	3,591	823	742	955	21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMEDICAL ED-MICU	32	248	3,907	896		535	23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	2,177	5,219	82,172	18,837	44,882	57,310	30
31	Intensive Care Unit	776	1,135	17,868	4,096	9,391	7,922	31
33	Burn Intensive Care Unit	237	457	7,191	1,648	3,187	2,896	33
35	NEONATAL INTENSIVE CARE	376	455	7,158	1,641	1,836	4,261	35
35.01	PEDIATRIC ICU	118	136	2,147	492	700	1,825	35.01
35.03	HEART TRANSPLANT ICU	156	356	5,612	1,287	1,853	1,939	35.03
35.04	BONE INTENSIVE CARE	182	406	6,395	1,466	840	3,815	35.04
41	Subprovider - IRF	200	807	12,702	2,912	2,990	11,187	41
43	Nursery	32						43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	1,326	2,631	41,423	9,496	8,988	28,792	50
50.01	AMBULATORY SURGERY CENTER	252	976	15,374	3,524	3,538	4,917	50.01
51	Recovery Room	192	839	13,205	3,027	2,045	6,275	51
52	Delivery Room & Labor Room	142	275	4,330	993	1,994	1,511	52
53	Anesthesiology	123	107	1,689	387	549	460	53
54	Radiology-Diagnostic	422	1,650	25,972	5,954	1,624	11,369	54
54.01	RADIOLOGY-ULTRASOUND	62	47	741	170	920	645	54.01
55	Radiology-Therapeutic							55
56	Radioisotope	214	253	3,990	915	633	2,273	56
57	CT Scan	249	227	3,572	819	1,458	1,126	57
58	MRI	171	406	6,385	1,464	1,280	2,573	58
59	Cardiac Catheterization	348	943	14,850	3,404	1,986	6,969	59
60	Laboratory	940	625	9,837	2,255		6,506	60
60.01	LABORATORY-SURGICAL PATHOLOGY	138	602	9,481	2,173		5,272	60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA	1	51	803	184			60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	337	193	3,036	696	120	2,099	63
65	Respiratory Therapy	315	204	3,220	738	299	1,820	65
66	Physical Therapy	185	463	7,295	1,672	623	2,995	66
67	Occupational Therapy	61	168	2,639	605		2,060	67
68	Speech Pathology	21	31	484	111		423	68

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	PRIMARY CARE ADMIN	MAINTENANCE & REPAIRS	OPERATION OF PLANT	SAFETY & SECURITY	LAUNDRY + LINEN SERVICE	HOUSE-KEEPING	
		5.14	6	7	7.01	8	9	
69	Electrocardiology	299	732	11,521	2,641	635	5,973	69
70	Electroencephalography	72	226	3,558	816	184	3,377	70
71	Medical Supplies Charged to Patients	1,022						71
72	Impl. Dev. Charged to Patients	1,354						72
73	Drugs Charged to Patients	1,371						73
74	Renal Dialysis	220	422	6,644	1,523	1,228	284	74
76	PULMONARY LABS	32	186	2,934	673	65		76
76.01	OCCUPATIONAL HEALTH	34	259	4,075	934		1,331	76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	49	3	47	11	326	523	76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	184	328	5,164	1,184	1,019	1,593	76.07
76.09	BONE MARROW PROCUREMENT	93						76.09
76.10	BARIATRICS	30						76.10
76.11	HEPATOLOGY	31	437	6,877	1,576			76.11
76.97	CARDIAC REHABILITATION	14						76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	15	100	1,579	362	42	1,371	90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER	969	1,184	18,647	4,275	2,164	5,387	90.02
90.03	PSYCH SOCIAL REHAB	22	234	3,683	844		409	90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	1,487	5,791	91,167	20,900	2,843	28,147	90.07
90.08	OBT OUTPATIENT CENTER	325	1,312	20,662	4,737	1,090	15	90.08
90.09	ELMHURST IMMEDIATE CARE	85	321	5,060	1,160	29		90.09
90.10	LAGRANGE FAMILY PCC	129	498	7,840	1,797	287		90.10
90.12	NORTH RIVERSIDE PCC	131				242		90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	99	342	5,391	1,236	57		90.14
90.15	OBT II PCC	117	399	6,283	1,440	322		90.15
90.16	HICKORY HILLS PCC	153				498		90.16
90.18	DARIEN PCC	77	236	3,714	851	74		90.18
90.20	ORLANAD PARK - FP	122	37	578	132	209		90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	59	154	2,422	555	739		90.21
90.22	HOMER GLEN PCC	243	529	8,321	1,907	635		90.22
90.23	OAK PARK PCC	57						90.23
90.24	PARK RIDGE PCC	83	292	4,597	1,054	134		90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	79				28		90.25
90.26	WOODRIDGE PCC	10						90.26
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER	196						90.28
90.29	BURR RIDGE PCC	643	3,245	51,082	11,710			90.29
90.30	RIVER FOREST	105						90.30
90.31	NORRIDGE	10	84	1,327	304			90.31
90.32	ELMWOOD PARK	36	223	3,507	804			90.32
91	Emergency	847	665	10,469	2,400	7,977		91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	15	48	758	174	350	279	92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	Ambulance Services	12						95
97	Durable Medical Equip-Sold	18					37	97
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	200	9	135	31		240	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	Kidney Acquisition	105					29	105
106	Heart Acquisition	47	4	61	14		150	106
107	Liver Acquisition	138	9	147	34		35	107
108	Lung Acquisition	113	4	61	14		122	108
109	Pancreas Acquisition	26	5	83	19			109
110	Intestinal Acquisition	24					9	110
111	Islet Acquisition						15	111
112	OTHER ORGAN ACQUISITION (SPECIFY)	63	126	1,983	455			112
116	Hospice	48						116
118	SUBTOTALS (sum of lines 1-117)	26,685	43,249	672,782	153,645	113,734	255,406	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen	8	44	692	159			190
190.0	HINES RADIATION THERAPY	37						190.0
1								1

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	PRIMARY CARE ADMIN	MAINTENANCE & REPAIRS	OPERATION OF PLANT	SAFETY & SECURITY	LAUNDRY + LINEN SERVICE	HOUSE-KEEPING	
		5.14	6	7	7.01	8	9	
190.0 2	HOME INFUSION THERAPY	91						190.0 2
190.0 3	OP HOSPITAL PHARMACY	101						190.0 3
190.0 4	HOSPITALIST	253	131	2,057	472			190.0 4
190.0 5	STUDENT HEALTH	4						190.0 5
192	Physicians' Private Offices							192
192.0 1	FACULTY CLINICAL OPERATIONS	7,452	7,484	117,845	27,016			192.0 1
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	34,631	50,908	793,376	181,292	113,734	255,406	202

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	DIETARY	CAFETERIA	PATIENT TRANSPORT	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	CENTRAL PROCESSING	
		10	11	12.01	13	14	14.01	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	COMMUNICATION							5.01
5.02	SYSTEM & COMPUTERS							5.02
5.03	PURCHASING							5.03
5.04	OPC STORES							5.04
5.05	PATIENT AFFAIRS							5.05
5.06	PATIENT ADMITTING							5.06
5.07	PATIENT ACCOUNTS							5.07
5.08	ACCOUNTING							5.08
5.09	EMPLOYEE HEALTH SERVICES							5.09
5.10	PASTORAL CARE							5.10
5.11	HOSPITAL ADMINISTRATION							5.11
5.12	AMBULATORY ADMINISTRATION							5.12
5.14	PRIMARY CARE ADMINISTRATION							5.14
6	Maintenance & Repairs							6
7	Operation of Plant							7
7.01	SAFETY AND SECURITY							7.01
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary	290,717						10
11	Cafeteria		411,874					11
12	Maintenance of Personnel							12
12.01	PATIENT TRANSPORTATION		3,445	28,014				12.01
13	Nursing Administration		2,519		125,647			13
14	Central Services & Supply		3,447			756,178		14
14.01	CENTRAL PROCESSING		1,011			23	152,013	14.01
15	Pharmacy		9,613		14	2,237		15
16	Medical Records & Library		8,048			2		16
17	Social Service		3,500			1		17
17.01	HOSPITAL MEDICAL ADMIN							17.01
19	Nonphysician Anesthetists		1,998					19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		42,427			1		21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMEDICAL ED-MICU		824		72	5		23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	201,514	61,205	8,712	35,005	24,465	66,467	30
31	Intensive Care Unit	25,114	16,143	1,692	12,798	10,978	15,532	31
33	Burn Intensive Care Unit	10,117	5,124	57	3,364	3,008	3,600	33
35	NEONATAL INTENSIVE CARE		7,945	33	6,507	4,361	9,052	35
35.01	PEDIATRIC ICU		2,460	103	1,990	1,352	2,743	35.01
35.03	HEART TRANSPLANT ICU	8,120	3,284	219	2,586	2,033	3,373	35.03
35.04	BONE INTENSIVE CARE	8,598	4,534	105	2,903	2,227	2,899	35.04
41	Subprovider - IRF	27,659	4,861	197	1,663	1,037	4,004	41
43	Nursery		998					43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room		17,011	4	8,268	301,580	745	50
50.01	AMBULATORY SURGERY CENTER		4,062	3	2,096	28,249	290	50.01
51	Recovery Room		3,376	2	2,343	2,991	2,137	51
52	Delivery Room & Labor Room		2,786	22	2,039	1,852	19,565	52
53	Anesthesiology		1,172		1,272	9,914	2,480	53
54	Radiology-Diagnostic		9,062	4,827	1,365	19,288	281	54
54.01	RADIOLOGY-ULTRASOUND		1,140	308		199	5	54.01
55	Radiology-Therapeutic							55
56	Radioisotope		1,468	138	1	17,424	79	56
57	CT Scan		2,893	2,786		2,160	117	57
58	MRI		1,535	923	2	1,664	196	58
59	Cardiac Catheterization		3,912	205	2,244	55,999	2,251	59
60	Laboratory		10,663	275	3	52,296		60
60.01	LABORATORY-SURGICAL PATHOLOGY		2,223	96		7,695		60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA							60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		1,588	29	217	49,594	142	63
65	Respiratory Therapy		8,056	385		3,854		65
66	Physical Therapy		4,169	490	25	675	14	66
67	Occupational Therapy		1,113	509		294	47	67
68	Speech Pathology		341			459		68

**KPMG LLP Compu-Max 2552-10**

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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	DIETARY	CAFETERIA	PATIENT TRANSPORT	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	CENTRAL PROCESSING	
		10	11	12.01	13	14	14.01	
69	Electrocardiology		3,826	818	1,074	75,842	1,073	69
70	Electroencephalography		1,781		2	1,440		70
71	Medical Supplies Charged to Patients					51,854		71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis		4,266	1,153	1,357	10,688	189	74
76	PULMONARY LABS		457		193	6	53	76
76.01	OCCUPATIONAL HEALTH		753		144	29		76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR		978	877		5	11	76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE		3,637	876	1,952	672	212	76.07
76.09	BONE MARROW PROCUREMENT		166		72			76.09
76.10	BARIATRICS		871		57			76.10
76.11	HEPATOLOGY		681		360			76.11
76.97	CARDIAC REHABILITATION		216		191	13		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	8,235	331	4	126			90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER	1,360	8,660	335	1,901	2,889	5,711	90.02
90.03	PSYCH SOCIAL REHAB		658		161	1		90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER		28,264	1	7,431	481	62	90.07
90.08	OBT OUTPATIENT CENTER		1,681		1,061	176		90.08
90.09	ELMHURST IMMEDIATE CARE		1,687		523	41		90.09
90.10	LAGRANGE FAMILY PCC		2,863		974	97		90.10
90.12	NORTH RIVERSIDE PCC		1,934		626	75		90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC		1,213		181	23	553	90.14
90.15	OBT II PCC		2,085		676	71		90.15
90.16	HICKORY HILLS PCC		3,372		549	110	492	90.16
90.18	DARIEN PCC		1,206		135	41		90.18
90.20	ORLANAD PARK - FP		2,210		507	90		90.20
90.21	FAMILY PRACTICE MAYWOOD PCC		1,669		209	42		90.21
90.22	HOMER GLEN PCC		2,324		1,053	190	564	90.22
90.23	OAK PARK PCC		927		230	37		90.23
90.24	PARK RIDGE PCC		1,723		420	29		90.24
90.25	LOYOLA CLINIC AT GOTTLIEB		1,633		96	8		90.25
90.26	WOODRIDGE PCC		153		18			90.26
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER		886		343			90.28
90.29	BURR RIDGE PCC		7,458		1,592			90.29
90.30	RIVER FOREST		2,512		642			90.30
90.31	NORRIDGE		306					90.31
90.32	ELMWOOD PARK		939		61			90.32
91	Emergency		8,759	1,776	5,449	3,224	7,012	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT		308	51	271	12	62	92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	Ambulance Services							95
97	Durable Medical Equip-Sold		430					97
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency		4,628		1,947	26		101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	Kidney Acquisition		352					105
106	Heart Acquisition		234	3	2			106
107	Liver Acquisition		321					107
108	Lung Acquisition		182			1		108
109	Pancreas Acquisition		1,704					109
110	Intestinal Acquisition		624		8			110
111	Islet Acquisition							111
112	OTHER ORGAN ACQUISITION (SPECIFY)		1,615		7			112
116	Hospice		906		377	19		116
118	SUBTOTALS (sum of lines 1-117)	290,717	374,345	28,014	119,755	756,149	152,013	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen		123					190
190.0	HINES RADIATION THERAPY		750					190.0
1								1

**KPMG LLP Compu-Max 2552-10**

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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	DIETARY	CAFETERIA	PATIENT TRANSPORT	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	CENTRAL PROCESSING	
		10	11	12.01	13	14	14.01	
190.0 2	HOME INFUSION THERAPY		972		152	22		190.0 2
190.0 3	OP HOSPITAL PHARMACY		338					190.0 3
190.0 4	HOSPITALIST		234		37	5		190.0 4
190.0 5	STUDENT HEALTH		85		74			190.0 5
192	Physicians' Private Offices					2		192
192.0 1	FACULTY CLINICAL OPERATIONS		35,027		5,629			192.0 1
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	290,717	411,874	28,014	125,647	756,178	152,013	202

**KPMG LLP Compu-Max 2552-10**

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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	NONPHYSIC. ANESTHET.	I&R SALARY & FRINGES	PARAMED ED-MICU	
		15	16	17	19	21	23.01	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	COMMUNICATION							5.01
5.02	SYSTEM & COMPUTERS							5.02
5.03	PURCHASING							5.03
5.04	OPC STORES							5.04
5.05	PATIENT AFFAIRS							5.05
5.06	PATIENT ADMITTING							5.06
5.07	PATIENT ACCOUNTS							5.07
5.08	ACCOUNTING							5.08
5.09	EMPLOYEE HEALTH SERVICES							5.09
5.10	PASTORAL CARE							5.10
5.11	HOSPITAL ADMINISTRATION							5.11
5.12	AMBULATORY ADMINISTRATION							5.12
5.14	PRIMARY CARE ADMINISTRATION							5.14
6	Maintenance & Repairs							6
7	Operation of Plant							7
7.01	SAFETY AND SECURITY							7.01
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
12.01	PATIENT TRANSPORTATION							12.01
13	Nursing Administration							13
14	Central Services & Supply							14
14.01	CENTRAL PROCESSING							14.01
15	Pharmacy	455,633						15
16	Medical Records & Library		489,402					16
17	Social Service			114,727				17
17.01	HOSPITAL MEDICAL ADMIN							17.01
19	Nonphysician Anesthetists				5,242			19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd					365,623		21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMEDICAL ED-MICU	5					136,436	23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	54	72,552	33,803				30
31	Intensive Care Unit	24	21,815	2,214				31
33	Burn Intensive Care Unit	1	9,201	2,506				33
35	NEONATAL INTENSIVE CARE	18	13,286	4,519				35
35.01	PEDIATRIC ICU	2	3,427	2,425				35.01
35.03	HEART TRANSPLANT ICU	7	4,647	2,983				35.03
35.04	BONE INTENSIVE CARE	6	6,839	3,475				35.04
41	Subprovider - IRF		5,775	1,039				41
43	Nursery		814					43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	1,405	46,126	2,972				50
50.01	AMBULATORY SURGERY CENTER	5,482	62	22				50.01
51	Recovery Room		9,925					51
52	Delivery Room & Labor Room	8	3,503					52
53	Anesthesiology	4	25,180					53
54	Radiology-Diagnostic	66	14,706					54
54.01	RADIOLOGY-ULTRASOUND	6	2,276					54.01
55	Radiology-Therapeutic							55
56	Radioisotope		1,529					56
57	CT Scan	6	18,748					57
58	MRI	2	7,394					58
59	Cardiac Catheterization	128	12,577					59
60	Laboratory	76	60,321	1,750				60
60.01	LABORATORY-SURGICAL PATHOLOGY	100	3,812					60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA							60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	9	12,028					63
65	Respiratory Therapy	5,987	19,106					65
66	Physical Therapy	8	3,530					66
67	Occupational Therapy	12	2,436					67
68	Speech Pathology		853	1,086				68

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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	NONPHYSIC. ANESTHET.	I&R SALARY & FRINGES	PARAMED ED-MICU	
		15	16	17	19	21	23.01	
69	Electrocardiology	42	20,043	5,483				69
70	Electroencephalography	178	1,693					70
71	Medical Supplies Charged to Patients		613					71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients	180,974	47,769					73
74	Renal Dialysis	3,561	2,110	4,564				74
76	PULMONARY LABS	1	518					76
76.01	OCCUPATIONAL HEALTH	68						76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR		1,914					76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	42	2,591	131				76.07
76.09	BONE MARROW PROCUREMENT		729					76.09
76.10	BARIATRICS							76.10
76.11	HEPATOLOGY							76.11
76.97	CARDIAC REHABILITATION		202	6				76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	44	1	39				90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER	151,406	247	81				90.02
90.03	PSYCH SOCIAL REHAB	9						90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	27,488	1,282	38,820				90.07
90.08	OBT OUTPATIENT CENTER	877	29					90.08
90.09	ELMHURST IMMEDIATE CARE	1,213	1					90.09
90.10	LAGRANGE FAMILY PCC	913	2					90.10
90.12	NORTH RIVERSIDE PCC	4,339	2					90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	501	23					90.14
90.15	OBT II PCC	2,578	3					90.15
90.16	HICKORY HILLS PCC	2,566	4					90.16
90.18	DARIEN PCC	1,665	2					90.18
90.20	ORLANAD PARK - FP	4,251	1					90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	622	1					90.21
90.22	HOMER GLEN PCC	19,308	11					90.22
90.23	OAK PARK PCC	1,115	1					90.23
90.24	PARK RIDGE PCC	76	11					90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	47						90.25
90.26	WOODRIDGE PCC							90.26
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER		7					90.28
90.29	BURR RIDGE PCC	19	60	3,431				90.29
90.30	RIVER FOREST		8					90.30
90.31	NORRIDGE							90.31
90.32	ELMWOOD PARK							90.32
91	Emergency		17,062					91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	12	2					92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	Ambulance Services	1						95
97	Durable Medical Equip-Sold		135					97
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	38						101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	Kidney Acquisition		4,037	2,175				105
106	Heart Acquisition		710					106
107	Liver Acquisition		2,164					107
108	Lung Acquisition		2,378	1,203				108
109	Pancreas Acquisition							109
110	Intestinal Acquisition							110
111	Islet Acquisition							111
112	OTHER ORGAN ACQUISITION (SPECIFY)		568					112
116	Hospice	535						116
118	SUBTOTALS (sum of lines 1-117)	417,905	489,402	114,727				118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen							190
190.0	HINES RADIATION THERAPY							190.0
1								1

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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	NONPHYSIC. ANESTHET.	I&R SALARY & FRINGES	PARAMED ED-MICU	
		15	16	17	19	21	23.01	
190.0 2	HOME INFUSION THERAPY	15,715						190.0 2
190.0 3	OP HOSPITAL PHARMACY	22,008						190.0 3
190.0 4	HOSPITALIST							190.0 4
190.0 5	STUDENT HEALTH							190.0 5
192	Physicians' Private Offices	5						192
192.0 1	FACULTY CLINICAL OPERATIONS							192.0 1
200	Cross Foot Adjustments				5,242	365,623	136,436	200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	455,633	489,402	114,727	5,242	365,623	136,436	202

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LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL			
		24	25	26			
	<b>GENERAL SERVICE COST CENTERS</b>						
1	Cap Rel Costs-Bldg & Fixt						1
1.01	NEW CAPITAL-BLDG INTEREST						1.01
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.01	COMMUNICATION						5.01
5.02	SYSTEM & COMPUTERS						5.02
5.03	PURCHASING						5.03
5.04	OPC STORES						5.04
5.05	PATIENT AFFAIRS						5.05
5.06	PATIENT ADMITTING						5.06
5.07	PATIENT ACCOUNTS						5.07
5.08	ACCOUNTING						5.08
5.09	EMPLOYEE HEALTH SERVICES						5.09
5.10	PASTORAL CARE						5.10
5.11	HOSPITAL ADMINISTRATION						5.11
5.12	AMBULATORY ADMINISTRATION						5.12
5.14	PRIMARY CARE ADMINISTRATION						5.14
6	Maintenance & Repairs						6
7	Operation of Plant						7
7.01	SAFETY AND SECURITY						7.01
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
12.01	PATIENT TRANSPORTATION						12.01
13	Nursing Administration						13
14	Central Services & Supply						14
14.01	CENTRAL PROCESSING						14.01
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
17.01	HOSPITAL MEDICAL ADMIN						17.01
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	PARAMED ED PRGM-(SPECIFY)						23
23.01	PARAMEDICAL ED-MICU						23.01
23.02	PARAMEDICAL ED-SOCIAL WORK						23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	Adults & Pediatrics	4,480,430		4,480,430			30
31	Intensive Care Unit	1,246,484		1,246,484			31
33	Burn Intensive Care Unit	410,270		410,270			33
35	NEONATAL INTENSIVE CARE	641,236		641,236			35
35.01	PEDIATRIC ICU	222,437		222,437			35.01
35.03	HEART TRANSPLANT ICU	380,517		380,517			35.03
35.04	BONE INTENSIVE CARE	397,602		397,602			35.04
41	Subprovider - IRF	526,508		526,508			41
43	Nursery	6,147		6,147			43
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	5,523,596		5,523,596			50
50.01	AMBULATORY SURGERY CENTER	959,082		959,082			50.01
51	Recovery Room	652,579		652,579			51
52	Delivery Room & Labor Room	489,631		489,631			52
53	Anesthesiology	564,647		564,647			53
54	Radiology-Diagnostic	2,345,569		2,345,569			54
54.01	RADIOLOGY-ULTRASOUND	131,019		131,019			54.01
55	Radiology-Therapeutic						55
56	Radioisotope	908,973		908,973			56
57	CT Scan	697,241		697,241			57
58	MRI	1,487,913		1,487,913			58
59	Cardiac Catheterization	1,984,099		1,984,099			59
60	Laboratory	924,834		924,834			60
60.01	LABORATORY-SURGICAL PATHOLOGY	448,764		448,764			60.01
60.02	LABORATORY-NEUROSURGICAL						60.02
60.03	LABORATORY-HLA	25,927		25,927			60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	305,356		305,356			63
65	Respiratory Therapy	421,284		421,284			65
66	Physical Therapy	280,538		280,538			66
67	Occupational Therapy	100,823		100,823			67
68	Speech Pathology	23,745		23,745			68

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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL		
		24	25	26		
69	Electrocardiology	2,396,865		2,396,865		69
70	Electroencephalography	243,059		243,059		70
71	Medical Supplies Charged to Patients	178,135		178,135		71
72	Impl. Dev. Charged to Patients	169,613		169,613		72
73	Drugs Charged to Patients	443,264		443,264		73
74	Renal Dialysis	310,707		310,707		74
76	PULMONARY LABS	130,445		130,445		76
76.01	OCCUPATIONAL HEALTH	139,641		139,641		76.01
76.03	HYPERALIMENTATION					76.03
76.04	PERIPHERAL VASCULAR	48,712		48,712		76.04
76.05	PEDIATRIC ENDO NUTRITION					76.05
76.07	GASTROINTESTINAL SERVICE	1,470,476		1,470,476		76.07
76.09	BONE MARROW PROCUREMENT	11,759		11,759		76.09
76.10	BARIASTRICS	4,332		4,332		76.10
76.11	HEPATOLOGY	225,817		225,817		76.11
76.97	CARDIAC REHABILITATION	16,109		16,109		76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>					
90	Clinic	64,581		64,581		90
90.01	CARDIAC REHABILITATION					90.01
90.02	CANCER CENTER	981,545		981,545		90.02
90.03	PSYCH SOCIAL REHAB	123,808		123,808		90.03
90.04	WELLNESS ASSESSMENT					90.04
90.06	HEART FAILURE CLINIC					90.06
90.07	LOC OUTPATIENT CENTER	5,267,105		5,267,105		90.07
90.08	OBT OUTPATIENT CENTER	849,239		849,239		90.08
90.09	ELMHURST IMMEDIATE CARE	263,140		263,140		90.09
90.10	LAGRANGE FAMILY PCC	364,306		364,306		90.10
90.12	NORTH RIVERSIDE PCC	35,236		35,236		90.12
90.13	GLENDALE HEIGHTS PCC					90.13
90.14	WHEATON PCC	233,755		233,755		90.14
90.15	OBT II PCC	350,223		350,223		90.15
90.16	HICKORY HILLS PCC	52,260		52,260		90.16
90.18	DARIEN PCC	184,443		184,443		90.18
90.20	ORLANAD PARK - FP	68,392		68,392		90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	94,092		94,092		90.21
90.22	HOMER GLEN PCC	394,717		394,717		90.22
90.23	OAK PARK PCC	23,966		23,966		90.23
90.24	PARK RIDGE PCC	192,152		192,152		90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	31,913		31,913		90.25
90.26	WOODRIDGE PCC	2,512		2,512		90.26
90.27	NEUROLOGY - NILES					90.27
90.28	MARJORIE WEINBERG CANCER CENTER	49,224		49,224		90.28
90.29	BURR RIDGE PCC	2,342,616		2,342,616		90.29
90.30	RIVER FOREST	20,583		20,583		90.30
90.31	NORRIDGE	44,517		44,517		90.31
90.32	ELMWOOD PARK	117,951		117,951		90.32
91	Emergency	743,469		743,469		91
92	Observation Beds (Non-Distinct Part)					92
92.01	OBSERVATION BEDS-DISTINCT	28,089		28,089		92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>					
95	Ambulance Services	1,351		1,351		95
97	Durable Medical Equip-Sold	3,224		3,224		97
99.10	CORF					99.10
99.20	OUTPATIENT PHYSICAL THERAPY					99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40	OUTPATIENT SPEECH PATHOLOGY					99.40
101	Home Health Agency	37,283		37,283		101
	<b>SPECIAL PURPOSE COST CENTERS</b>					
105	Kidney Acquisition	20,229		20,229		105
106	Heart Acquisition	10,625		10,625		106
107	Liver Acquisition	24,641		24,641		107
108	Lung Acquisition	20,193		20,193		108
109	Pancreas Acquisition	7,294		7,294		109
110	Intestinal Acquisition	3,368		3,368		110
111	Islet Acquisition	15		15		111
112	OTHER ORGAN ACQUISITION (SPECIFY)	76,216		76,216		112
116	Hospice	7,965		7,965		116
118	SUBTOTALS (sum of lines 1-117)	45,512,423		45,512,423		118
	<b>NONREIMBURSABLE COST CENTERS</b>					
190	Gift, Flower, Coffee Shop & Canteen	23,393		23,393		190
190.0	HINES RADIATION THERAPY	4,960		4,960		190.0
1						1

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL			
		24	25	26			
190.0 2	HOME INFUSION THERAPY	29,294		29,294			190.0 2
190.0 3	OP HOSPITAL PHARMACY	43,681		43,681			190.0 3
190.0 4	HOSPITALIST	94,966		94,966			190.0 4
190.0 5	STUDENT HEALTH	577		577			190.0 5
192	Physicians' Private Offices	56		56			192
192.0 1	FACULTY CLINICAL OPERATIONS	5,123,449		5,123,449			192.0 1
200	Cross Foot Adjustments	507,301		507,301			200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	51,340,100		51,340,100			202

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	NEW CPTL BLG INTRST SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	COMMUNICTN PHONE COST	SYSTEM + COMPUTERS GROSS REVENUE	
		1	1.01	2	4	5.01	5.02	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt	1,376,777						1
1.01	NEW CAPITAL-BLDG INTEREST		1,376,777					1.01
2	Cap Rel Costs-Mvble Equip			17,693,475				2
4	Employee Benefits Department	5,939	5,939	1,135	540,840,574			4
5.01	COMMUNICATION	7,376	7,376	9,748	732,663	208,795		5.01
5.02	SYSTEM & COMPUTERS	27,626	27,626	42,777	7,997,545	4,179	2,769,664,104	5.02
5.03	PURCHASING	17,857	17,857	10,590	1,288,376	2,219		5.03
5.04	OPC STORES	4,955	4,955			21		5.04
5.05	PATIENT AFFAIRS	418	418	20,993	3,142,169	1,034		5.05
5.06	PATIENT ADMITTING	770	770	6,319	2,519,520	1,428		5.06
5.07	PATIENT ACCOUNTS	1,227	1,227	662	6,231,190	7,565		5.07
5.08	ACCOUNTING	4,451	4,451	2,181	2,266,504	2,366		5.08
5.09	EMPLOYEE HEALTH SERVICES	889	889		168,996	228		5.09
5.10	PASTORAL CARE	14,053	14,053	7,769	833,306	1,336		5.10
5.11	HOSPITAL ADMINISTRATION	64,404	64,404	1,411,978	51,297,926	12,939		5.11
5.12	AMBULATORY ADMINISTRATION	1,758	1,758	32,556	2,941,671	439		5.12
5.14	PRIMARY CARE ADMINISTRATION				293,563			5.14
6	Maintenance & Repairs							6
7	Operation of Plant	12,413	12,413	353,155	6,205,731	3,520		7
7.01	SAFETY AND SECURITY	3,898	3,898	66,291	1,532,113	1,083		7.01
8	Laundry & Linen Service	4,669	4,669	1,560	292			8
9	Housekeeping	9,616	9,616	5,843	1,188,578	1,386		9
10	Dietary	9,978	9,978	35,845	2,643,994	2,160		10
11	Cafeteria	18,761	18,761	3,323	788,312			11
12	Maintenance of Personnel							12
12.01	PATIENT TRANSPORTATION	623	623	3,272	931,443	887		12.01
13	Nursing Administration	4,290	4,290	11,387	2,493,466	1,731		13
14	Central Services & Supply	9,966	9,966	387,419	1,420,894	94		14
14.01	CENTRAL PROCESSING	5,730	5,730	18,427	795,849	19		14.01
15	Pharmacy	9,079	9,079	149,873	8,400,612	1,776		15
16	Medical Records & Library	18,906	18,906	16,586	7,203,450	4,002		16
17	Social Service	4,348	4,348	2,315	2,613,982	3,023		17
17.01	HOSPITAL MEDICAL ADMIN							17.01
19	Nonphysician Anesthetists				3,405,909			19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	5,488	5,488	549	38,980,609			21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMEDICAL ED-MICU	5,971	5,971	4,373	543,588			23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	125,596	125,596	597,296	37,765,091	30,605	225,837,862	30
31	Intensive Care Unit	27,311	27,311	294,730	12,975,092	5,412	60,125,670	31
33	Burn Intensive Care Unit	10,991	10,991	70,121	3,807,787	695	24,372,560	33
35	NEONATAL INTENSIVE CARE	10,941	10,941	224,727	7,125,582	3,783	37,155,830	35
35.01	PEDIATRIC ICU	3,281	3,281	84,468	2,042,210	1,375	10,897,666	35.01
35.03	HEART TRANSPLANT ICU	8,578	8,578	105,236	2,599,987	1,025	13,551,791	35.03
35.04	BONE INTENSIVE CARE	9,775	9,775	92,220	3,057,294	1,190	18,897,524	35.04
41	Subprovider - IRF	19,414	19,414	18,028	3,423,355	2,787	16,954,477	41
43	Nursery				627,212		2,834,027	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	63,313	63,313	2,690,357	12,195,368	4,963	90,842,125	50
50.01	AMBULATORY SURGERY CENTER	23,498	23,498	221,476	2,779,377		43,648,042	50.01
51	Recovery Room	20,184	20,184	116,846	2,635,546	1,057	55,669,593	51
52	Delivery Room & Labor Room	6,618	6,618	217,339	2,252,612	1,494	11,843,487	52
53	Anesthesiology	2,581	2,581	323,482	510,304		98,786,178	53
54	Radiology-Diagnostic	39,697	39,697	1,027,586	5,937,391	9,210	85,254,477	54
54.01	RADIOLOGY-ULTRASOUND	1,133	1,133	66,465	1,052,757		23,901,308	54.01
55	Radiology-Therapeutic							55
56	Radioisotope	6,099	6,099	543,915	1,552,460	1,360	33,086,575	56
57	CT Scan	5,460	5,460	369,277	2,693,069		131,158,901	57
58	MRI	9,759	9,759	923,195	1,635,234	1,021	71,920,674	58
59	Cardiac Catheterization	22,697	22,697	1,025,028	3,613,712	884	60,352,189	59
60	Laboratory	15,035	15,035	200,453	6,605,479	4,334	393,879,031	60
60.01	LABORATORY-SURGICAL PATHOLOGY	14,491	14,491	73,462	1,251,034	2,415	35,392,945	60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA	1,228	1,228					60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	4,640	4,640	70,154	1,131,637	582	40,671,980	63
65	Respiratory Therapy	4,921	4,921	173,757	5,485,041	355	45,220,416	65
66	Physical Therapy	11,150	11,150	1,467	3,277,829	2,215	22,302,837	66
67	Occupational Therapy	4,033	4,033		941,675		6,519,870	67

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	NEW CPTL BLG INTRST SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	COMMUNICTN PHONE COST	SYSTEM + COMPUTERS GROSS REVENUE	
		1	1.01	2	4	5.01	5.02	
68	Speech Pathology	740	740	1,200	319,684	372	1,788,340	68
69	Electrocardiology	17,609	17,609	1,389,797	3,061,300	2,471	98,361,760	69
70	Electroencephalography	5,438	5,438	81,621	1,091,859	1,444	7,873,754	70
71	Medical Supplies Charged to Patients						62,170,500	71
72	Impl. Dev. Charged to Patients						94,153,292	72
73	Drugs Charged to Patients						270,673,637	73
74	Renal Dialysis	10,155	10,155	25,197	2,706,737	923	25,595,288	74
76	PULMONARY LABS	4,485	4,485	21,309	356,052	876	3,520,041	76
76.01	OCCUPATIONAL HEALTH	6,229	6,229	1,515	753,758		549,299	76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	72	72	25,087	834,823	330	13,966,531	76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	7,893	7,893	947,011	2,408,805		34,252,888	76.07
76.09	BONE MARROW PROCUREMENT				113,060		2,962,690	76.09
76.10	BARIATRICS				446,340		365,546	76.10
76.11	HEPATOLOGY	10,511	10,511		489,827		1,154,191	76.11
76.97	CARDIAC REHABILITATION				191,844	42	522,258	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	2,413	2,413	545	211,183		812,581	90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER	28,501	28,501	63,410	5,615,220	7,790	23,817,865	90.02
90.03	PSYCH SOCIAL REHAB	5,630	5,630		297,299	1,393	12,224	90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	139,345	139,345	1,450,396	20,121,062	28,093	141,183,012	90.07
90.08	OBT OUTPATIENT CENTER	31,581	31,581	97,444	5,680,264	3,190	28,776,743	90.08
90.09	ELMHURST IMMEDIATE CARE	7,734	7,734	64,199	921,340		2,625,269	90.09
90.10	LAGRANGE FAMILY PCC	11,983	11,983	65,554	2,045,880	2,445	8,942,366	90.10
90.12	NORTH RIVERSIDE PCC			5,256	2,803,518	3,129	4,187,922	90.12
90.13	GLENDAL HEIGHTS PCC							90.13
90.14	WHEATON PCC	8,240	8,240	33,447	1,346,476	1,143	2,438,637	90.14
90.15	OBT II PCC	9,604	9,604	93,246	1,240,200	2,358	3,089,904	90.15
90.16	HICKORY HILLS PCC			14,656	3,409,425	2,993	10,651,949	90.16
90.18	DARIEN PCC	5,677	5,677	37,694	579,913	1,588	1,051,482	90.18
90.20	ORLANAD PARK - FP	883	883	16,732	2,911,398	3,576	4,205,588	90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	3,702	3,702	2,981	839,537		2,984,960	90.21
90.22	HOMER GLEN PCC	12,718	12,718	50,879	3,593,792	41	15,793,827	90.22
90.23	OAK PARK PCC			9,918	2,465,524		1,573,207	90.23
90.24	PARK RIDGE PCC	7,026	7,026	23,056	1,529,982	17	6,241,212	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB			15,389	2,604,283		1,490,225	90.25
90.26	WOODRIDGE PCC			837	100,451		559,510	90.26
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER			19,085	613,663		5,673,165	90.28
90.29	BURR RIDGE PCC	78,076	78,076	449,949	8,842,335		70,218,093	90.29
90.30	RIVER FOREST			2,362	2,327,532		10,439,456	90.30
90.31	NORRIDGE	2,029	2,029	300	114,855		270,056	90.31
90.32	ELMWOOD PARK	5,360	5,360		385,301		870,157	90.32
91	Emergency	16,002	16,002	159,450	15,563,454	8,906	109,568,020	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	1,158	1,158		264,640		1,175,081	92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	Ambulance Services					47		95
97	Durable Medical Equip-Sold				347,330		2,663,104	97
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	207	207		3,766,881	2,729	5,939,219	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	Kidney Acquisition				642,350	988	5,235,668	105
106	Heart Acquisition	94	94	1,188	487,068	389	1,742,279	106
107	Liver Acquisition	224	224		1,095,934	589	6,876,220	107
108	Lung Acquisition	94	94		416,309	289	7,008,318	108
109	Pancreas Acquisition	127	127		572,207			109
110	Intestinal Acquisition				515,742			110
111	Islet Acquisition							111
112	OTHER ORGAN ACQUISITION (SPECIFY)	3,031	3,031	2,397	1,276,441	23		112
116	Hospice				634,107	237	2,558,735	116
118	SUBTOTALS (sum of lines 1-117)	1,192,454	1,192,454	17,311,118	396,793,371	208,608	2,769,664,104	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen	1,057	1,057		47,327	187		190

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	NEW CPTL BLG INTRST SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	COMMUNICTN PHONE COST	SYSTEM + COMPUTERS GROSS REVENUE	
		1	1.01	2	4	5.01	5.02	
190.0 1	HINES RADIATION THERAPY				830,353			190.0 1
190.0 2	HOME INFUSION THERAPY			234	757,046			190.0 2
190.0 3	OP HOSPITAL PHARMACY			699	223,265			190.0 3
190.0 4	HOSPITALIST	3,144	3,144		5,549,842			190.0 4
190.0 5	STUDENT HEALTH				93,471			190.0 5
192	Physicians' Private Offices							192
192.0 1	FACULTY CLINICAL OPERATIONS	180,122	180,122	381,424	136,545,899			192.0 1
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	21,769,042	6,020,516	23,550,542	96,062,773	3,887,602	14,458,774	202
203	Unit Cost Multiplier (Wkst. B, Part I)	15.811596	4.372906	1.331030	0.177618	18.619229	0.005220	203
204	Cost to be allocated (Per Wkst. B, Part II)				121,387	162,020	619,588	204
205	Unit Cost Multiplier (Wkst. B, Part II)				0.000224	0.775976	0.000224	205

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	PURCHASING	OPC STORES	PATIENT AFFAIRS	PATIENT ADMITTING	PATIENT ACCOUNTS	RECON-CILIATION	
		NUMBER OF ISSUES	NUMBER OF ISSUES	NUMBER OF VISITS	INPATIENT REVENUE	GROSS REVENUE	5A.08	
		5.03	5.04	5.05	5.06	5.07		
<b>GENERAL SERVICE COST CENTERS</b>								
1	Cap Rel Costs-Bldg & Fixt							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	COMMUNICATION							5.01
5.02	SYSTEM & COMPUTERS							5.02
5.03	PURCHASING	981,270						5.03
5.04	OPC STORES	275	3,856					5.04
5.05	PATIENT AFFAIRS	32		5,751				5.05
5.06	PATIENT ADMITTING	203			1,385,503,825			5.06
5.07	PATIENT ACCOUNTS	64				2,769,664,104		5.07
5.08	ACCOUNTING	112					-4,017,094	5.08
5.09	EMPLOYEE HEALTH SERVICES	630						5.09
5.10	PASTORAL CARE	46						5.10
5.11	HOSPITAL ADMINISTRATION	2,764	7					5.11
5.12	AMBULATORY ADMINISTRATION	108						5.12
5.14	PRIMARY CARE ADMINISTRATION	2						5.14
6	Maintenance & Repairs							6
7	Operation of Plant	8,572	6					7
7.01	SAFETY AND SECURITY	184	7					7.01
8	Laundry & Linen Service	1,720						8
9	Housekeeping	92	12					9
10	Dietary	9,927						10
11	Cafeteria	8,770						11
12	Maintenance of Personnel							12
12.01	PATIENT TRANSPORTATION	26	4					12.01
13	Nursing Administration	416						13
14	Central Services & Supply	1,067						14
14.01	CENTRAL PROCESSING	1,411						14.01
15	Pharmacy	17,957						15
16	Medical Records & Library	277						16
17	Social Service	68						17
17.01	HOSPITAL MEDICAL ADMIN							17.01
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	2						21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMEDICAL ED-MICU	30						23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
<b>INPATIENT ROUTINE SERV COST CENTERS</b>								
30	Adults & Pediatrics	297,435	1		210,458,459	225,837,862		30
31	Intensive Care Unit	130,162			60,125,670	60,125,670		31
33	Burn Intensive Care Unit	24,788			24,372,560	24,372,560		33
35	NEONATAL INTENSIVE CARE	14,479			37,155,830	37,155,830		35
35.01	PEDIATRIC ICU	17,941			10,897,666	10,897,666		35.01
35.03	HEART TRANSPLANT ICU	19,220			13,551,791	13,551,791		35.03
35.04	BONE INTENSIVE CARE	18,166			18,897,524	18,897,524		35.04
41	Subprovider - IRF	12,925			16,954,477	16,954,477		41
43	Nursery				2,834,027	2,834,027		43
<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	59,377			68,583,197	90,842,125		50
50.01	AMBULATORY SURGERY CENTER	31,673	2,737		120,504	43,648,042		50.01
51	Recovery Room	19,767			32,361,590	55,669,593		51
52	Delivery Room & Labor Room	20,473			10,478,469	11,843,487		52
53	Anesthesiology	1,658			73,414,375	98,786,178		53
54	Radiology-Diagnostic	12,865	21		38,405,836	85,254,477		54
54.01	RADIOLOGY-ULTRASOUND	1,221	1		6,121,103	23,901,308		54.01
55	Radiology-Therapeutic							55
56	Radioisotope	1,969			4,199,889	33,086,575		56
57	CT Scan	5,623			53,189,561	131,158,901		57
58	MRI	1,862	25		19,874,142	71,920,674		58
59	Cardiac Catheterization	6,015			26,064,150	60,352,189		59
60	Laboratory	21,892			178,157,732	393,879,031		60
60.01	LABORATORY-SURGICAL PATHOLOGY	3,822			10,977,305	35,392,945		60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA							60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	2,223	16		32,285,308	40,671,980		63
65	Respiratory Therapy				44,371,237	45,220,416		65
66	Physical Therapy	2,467		421	7,681,231	22,302,837		66
67	Occupational Therapy	1,768		73	4,595,219	6,519,870		67

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	PURCHASING	OPC STORES	PATIENT AFFAIRS	PATIENT ADMITTING	PATIENT ACCOUNTS	RECON-CILIATION	
		NUMBER OF ISSUES	NUMBER OF ISSUES	NUMBER OF VISITS	INPATIENT REVENUE	GROSS REVENUE	5A.08	
		5.03	5.04	5.05	5.06	5.07		
68	Speech Pathology	748	2		1,769,357	1,788,340		68
69	Electrocardiology	7,796			40,425,463	98,361,760		69
70	Electroencephalography	851			4,500,427	7,873,754		70
71	Medical Supplies Charged to Patients				36,411,701	62,170,500		71
72	Impl. Dev. Charged to Patients				65,709,199	94,153,292		72
73	Drugs Charged to Patients				135,721,628	270,673,637		73
74	Renal Dialysis	7,721			5,275,639	25,595,288		74
76	PULMONARY LABS	3,666			1,324,413	3,520,041		76
76.01	OCCUPATIONAL HEALTH	139	1	39		549,299		76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	166			6,318,574	13,966,531		76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	5,954		63	5,366,248	34,252,888		76.07
76.09	BONE MARROW PROCUREMENT				2,421,887	2,962,690		76.09
76.10	BIATRICS				425	365,546		76.10
76.11	HEPATOLOGY					1,154,191		76.11
76.97	CARDIAC REHABILITATION	33,612	33		522,258	522,258		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	2,297	1	25	1,520	812,581		90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER	211			175,009	23,817,865		90.02
90.03	PSYCH SOCIAL REHAB			95		12,224		90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	29,076	923	2,421	2,942,153	141,183,012		90.07
90.08	OBT OUTPATIENT CENTER	6,765	41	174	80,073	28,776,743		90.08
90.09	ELMHURST IMMEDIATE CARE	1,165		159	3,894	2,625,269		90.09
90.10	LAGRANGE FAMILY PCC	2,721		76	4,352	8,942,366		90.10
90.12	NORTH RIVERSIDE PCC	1,933		324	5,414	4,187,922		90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	966		84	11,813	2,438,637		90.14
90.15	OBT II PCC	1,955	3	314	5,328	3,089,904		90.15
90.16	HICKORY HILLS PCC	2,974	1	286	9,831	10,651,949		90.16
90.18	DARIEN PCC	2,465		132	1,321	1,051,482		90.18
90.20	ORLANAD PARK - FP	1,735	10	261	3,463	4,205,588		90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	1,068		200	9,011	2,984,960		90.21
90.22	HOMER GLEN PCC	7,659		261	26,837	15,793,827		90.22
90.23	OAK PARK PCC	1,235	4	120	3,270	1,573,207		90.23
90.24	PARK RIDGE PCC	889		22	47,404	6,241,212		90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	302		10	2,511	1,490,225		90.25
90.26	WOODRIDGE PCC					559,510		90.26
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER				14,580	5,673,165		90.28
90.29	BURR RIDGE PCC			191	164,606	70,218,093		90.29
90.30	RIVER FOREST				42,433	10,439,456		90.30
90.31	NORRIDGE					270,056		90.31
90.32	ELMWOOD PARK				957	870,157		90.32
91	Emergency	38,750			48,486,708	109,568,020		91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	1,207			422,480	1,175,081		92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	Ambulance Services							95
97	Durable Medical Equip-Sold	4			388,968	2,663,104		97
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	242				5,939,219		101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	Kidney Acquisition	18			5,235,668	5,235,668		105
106	Heart Acquisition	22			1,742,279	1,742,279		106
107	Liver Acquisition	33			6,876,220	6,876,220		107
108	Lung Acquisition	7			6,899,651	7,008,318		108
109	Pancreas Acquisition							109
110	Intestinal Acquisition							110
111	Islet Acquisition							111
112	OTHER ORGAN ACQUISITION (SPECIFY)	1						112
116	Hospice	14				2,558,735		116
118	SUBTOTALS (sum of lines 1-117)	950,913	3,856	5,751	1,385,503,825	2,769,664,104	-4,017,094	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen	56						190

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	PURCHASING NUMBER OF ISSUES	OPC STORES NUMBER OF ISSUES	PATIENT AFFAIRS NUMBER OF VISITS	PATIENT ADMITTING INPATIENT REVENUE	PATIENT ACCOUNTS GROSS REVENUE	RECON- CILIATION	
		5.03	5.04	5.05	5.06	5.07	5A.08	
190.0 1	HINES RADIATION THERAPY	14						190.0 1
190.0 2	HOME INFUSION THERAPY	5,599						190.0 2
190.0 3	OP HOSPITAL PHARMACY	24,494						190.0 3
190.0 4	HOSPITALIST	36						190.0 4
190.0 5	STUDENT HEALTH							190.0 5
192	Physicians' Private Offices	122						192
192.0 1	FACULTY CLINICAL OPERATIONS	36						192.0 1
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	3,899,723	101,834	4,314,252	3,218,183	12,584,014		202
203	Unit Cost Multiplier (Wkst. B, Part I)	3,974,159	26,409,232	750,174,231	0,002,323	0,004,544		203
204	Cost to be allocated (Per Wkst. B, Part II)	376,542	100,136	37,897	25,703	32,939		204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.383729	25.968880	6.589637	0.000019	0.000012		205

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	ACCOUNTING	RECON-	EMPLOYEE	RECON-	PASTORAL	RECON-	
		ACCUM COST	CILATION	HEALTH SERVICES ACCUM COST	CILATION	CARE ACCUM COST	CILATION	
		5.08		5.09		5.10		
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	COMMUNICATION							5.01
5.02	SYSTEM & COMPUTERS							5.02
5.03	PURCHASING							5.03
5.04	OPC STORES							5.04
5.05	PATIENT AFFAIRS							5.05
5.06	PATIENT ADMITTING							5.06
5.07	PATIENT ACCOUNTS							5.07
5.08	ACCOUNTING	1,108,989,405						5.08
5.09	EMPLOYEE HEALTH SERVICES	753,033	-755,760	1,112,250,739				5.09
5.10	PASTORAL CARE	1,412,430		1,417,546	-1,418,509	1,111,587,990		5.10
5.11	HOSPITAL ADMINISTRATION	194,561,148		195,266,183		195,399,310	-195,648,768	5.11
5.12	AMBULATORY ADMINISTRATION	3,656,036		3,669,278		3,671,769		5.12
5.14	PRIMARY CARE ADMINISTRATION	8,509,769		8,540,591		8,546,390		5.14
6	Maintenance & Repairs	12,416,810		12,461,784		12,470,246		6
7	Operation of Plant	15,777,272		15,834,417		15,845,169		7
7.01	SAFETY AND SECURITY	2,494,684		2,503,720		2,505,420		7.01
8	Laundry & Linen Service	3,123,873		3,135,188		3,137,317		8
9	Housekeeping	10,657,736		10,696,338		10,703,601		9
10	Dietary	4,008,980		4,023,501		4,026,233		10
11	Cafeteria	2,057,103		2,064,554		2,065,956		11
12	Maintenance of Personnel							12
12.01	PATIENT TRANSPORTATION	1,394,442		1,399,493		1,400,443		12.01
13	Nursing Administration	3,547,886		3,560,736		3,563,154		13
14	Central Services & Supply	5,315,706		5,334,959		5,338,581		14
14.01	CENTRAL PROCESSING	706,922		709,482		709,964		14.01
15	Pharmacy	9,726,208		9,761,436		9,768,064		15
16	Medical Records & Library	13,509,851		13,558,784		13,567,990		16
17	Social Service	3,276,044		3,287,910		3,290,142		17
17.01	HOSPITAL MEDICAL ADMIN							17.01
19	Nonphysician Anesthetists	604,951		607,142		607,554		19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	47,958,286		48,131,991		48,164,673		21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMEDICAL ED-MICU	845,502		848,564		849,140		23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	57,338,713		57,546,394		57,585,468		30
31	Intensive Care Unit	20,446,389		20,520,446		20,534,379		31
33	Burn Intensive Care Unit	6,247,661		6,270,290		6,274,548		33
35	NEONATAL INTENSIVE CARE	9,913,788		9,949,696		9,956,452		35
35.01	PEDIATRIC ICU	3,120,343		3,131,645		3,133,771		35.01
35.03	HEART TRANSPLANT ICU	4,096,508		4,111,346		4,114,138		35.03
35.04	BONE INTENSIVE CARE	4,791,660		4,809,015		4,812,280		35.04
41	Subprovider - IRF	5,269,699		5,288,786		5,292,377		41
43	Nursery	846,884		849,951		850,528		43
	<b>ANCILARY SERVICE COST CENTERS</b>							
50	Operating Room	34,918,809		35,045,285		35,069,081		50
50.01	AMBULATORY SURGERY CENTER	6,645,610		6,669,680		6,674,209		50.01
51	Recovery Room	5,057,870		5,076,190		5,079,637		51
52	Delivery Room & Labor Room	3,749,920		3,763,502		3,766,057		52
53	Anesthesiology	3,247,882		3,259,646		3,261,859		53
54	Radiology-Diagnostic	11,118,667		11,158,939		11,166,516		54
54.01	RADIOLOGY-ULTRASOUND	1,643,572		1,649,525		1,650,645		54.01
55	Radiology-Therapeutic							55
56	Radioisotope	5,646,848		5,667,301		5,671,149		56
57	CT Scan	6,555,619		6,579,363		6,583,830		57
58	MRI	4,496,629		4,512,916		4,515,980		58
59	Cardiac Catheterization	9,175,765		9,209,000		9,215,253		59
60	Laboratory	24,750,709		24,840,356		24,857,223		60
60.01	LABORATORY-SURGICAL PATHOLOGY	3,622,559		3,635,680		3,638,149		60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA	24,801		24,891		24,908		60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	8,875,330		8,907,476		8,913,524		63
65	Respiratory Therapy	8,291,233		8,321,264		8,326,914		65
66	Physical Therapy	4,874,625		4,892,281		4,895,603		66
67	Occupational Therapy	1,595,734		1,601,514		1,602,601		67

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	ACCOUNTING ACCUM COST	RECON- CILIATION	EMPLOYEE HEALTH SERVICES ACCUM COST	RECON- CILIATION	PASTORAL CARE ACCUM COST	RECON- CILIATION	
		5.08		5.09		5.10		
68	Speech Pathology	552,841		554,843		555,220		68
69	Electrocardiology	7,877,475		7,906,007		7,911,375		69
70	Electroencephalography	1,893,733		1,900,592		1,901,883		70
71	Medical Supplies Charged to Patients	26,904,574		27,002,022		27,020,356		71
72	Impl. Dev. Charged to Patients	35,646,550		35,775,662		35,799,954		72
73	Drugs Charged to Patients	36,114,745		36,245,553		36,270,164		73
74	Renal Dialysis	5,800,342		5,821,351		5,825,304		74
76	PULMONARY LABS	840,949		843,995		844,568		76
76.01	OCCUPATIONAL HEALTH	894,436		897,676		898,286		76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	1,279,838		1,284,474		1,285,346		76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	4,837,212		4,854,732		4,858,028		76.07
76.09	BONE MARROW PROCUREMENT	2,444,399		2,453,253		2,454,919		76.09
76.10	BIATRICS	784,961		787,804		788,339		76.10
76.11	HEPATOLOGY	815,348		818,301		818,857		76.11
76.97	CARDIAC REHABILITATION	370,171		371,512		371,764		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	391,216		392,633		392,900		90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER	25,516,231		25,608,651		25,626,039		90.02
90.03	PSYCH SOCIAL REHAB	583,993		586,108		586,506		90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	39,157,397		39,299,225		39,325,909		90.07
90.08	OBT OUTPATIENT CENTER	8,562,409		8,593,422		8,599,257		90.08
90.09	ELMHURST IMMEDIATE CARE	2,250,612		2,258,764		2,260,298		90.09
90.10	LAGRANGE FAMILY PCC	3,389,910		3,402,188		3,404,498		90.10
90.12	NORTH RIVERSIDE PCC	3,439,026		3,451,482		3,453,826		90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	2,611,018		2,620,475		2,622,254		90.14
90.15	OBT II PCC	3,089,911		3,101,103		3,103,209		90.15
90.16	HICKORY HILLS PCC	4,026,501		4,041,085		4,043,829		90.16
90.18	DARIEN PCC	2,032,364		2,039,725		2,041,110		90.18
90.20	ORLANAD PARK - FP	3,224,560		3,236,239		3,238,436		90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	1,552,895		1,558,520		1,559,578		90.21
90.22	HOMER GLEN PCC	6,396,033		6,419,199		6,423,558		90.22
90.23	OAK PARK PCC	1,503,092		1,508,536		1,509,560		90.23
90.24	PARK RIDGE PCC	2,194,390		2,202,338		2,203,833		90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	2,073,708		2,081,219		2,082,632		90.25
90.26	WOODRIDGE PCC	261,585		262,532		262,710		90.26
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER	5,148,525		5,167,173		5,170,682		90.28
90.29	BURR RIDGE PCC	16,923,395		16,984,692		16,996,225		90.29
90.30	RIVER FOREST	2,753,931		2,763,906		2,765,783		90.30
90.31	NORRIDGE	256,724		257,654		257,829		90.31
90.32	ELMWOOD PARK	960,212		963,690		964,344		90.32
91	Emergency	22,295,237		22,375,990		22,391,183		91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	385,433		386,829		387,092		92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	Ambulance Services	320,627		321,788		322,006		95
97	Durable Medical Equip-Sold	464,845		466,529		466,846		97
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	5,267,518		5,286,597		5,290,187		101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	Kidney Acquisition	2,776,615		2,786,672		2,788,564		105
106	Heart Acquisition	1,245,705		1,250,217		1,251,066		106
107	Liver Acquisition	3,644,186		3,657,385		3,659,868		107
108	Lung Acquisition	2,982,352		2,993,154		2,995,186		108
109	Pancreas Acquisition	680,618		683,083		683,547		109
110	Intestinal Acquisition	636,838		639,145		639,579		110
111	Islet Acquisition							111
112	OTHER ORGAN ACQUISITION (SPECIFY)	1,656,044		1,662,042		1,663,171		112
116	Hospice	1,266,807		1,271,395		1,272,258		116
118	SUBTOTALS (sum of lines 1-117)	911,658,536	-755,760	914,205,137	-1,418,509	913,407,916	-195,648,768	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen	210,546		211,309		211,452		190

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	ACCOUNTING ACCUM COST	RECON- CILIATION	EMPLOYEE HEALTH SERVICES ACCUM COST	RECON- CILIATION	PASTORAL CARE ACCUM COST	RECON- CILIATION	
		5.08		5.09		5.10		
190.0 1	HINES RADIATION THERAPY	980,208		983,758		984,426		190.0 1
190.0 2	HOME INFUSION THERAPY	2,390,980		2,399,640		2,401,269		190.0 2
190.0 3	OP HOSPITAL PHARMACY	2,672,254		2,681,933		2,683,754		190.0 3
190.0 4	HOSPITALIST	6,661,807		6,685,936		6,690,476		190.0 4
190.0 5	STUDENT HEALTH	96,657		97,007		97,073		190.0 5
192	Physicians' Private Offices	485		487		487		192
192.0 1	FACULTY CLINICAL OPERATIONS	184,317,932		184,985,532		185,111,137		192.0 1
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	4,017,094		755,760		1,418,509		202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.003622		0.000679		0.001276		203
204	Cost to be allocated (Per Wkst. B, Part II)	95,131		18,467		295,380		204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.000086		0.000017		0.000266		205

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	HOSPITAL ADMINSTRTN  ACCUM COST	RECON- CILIATION	AMBULATOR Y ADMIN  ACCUM COST	RECON- CILIATION	PRIMARY CARE ADMIN ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	
		5.11		5.12		5.14	6	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	COMMUNICATION							5.01
5.02	SYSTEM & COMPUTERS							5.02
5.03	PURCHASING							5.03
5.04	OPC STORES							5.04
5.05	PATIENT AFFAIRS							5.05
5.06	PATIENT ADMITTING							5.06
5.07	PATIENT ACCOUNTS							5.07
5.08	ACCOUNTING							5.08
5.09	EMPLOYEE HEALTH SERVICES							5.09
5.10	PASTORAL CARE							5.10
5.11	HOSPITAL ADMINISTRATION	917,357.731						5.11
5.12	AMBULATORY ADMINISTRATION	3,676,454	-4,460,546	1,108,545,953				5.12
5.14	PRIMARY CARE ADMINISTRATION	8,557,295		10,382,344	-10,424,123	1,102,582,376		5.14
6	Maintenance & Repairs	12,486,158		15,149,131		15,210,091	1,225,054	6
7	Operation of Plant	15,865,387		19,249,062		19,326,520	12,413	7
7.01	SAFETY AND SECURITY	2,508,617		3,043,640		3,055,888	3,898	7.01
8	Laundry & Linen Service	3,141,320		3,811,282		3,826,619	4,669	8
9	Housekeeping	10,717,259		13,002,972		13,055,296	9,616	9
10	Dietary	4,031,370		4,891,156		4,910,838	9,978	10
11	Cafeteria	2,068,592		2,509,769		2,519,868	18,761	11
12	Maintenance of Personnel							12
12.01	PATIENT TRANSPORTATION	1,402,230		1,701,289		1,708,135	623	12.01
13	Nursing Administration	3,567,701		4,328,599		4,346,017	4,290	13
14	Central Services & Supply	5,345,393		6,485,426		6,511,523	9,966	14
14.01	CENTRAL PROCESSING	710,870		862,480		865,951	5,730	14.01
15	Pharmacy	9,780,528		11,866,460		11,914,211	9,079	15
16	Medical Records & Library	13,585,303		16,482,695		16,549,021	18,906	16
17	Social Service	3,294,340		3,996,937		4,013,021	4,348	17
17.01	HOSPITAL MEDICAL ADMIN							17.01
19	Nonphysician Anesthetists	608,329		738,070		741,040		19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	48,226,131		58,511,511		58,746,961	5,488	21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMEDICAL ED-MICU	850,224		1,031,555		1,035,706	5,971	23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	57,658,947		69,956,101		70,237,604	125,596	30
31	Intensive Care Unit	20,560,581		24,945,618		25,045,999	27,311	31
33	Burn Intensive Care Unit	6,282,554		7,622,459		7,653,132	10,991	33
35	NEONATAL INTENSIVE CARE	9,969,156		12,095,318		12,143,990	10,941	35
35.01	PEDIATRIC ICU	3,137,770		3,806,975		3,822,294	3,281	35.01
35.03	HEART TRANSPLANT ICU	4,119,388		4,997,946		5,018,058	8,578	35.03
35.04	BONE INTENSIVE CARE	4,818,420		5,846,064		5,869,589	9,775	35.04
41	Subprovider - IRF	5,299,130		6,429,297		6,455,168	19,414	41
43	Nursery	851,613		1,033,240		1,037,398		43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	35,113,829		42,602,696		42,774,129	63,313	50
50.01	AMBULATORY SURGERY CENTER	6,682,725		8,107,976		8,140,602	23,498	50.01
51	Recovery Room	5,086,119		6,170,856		6,195,688	20,184	51
52	Delivery Room & Labor Room	3,770,862		4,575,089		4,593,499	6,618	52
53	Anesthesiology	3,266,021		3,962,578		3,978,523	2,581	53
54	Radiology-Diagnostic	11,180,764		13,565,330		13,619,917	39,697	54
54.01	RADIOLOGY-ULTRASOUND	1,652,751		2,005,240		2,013,309	1,133	54.01
55	Radiology-Therapeutic							55
56	Radioisotope	5,678,385		6,889,437		6,917,160	6,099	56
57	CT Scan	6,592,231		7,998,182		8,030,367	5,460	57
58	MRI	4,521,742		5,486,112		5,508,188	9,759	58
59	Cardiac Catheterization	9,227,012		11,194,894		11,239,942	22,697	59
60	Laboratory	24,888,941		30,197,105		30,318,618	15,035	60
60.01	LABORATORY-SURGICAL PATHOLOGY	3,642,791		4,419,704		4,437,489	14,491	60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA	24,940		30,259		30,381	1,228	60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	8,924,898		10,828,347		10,871,920	4,640	63
65	Respiratory Therapy	8,337,539		10,115,719		10,156,425	4,921	65
66	Physical Therapy	4,901,850		5,947,287		5,971,219	11,150	66

**KPMG LLP Compu-Max 2552-10**

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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	HOSPITAL ADMINSTRTRN  ACCUM COST	RECON- CILIATION	AMBULATOR Y ADMIN  ACCUM COST	RECON- CILIATION	PRIMARY CARE ADMIN ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	
		5.11		5.12		5.14	6	
67	Occupational Therapy	1,604,646		1,946,875		1,954,709	4,033	67
68	Speech Pathology	555,928		674,493		677,207	740	68
69	Electrocardiology	7,921,470		9,610,914		9,649,588	17,609	69
70	Electroencephalography	1,904,310		2,310,450		2,319,747	5,438	70
71	Medical Supplies Charged to Patients	27,054,834		32,824,927		32,957,015		71
72	Impl. Dev. Charged to Patients	35,845,635		43,490,577		43,665,583		72
73	Drugs Charged to Patients	36,316,445		44,061,798		44,239,103		73
74	Renal Dialysis	5,832,737		7,076,708		7,105,185	10,155	74
76	PULMONARY LABS	845,646		1,026,000		1,030,129	4,485	76
76.01	OCCUPATIONAL HEALTH	899,432		1,091,257		1,095,648	6,229	76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	1,286,986		1,561,467		1,567,750	72	76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	4,864,227		5,901,640		5,925,388	7,893	76.07
76.09	BONE MARROW PROCUREMENT	2,458,051		2,982,289		2,994,290		76.09
76.10	BARIATRICS	789,345		957,692		961,546		76.10
76.11	HEPATOLOGY	819,902		994,766		998,769	10,511	76.11
76.97	CARDIAC REHABILITATION	372,238		451,627		453,444		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	393,401		477,303		479,224	2,413	90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER	25,658,738		31,131,080		31,256,351	28,501	90.02
90.03	PSYCH SOCIAL REHAB	587,254		712,500		715,367	5,630	90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	39,376,089		47,773,985		47,966,228	139,345	90.07
90.08	OBT OUTPATIENT CENTER	8,610,230		10,446,568		10,488,605	31,581	90.08
90.09	ELMHURST IMMEDIATE CARE	2,263,182		2,745,860		2,756,909	7,734	90.09
90.10	LAGRANGE FAMILY PCC	3,408,842		4,135,859		4,152,502	11,983	90.10
90.12	NORTH RIVERSIDE PCC	3,458,233		4,195,784		4,212,668		90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	2,625,600		3,185,572		3,198,391	8,240	90.14
90.15	OBT II PCC	3,107,169		3,769,847		3,785,017	9,604	90.15
90.16	HICKORY HILLS PCC	4,048,989		4,912,533		4,932,301		90.16
90.18	DARIEN PCC	2,043,714		2,479,585		2,489,563	5,677	90.18
90.20	ORLANAD PARK - FP	3,242,568		3,934,123		3,949,954	883	90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	1,561,568		1,894,610		1,902,234	3,702	90.21
90.22	HOMER GLEN PCC	6,431,754		7,803,480		7,834,881	12,718	90.22
90.23	OAK PARK PCC	1,511,486		1,833,847		1,841,226		90.23
90.24	PARK RIDGE PCC	2,206,645		2,677,265		2,688,038	7,026	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	2,085,289		2,530,027		2,540,208		90.25
90.26	WOODRIDGE PCC	263,045		319,146		320,430		90.26
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER	5,177,280		6,281,459		6,306,736		90.28
90.29	BURR RIDGE PCC	17,017,912		20,647,390		20,730,475	78,076	90.29
90.30	RIVER FOREST	2,769,312		3,359,934		3,373,454		90.30
90.31	NORRIDGE	258,158		313,216		314,476	2,029	90.31
90.32	ELMWOOD PARK	965,575		1,171,507		1,176,221	5,360	90.32
91	Emergency	22,419,754		27,201,305		27,310,763	16,002	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	387,586		470,248		472,140	1,158	92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	Ambulance Services	322,417		391,180		392,754		95
97	Durable Medical Equip-Sold	467,442		567,135		569,417		97
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	5,296,937		6,426,636		6,452,497	207	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	Kidney Acquisition	2,792,122		3,387,609		3,401,241		105
106	Heart Acquisition	1,252,662		1,519,822		1,525,938	94	106
107	Liver Acquisition	3,664,538		4,446,089		4,463,980	224	107
108	Lung Acquisition	2,999,008		3,638,618		3,653,260	94	108
109	Pancreas Acquisition	684,419		830,388		833,729	127	109
110	Intestinal Acquisition	640,395		776,975		780,102		110
111	Islet Acquisition							111
112	OTHER ORGAN ACQUISITION (SPECIFY)	1,665,293		2,020,457		2,028,587	3,031	112
116	Hospice	1,273,881		1,545,567		1,551,786		116
118	SUBTOTALS (sum of lines 1-117)	718,924,779	-4,460,546	867,792,196	-10,424,123	860,860,068	1,040,731	118

**KPMG LLP Compu-Max 2552-10**

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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	HOSPITAL ADMINSTRN  ACCUM COST	RECON- CILIATION	AMBULATOR Y ADMIN  ACCUM COST	RECON- CILIATION	PRIMARY CARE ADMIN ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	
	<b>NONREIMBURSABLE COST CENTERS</b>	5.11		5.12		5.14	6	
190	Gift, Flower, Coffee Shop & Canteen	211,722		256,877		257,911	1,057	190
190.0 1	HINES RADIATION THERAPY	985,682		1,195,902		1,200,714		190.0 1
190.0 2	HOME INFUSION THERAPY	2,404,333		2,917,115		2,928,853		190.0 2
190.0 3	OP HOSPITAL PHARMACY	2,687,178		3,260,283		3,273,402		190.0 3
190.0 4	HOSPITALIST	6,699,013		8,127,738		8,160,444	3,144	190.0 4
190.0 5	STUDENT HEALTH	97,197		117,927		118,402		190.0 5
192	Physicians' Private Offices	488		592		594		192
192.0 1	FACULTY CLINICAL OPERATIONS	185,347,339		224,877,323		225,781,988	180,122	192.0 1
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	195,648,768		4,460,546		10,424,123	15,353,887	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.213274		0.004024		0.009454	12.533233	203
204	Cost to be allocated (Per Wkst. B, Part II)	3,273,161		94,330		34,631	50,908	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.003568		0.000085		0.000031	0.041556	205

**KPMG LLP Compu-Max 2552-10**

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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	SAFETY & SECURITY	LAUNDRY + LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	
		SQUARE FEET	SQUARE FEET	LAUNDRY COST	HOURS OF SERVICE	MEALS SERVED	PAID HOURS	
		7	7.01	8	9	10	11	
<b>GENERAL SERVICE COST CENTERS</b>								
1	Cap Rel Costs-Bldg & Fixt							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	COMMUNICATION							5.01
5.02	SYSTEM & COMPUTERS							5.02
5.03	PURCHASING							5.03
5.04	OPC STORES							5.04
5.05	PATIENT AFFAIRS							5.05
5.06	PATIENT ADMITTING							5.06
5.07	PATIENT ACCOUNTS							5.07
5.08	ACCOUNTING							5.08
5.09	EMPLOYEE HEALTH SERVICES							5.09
5.10	PASTORAL CARE							5.10
5.11	HOSPITAL ADMINISTRATION							5.11
5.12	AMBULATORY ADMINISTRATION							5.12
5.14	PRIMARY CARE ADMINISTRATION							5.14
6	Maintenance & Repairs							6
7	Operation of Plant	1,212,641						7
7.01	SAFETY AND SECURITY	3,898	1,208,743					7.01
8	Laundry & Linen Service	4,669	4,669	892,704				8
9	Housekeeping	9,616	9,616	140	402,474			9
10	Dietary	9,978	9,978		16,785	251,632		10
11	Cafeteria	18,761	18,761		1,459		8,944,584	11
12	Maintenance of Personnel							12
12.01	PATIENT TRANSPORTATION	623	623	26	599		74,815	12.01
13	Nursing Administration	4,290	4,290		1,801		54,710	13
14	Central Services & Supply	9,966	9,966		7,698		74,860	14
14.01	CENTRAL PROCESSING	5,730	5,730		3,651		21,962	14.01
15	Pharmacy	9,079	9,079	454	5,147		208,769	15
16	Medical Records & Library	18,906	18,906		2,309		174,785	16
17	Social Service	4,348	4,348		498		76,010	17
17.01	HOSPITAL MEDICAL ADMIN							17.01
19	Nonphysician Anesthetists						43,394	19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	5,488	5,488	5,827	1,505		921,374	21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMEDICAL ED-MICU	5,971	5,971		843		17,896	23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
<b>INPATIENT ROUTINE SERV COST CENTERS</b>								
30	Adults & Pediatrics	125,596	125,596	352,307	90,318	174,422	1,329,122	30
31	Intensive Care Unit	27,311	27,311	73,709	12,483	21,738	350,582	31
33	Burn Intensive Care Unit	10,991	10,991	25,014	4,563	8,757	111,275	33
35	NEONATAL INTENSIVE CARE	10,941	10,941	14,409	6,715		172,536	35
35.01	PEDIATRIC ICU	3,281	3,281	5,494	2,876		53,418	35.01
35.03	HEART TRANSPLANT ICU	8,578	8,578	14,541	3,055	7,028	71,324	35.03
35.04	BONE INTENSIVE CARE	9,775	9,775	6,590	6,011	7,442	98,455	35.04
41	Subprovider - IRF	19,414	19,414	23,468	17,628	23,940	105,570	41
43	Nursery						21,677	43
<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	63,313	63,313	70,550	45,371		369,425	50
50.01	AMBULATORY SURGERY CENTER	23,498	23,498	27,772	7,749		88,216	50.01
51	Recovery Room	20,184	20,184	16,051	9,888		73,310	51
52	Delivery Room & Labor Room	6,618	6,618	15,653	2,381		60,505	52
53	Anesthesiology	2,581	2,581	4,307	725		25,453	53
54	Radiology-Diagnostic	39,697	39,697	12,744	17,915		196,798	54
54.01	RADIOLOGY-ULTRASOUND	1,133	1,133	7,221	1,016		24,767	54.01
55	Radiology-Therapeutic							55
56	Radioisotope	6,099	6,099	4,969	3,582		31,881	56
57	CT Scan	5,460	5,460	11,441	1,775		62,819	57
58	MRI	9,759	9,759	10,050	4,054		33,346	58
59	Cardiac Catheterization	22,697	22,697	15,588	10,982		84,949	59
60	Laboratory	15,035	15,035		10,252		231,572	60
60.01	LABORATORY-SURGICAL PATHOLOGY	14,491	14,491		8,307		48,269	60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA	1,228	1,228					60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	4,640	4,640	940	3,307		34,496	63
65	Respiratory Therapy	4,921	4,921	2,347	2,868		174,955	65
66	Physical Therapy	11,150	11,150	4,891	4,719		90,543	66
67	Occupational Therapy	4,033	4,033		3,246		24,169	67

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	SAFETY & SECURITY	LAUNDRY + LINEN SERVICE LAUNDRY COST	HOUSE-KEEPING	DIETARY	CAFETERIA	
		SQUARE FEET	SQUARE FEET		HOURS OF SERVICE	MEALS SERVED	PAID HOURS	
		7	7.01	8	9	10	11	
68	Speech Pathology	740	740		667		7,401	68
69	Electrocardiology	17,609	17,609	4,988	9,412		83,088	69
70	Electroencephalography	5,438	5,438	1,448	5,321		38,686	70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	10,155	10,155	9,642	447		92,636	74
76	PULMONARY LABS	4,485	4,485	507			9,931	76
76.01	OCCUPATIONAL HEALTH	6,229	6,229		2,097		16,359	76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	72	72	2,560	824		21,248	76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	7,893	7,893	7,996	2,510		78,974	76.07
76.09	BONE MARROW PROCUREMENT						3,598	76.09
76.10	BARIATRICS						18,908	76.10
76.11	HEPATOLOGY	10,511	10,511				14,800	76.11
76.97	CARDIAC REHABILITATION						4,691	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	2,413	2,413	328	2,160	7,128	7,189	90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER	28,501	28,501	16,984	8,489	1,177	188,064	90.02
90.03	PSYCH SOCIAL REHAB	5,630	5,630		645		14,295	90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	139,345	139,345	22,312	44,354		613,797	90.07
90.08	OBT OUTPATIENT CENTER	31,581	31,581	8,555	23		36,513	90.08
90.09	ELMHURST IMMEDIATE CARE	7,734	7,734	226			36,627	90.09
90.10	LAGRANGE FAMILY PCC	11,983	11,983	2,249			62,174	90.10
90.12	NORTH RIVERSIDE PCC			1,897			42,005	90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	8,240	8,240	444			26,349	90.14
90.15	OBT II PCC	9,604	9,604	2,527			45,285	90.15
90.16	HICKORY HILLS PCC			3,905			73,237	90.16
90.18	DARIEN PCC	5,677	5,677	582			26,201	90.18
90.20	ORLANAD PARK - FP	883	883	1,637			47,986	90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	3,702	3,702	5,801			36,235	90.21
90.22	HOMER GLEN PCC	12,718	12,718	4,983			50,472	90.22
90.23	OAK PARK PCC						20,124	90.23
90.24	PARK RIDGE PCC	7,026	7,026	1,054			37,413	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB			218			35,454	90.25
90.26	WOODRIDGE PCC						3,332	90.26
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER						19,237	90.28
90.29	BURR RIDGE PCC	78,076	78,076				161,965	90.29
90.30	RIVER FOREST						54,543	90.30
90.31	NORRIDGE	2,029	2,029				6,646	90.31
90.32	ELMWOOD PARK	5,360	5,360				20,389	90.32
91	Emergency	16,002	16,002	62,609			190,213	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	1,158	1,158	2,749	440		6,684	92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	Ambulance Services							95
97	Durable Medical Equip-Sold				59		9,349	97
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	207	207		378		100,499	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	Kidney Acquisition				45		7,639	105
106	Heart Acquisition	94	94		237		5,086	106
107	Liver Acquisition	224	224		55		6,970	107
108	Lung Acquisition	94	94		193		3,946	108
109	Pancreas Acquisition	127	127				36,996	109
110	Intestinal Acquisition				14		13,559	110
111	Islet Acquisition				23			111
112	OTHER ORGAN ACQUISITION (SPECIFY)	3,031	3,031				35,082	112
116	Hospice						19,682	116
118	SUBTOTALS (sum of lines 1-117)	1,028,318	1,024,420	892,704	402,474	251,632	8,129,564	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen	1,057	1,057				2,681	190

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	SAFETY & SECURITY	LAUNDRY + LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	
		SQUARE FEET	SQUARE FEET	LAUNDRY COST	HOURS OF SERVICE	MEALS SERVED	PAID HOURS	
		7	7.01	8	9	10	11	
190.0 1	HINES RADIATION THERAPY						16,285	190.0 1
190.0 2	HOME INFUSION THERAPY						21,116	190.0 2
190.0 3	OP HOSPITAL PHARMACY						7,334	190.0 3
190.0 4	HOSPITALIST	3,144	3,144				5,092	190.0 4
190.0 5	STUDENT HEALTH						1,840	190.0 5
192	Physicians' Private Offices							192
192.0 1	FACULTY CLINICAL OPERATIONS	180,122	180,122				760,672	192.0 1
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	19,664,808	3,196,845	4,009,377	13,481,240	5,832,748	3,181,554	202
203	Unit Cost Multiplier (Wkst. B, Part I)	16.216513	2.644768	4.491273	33.495928	23.179675	0.355696	203
204	Cost to be allocated (Per Wkst. B, Part II)	793,376	181,292	113,734	255,406	290,717	411,874	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.654255	0.149984	0.127404	0.634590	1.155326	0.046047	205

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	PATIENT TRANSPORT	NURSING ADMINISTRATION RN FTES	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	CENTRAL PROCESSING NUMBER OF INSTRUMENT	PHARMACY COSTED REQUIS.	MEDICAL RECORDS + LIBRARY INPATIENT REVENUE	
		NUMBER OF TRIPS						
		12.01	13	14	14.01	15	16	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	COMMUNICATION							5.01
5.02	SYSTEM & COMPUTERS							5.02
5.03	PURCHASING							5.03
5.04	OPC STORES							5.04
5.05	PATIENT AFFAIRS							5.05
5.06	PATIENT ADMITTING							5.06
5.07	PATIENT ACCOUNTS							5.07
5.08	ACCOUNTING							5.08
5.09	EMPLOYEE HEALTH SERVICES							5.09
5.10	PASTORAL CARE							5.10
5.11	HOSPITAL ADMINISTRATION							5.11
5.12	AMBULATORY ADMINISTRATION							5.12
5.14	PRIMARY CARE ADMINISTRATION							5.14
6	Maintenance & Repairs							6
7	Operation of Plant							7
7.01	SAFETY AND SECURITY							7.01
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
12.01	PATIENT TRANSPORTATION	197,381						12.01
13	Nursing Administration		148,857					13
14	Central Services & Supply			103,475,064				14
14.01	CENTRAL PROCESSING			3,095	189,528			14.01
15	Pharmacy		17	306,100		60,592,082		15
16	Medical Records & Library			340			1,237,551,599	16
17	Social Service			132				17
17.01	HOSPITAL MEDICAL ADMIN							17.01
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd			164				21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMEDICAL ED-MICU		85	707		715		23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	61,382	41,473	3,347,705	82,867	7,246	182,226,900	30
31	Intensive Care Unit	11,924	15,162	1,502,256	19,365	3,244	55,228,190	31
33	Burn Intensive Care Unit	404	3,985	411,615	4,489	152	23,294,170	33
35	NEONATAL INTENSIVE CARE	229	7,709	596,796	11,286	2,367	33,636,154	35
35.01	PEDIATRIC ICU	723	2,358	184,978	3,420	213	8,677,002	35.01
35.03	HEART TRANSPLANT ICU	1,543	3,064	278,186	4,205	874	11,764,724	35.03
35.04	BONE INTENSIVE CARE	743	3,439	304,753	3,615	753	17,312,829	35.04
41	Subprovider - IRF	1,391	1,970	141,912	4,992	32	14,619,458	41
43	Nursery						2,059,606	43
	<b>ANCILARY SERVICE COST CENTERS</b>							
50	Operating Room	29	9,795	41,269,267	929	186,844	116,775,897	50
50.01	AMBULATORY SURGERY CENTER	18	2,483	3,865,544	362	728,936	156,038	50.01
51	Recovery Room	16	2,776	409,220	2,665	20	25,127,065	51
52	Delivery Room & Labor Room	156	2,416	253,465	24,394	1,119	8,868,005	52
53	Anesthesiology		1,507	1,356,640	3,092	514	63,747,874	53
54	Radiology-Diagnostic	34,013	1,617	2,639,336	350	8,715	37,230,763	54
54.01	RADIOLOGY-ULTRASOUND	2,172		27,190	6	853	5,761,558	54.01
55	Radiology-Therapeutic							55
56	Radioisotope	969	1	2,384,265	99		3,871,935	56
57	CT Scan	19,630		295,523	146	823	47,462,524	57
58	MRI	6,502	2	227,701	244	283	18,719,810	58
59	Cardiac Catheterization	1,444	2,658	7,662,649	2,807	17,076	31,839,502	59
60	Laboratory	1,941	3	7,156,044		10,150	152,712,355	60
60.01	LABORATORY-SURGICAL PATHOLOGY	677		1,052,943		13,319	9,651,317	60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA							60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	202	257	6,786,325	177	1,250	30,451,676	63
65	Respiratory Therapy	2,713		527,420		796,198	48,369,421	65
66	Physical Therapy	3,455	30	92,335	18	1,023	8,937,400	66
67	Occupational Therapy	3,588		40,175	59	1,546	6,166,036	67

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	PATIENT TRANSPORT NUMBER OF TRIPS	NURSING ADMINISTRATION RN FTES	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	CENTRAL PROCESSING NUMBER OF INSTRUMENT	PHARMACY COSTED REQUIS.	MEDICAL RECORDS + LIBRARY INPATIENT REVENUE	
		12.01	13	14	14.01	15	16	
68	Speech Pathology			62,774			2,159,573	68
69	Electrocardiology	5,766	1,272	10,377,967	1,338	5,633	50,742,537	69
70	Electroencephalography		2	197,015		23,625	4,287,227	70
71	Medical Supplies Charged to Patients			7,095,461			1,550,782	71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients					24,068,143	120,933,643	73
74	Renal Dialysis	8,121	1,608	1,462,530	236	473,483	5,341,586	74
76	PULMONARY LABS		229	764	66	170	1,311,068	76
76.01	OCCUPATIONAL HEALTH		171	4,035		9,005		76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	6,180		698	14		4,844,346	76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	6,173	2,312	91,993	264	5,562	6,559,255	76.07
76.09	BONE MARROW PROCUREMENT		85				1,845,805	76.09
76.10	BIATRICS		67				181	76.10
76.11	HEPATOLOGY		426					76.11
76.97	CARDIAC REHABILITATION		226	1,723			510,773	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	26	149			5,856	2,389	90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER	2,358	2,252	395,383	7,121	20,133,790	624,948	90.02
90.03	PSYCH SOCIAL REHAB		191	116		1,133		90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	4	8,804	65,842	77	3,655,317	3,245,325	90.07
90.08	OBT OUTPATIENT CENTER		1,257	24,031		116,644	72,716	90.08
90.09	ELMHURST IMMEDIATE CARE		620	5,565		161,306	3,568	90.09
90.10	LAGRANGE FAMILY PCC		1,154	13,285		121,404	5,113	90.10
90.12	NORTH RIVERSIDE PCC		742	10,276		576,974	6,157	90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC		214	3,105	690	66,648	59,071	90.14
90.15	OBT II PCC		801	9,745		342,861	8,488	90.15
90.16	HICKORY HILLS PCC		651	15,092	613	341,169	10,023	90.16
90.18	DARIEN PCC		160	5,564		221,418	4,125	90.18
90.20	ORLANAD PARK - FP		601	12,344		565,309	3,221	90.20
90.21	FAMILY PRACTICE MAYWOOD PCC		248	5,741		82,677	2,388	90.21
90.22	HOMER GLEN PCC		1,247	25,944	703	2,567,554	28,525	90.22
90.23	OAK PARK PCC		272	5,018		148,295	2,739	90.23
90.24	PARK RIDGE PCC		498	3,914		10,081	27,313	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB		114	1,161		6,293	408	90.25
90.26	WOODRIDGE PCC		21					90.26
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER		406				18,411	90.28
90.29	BURR RIDGE PCC		1,886			2,525	153,026	90.29
90.30	RIVER FOREST		761				20,806	90.30
90.31	NORRIDGE							90.31
90.32	ELMWOOD PARK		72				214	90.32
91	Emergency	12,513	6,456	441,214	8,742		43,195,091	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	357	321	1,584	77	1,595	5,273	92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	Ambulance Services					119		95
97	Durable Medical Equip-Sold						342,435	97
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency		2,307	3,519		5,078		101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	Kidney Acquisition			56			10,221,121	105
106	Heart Acquisition	19	2	38			1,798,082	106
107	Liver Acquisition						5,477,928	107
108	Lung Acquisition			85			6,019,672	108
109	Pancreas Acquisition							109
110	Intestinal Acquisition		9					110
111	Islet Acquisition							111
112	OTHER ORGAN ACQUISITION (SPECIFY)		8	2			1,438,038	112
116	Hospice		447	2,615		71,146		116
118	SUBTOTALS (sum of lines 1-117)	197,381	141,876	103,470,980	189,528	55,575,078	1,237,551,599	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen							190

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	PATIENT TRANSPORT  NUMBER OF TRIPS	NURSING ADMINIS- TRATION RN FTES	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	CENTRAL PROCESSING  NUMBER OF INSTRUMENT	PHARMACY  COSTED REQUIS.	MEDICAL RECORDS + LIBRARY INPATIENT REVENUE	
		12.01	13	14	14.01	15	16	
190.0 1	HINES RADIATION THERAPY							190.0 1
190.0 2	HOME INFUSION THERAPY		180	2,979		2,089,711		190.0 2
190.0 3	OP HOSPITAL PHARMACY					2,926,617		190.0 3
190.0 4	HOSPITALIST		44	723				190.0 4
190.0 5	STUDENT HEALTH		88					190.0 5
192	Physicians' Private Offices			334		676		192
192.0 1	FACULTY CLINICAL OPERATIONS		6,669	48				192.0 1
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	1,790,635	4,601,573	7,170,440	1,184,349	12,582,318	17,438,555	202
203	Unit Cost Multiplier (Wkst. B, Part I)	9.071972	30.912708	0.069296	6.248939	0.207656	0.014091	203
204	Cost to be allocated (Per Wkst. B, Part II)	28,014	125,647	756,178	152,013	455,633	489,402	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.141929	0.844079	0.007308	0.802061	0.007520	0.000395	205

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE TIME SPENT	NONPHYSIC. ANESTHET. ASSIGNED TIME	NURSING SCHOOL PATIENT DAYS	I&R SALARY & FRINGES PATIENT DAYS	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED EDUCATION ASSIGNED TIME	
		17	19	20	21	22	23	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	COMMUNICATION							5.01
5.02	SYSTEM & COMPUTERS							5.02
5.03	PURCHASING							5.03
5.04	OPC STORES							5.04
5.05	PATIENT AFFAIRS							5.05
5.06	PATIENT ADMITTING							5.06
5.07	PATIENT ACCOUNTS							5.07
5.08	ACCOUNTING							5.08
5.09	EMPLOYEE HEALTH SERVICES							5.09
5.10	PASTORAL CARE							5.10
5.11	HOSPITAL ADMINISTRATION							5.11
5.12	AMBULATORY ADMINISTRATION							5.12
5.14	PRIMARY CARE ADMINISTRATION							5.14
6	Maintenance & Repairs							6
7	Operation of Plant							7
7.01	SAFETY AND SECURITY							7.01
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
12.01	PATIENT TRANSPORTATION							12.01
13	Nursing Administration							13
14	Central Services & Supply							14
14.01	CENTRAL PROCESSING							14.01
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service	41,302						17
17.01	HOSPITAL MEDICAL ADMIN							17.01
19	Nonphysician Anesthetists		10,000					19
20	Nursing School			131,744				20
21	I&R Services-Salary & Fringes Apprvd				131,744			21
22	I&R Services-Other Prgm Costs Apprvd					33,380		22
23	PARAMED ED PRGM-(SPECIFY)						1,000	23
23.01	PARAMEDICAL ED-MICU							23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	12,169		83,976	83,976	7,494		30
31	Intensive Care Unit	797		17,179	17,179	2,088		31
33	Burn Intensive Care Unit	902		2,369	2,369	691		33
35	NEONATAL INTENSIVE CARE	1,627		9,813	9,813	327		35
35.01	PEDIATRIC ICU	873		2,086	2,086	319		35.01
35.03	HEART TRANSPLANT ICU	1,074		3,133	3,133	319		35.03
35.04	BONE INTENSIVE CARE	1,251		3,263	3,263	936		35.04
41	Subprovider - IRF	374		8,107	8,107	319		41
43	Nursery			1,818	1,818			43
	<b>ANCILARY SERVICE COST CENTERS</b>							
50	Operating Room	1,070	10,000			4,019		50
50.01	AMBULATORY SURGERY CENTER	8				792		50.01
51	Recovery Room							51
52	Delivery Room & Labor Room					329		52
53	Anesthesiology					3,214		53
54	Radiology-Diagnostic					1,090		54
54.01	RADIOLOGY-ULTRASOUND					290		54.01
55	Radiology-Therapeutic					403		55
56	Radioisotope					290		56
57	CT Scan					469		57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory	630						60
60.01	LABORATORY-SURGICAL PATHOLOGY					1,386		60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA							60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.							63
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE TIME SPENT	NONPHYSIC. ANESTHET. ASSIGNED TIME	NURSING SCHOOL PATIENT DAYS	I&R SALARY & FRINGES PATIENT DAYS	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED EDUCATION ASSIGNED TIME	
		17	19	20	21	22	23	
68	Speech Pathology	391						68
69	Electrocardiology	1,974						69
70	Electroencephalography							70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	1,643						74
76	PULMONARY LABS					234		76
76.01	OCCUPATIONAL HEALTH							76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR							76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	47						76.07
76.09	BONE MARROW PROCUREMENT							76.09
76.10	BIATRICS							76.10
76.11	HEPATOLOGY							76.11
76.97	CARDIAC REHABILITATION	2						76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	14						90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER	29				35		90.02
90.03	PSYCH SOCIAL REHAB					465		90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	13,976				5,346		90.07
90.08	OBT OUTPATIENT CENTER					622		90.08
90.09	ELMHURST IMMEDIATE CARE							90.09
90.10	LAGRANGE FAMILY PCC							90.10
90.12	NORTH RIVERSIDE PCC							90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC					114		90.14
90.15	OBT II PCC							90.15
90.16	HICKORY HILLS PCC							90.16
90.18	DARIEN PCC							90.18
90.20	ORLANAD PARK - FP							90.20
90.21	FAMILY PRACTICE MAYWOOD PCC							90.21
90.22	HOMER GLEN PCC							90.22
90.23	OAK PARK PCC							90.23
90.24	PARK RIDGE PCC							90.24
90.25	LOYOLA CLINIC AT GOTTLIEB							90.25
90.26	WOODRIDGE PCC							90.26
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER							90.28
90.29	BURR RIDGE PCC	1,235						90.29
90.30	RIVER FOREST							90.30
90.31	NORRIDGE							90.31
90.32	ELMWOOD PARK							90.32
91	Emergency					1,789	1,000	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	Ambulance Services							95
97	Durable Medical Equip-Sold							97
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency							101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	Kidney Acquisition	783						105
106	Heart Acquisition							106
107	Liver Acquisition							107
108	Lung Acquisition	433						108
109	Pancreas Acquisition							109
110	Intestinal Acquisition							110
111	Islet Acquisition							111
112	OTHER ORGAN ACQUISITION (SPECIFY)							112
116	Hospice							116
118	SUBTOTALS (sum of lines 1-117)	41,302	10,000	131,744	131,744	33,380	1,000	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen							190

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE TIME SPENT	NONPHYSIC. ANESTHET. ASSIGNED TIME	NURSING SCHOOL PATIENT DAYS	I&R SALARY & FRINGES PATIENT DAYS	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED EDUCATION ASSIGNED TIME	
		17	19	20	21	22	23	
190.0 1	HINES RADIATION THERAPY							190.0 1
190.0 2	HOME INFUSION THERAPY							190.0 2
190.0 3	OP HOSPITAL PHARMACY							190.0 3
190.0 4	HOSPITALIST							190.0 4
190.0 5	STUDENT HEALTH							190.0 5
192	Physicians' Private Offices							192
192.0 1	FACULTY CLINICAL OPERATIONS							192.0 1
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	4,231,188	763,481		59,878,969			202
203	Unit Cost Multiplier (Wkst. B, Part I)	102.445112	76.348100		454.510027			203
204	Cost to be allocated (Per Wkst. B, Part II)	114,727	5,242		365,623			204
205	Unit Cost Multiplier (Wkst. B, Part II)	2.777759	0.524200		2.775254			205

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

COST CENTER DESCRIPTIONS	PARAMED ED-MICU  TIME SPENT 23.01						
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<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt						1
1.01	NEW CAPITAL-BLDG INTEREST						1.01
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.01	COMMUNICATION						5.01
5.02	SYSTEM & COMPUTERS						5.02
5.03	PURCHASING						5.03
5.04	OPC STORES						5.04
5.05	PATIENT AFFAIRS						5.05
5.06	PATIENT ADMITTING						5.06
5.07	PATIENT ACCOUNTS						5.07
5.08	ACCOUNTING						5.08
5.09	EMPLOYEE HEALTH SERVICES						5.09
5.10	PASTORAL CARE						5.10
5.11	HOSPITAL ADMINISTRATION						5.11
5.12	AMBULATORY ADMINISTRATION						5.12
5.14	PRIMARY CARE ADMINISTRATION						5.14
6	Maintenance & Repairs						6
7	Operation of Plant						7
7.01	SAFETY AND SECURITY						7.01
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
12.01	PATIENT TRANSPORTATION						12.01
13	Nursing Administration						13
14	Central Services & Supply						14
14.01	CENTRAL PROCESSING						14.01
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
17.01	HOSPITAL MEDICAL ADMIN						17.01
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	PARAMED ED PRGM-(SPECIFY)						23
23.01	PARAMEDICAL ED-MICU	1,000					23.01
23.02	PARAMEDICAL ED-SOCIAL WORK						23.02
<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics						30
31	Intensive Care Unit						31
33	Burn Intensive Care Unit						33
35	NEONATAL INTENSIVE CARE						35
35.01	PEDIATRIC ICU						35.01
35.03	HEART TRANSPLANT ICU						35.03
35.04	BONE INTENSIVE CARE						35.04
41	Subprovider - IRF						41
43	Nursery						43
<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room						50
50.01	AMBULATORY SURGERY CENTER						50.01
51	Recovery Room						51
52	Delivery Room & Labor Room						52
53	Anesthesiology						53
54	Radiology-Diagnostic						54
54.01	RADIOLOGY-ULTRASOUND						54.01
55	Radiology-Therapeutic						55
56	Radioisotope						56
57	CT Scan						57
58	MRI						58
59	Cardiac Catheterization						59
60	Laboratory						60
60.01	LABORATORY-SURGICAL PATHOLOGY						60.01
60.02	LABORATORY-NEUROSURGICAL						60.02
60.03	LABORATORY-HLA						60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.						63
65	Respiratory Therapy						65

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	PARAMED ED-MICU						
		TIME SPENT						
		23.01						
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76	PULMONARY LABS							76
76.01	OCCUPATIONAL HEALTH							76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR							76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE							76.07
76.09	BONE MARROW PROCUREMENT							76.09
76.10	BARIATRICS							76.10
76.11	HEPATOLOGY							76.11
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic							90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER							90.02
90.03	PSYCH SOCIAL REHAB							90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER							90.07
90.08	OBT OUTPATIENT CENTER							90.08
90.09	ELMHURST IMMEDIATE CARE							90.09
90.10	LAGRANGE FAMILY PCC							90.10
90.12	NORTH RIVERSIDE PCC							90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC							90.14
90.15	OBT II PCC							90.15
90.16	HICKORY HILLS PCC							90.16
90.18	DARIEN PCC							90.18
90.20	ORLANAD PARK - FP							90.20
90.21	FAMILY PRACTICE MAYWOOD PCC							90.21
90.22	HOMER GLEN PCC							90.22
90.23	OAK PARK PCC							90.23
90.24	PARK RIDGE PCC							90.24
90.25	LOYOLA CLINIC AT GOTTLIEB							90.25
90.26	WOODRIDGE PCC							90.26
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER							90.28
90.29	BURR RIDGE PCC							90.29
90.30	RIVER FOREST							90.30
90.31	NORRIDGE							90.31
90.32	ELMWOOD PARK							90.32
91	Emergency	1,000						91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	Ambulance Services							95
97	Durable Medical Equip-Sold							97
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency							101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	Kidney Acquisition							105
106	Heart Acquisition							106
107	Liver Acquisition							107
108	Lung Acquisition							108
109	Pancreas Acquisition							109
110	Intestinal Acquisition							110
111	Islet Acquisition							111
112	OTHER ORGAN ACQUISITION (SPECIFY)							112
116	Hospice							116
118	SUBTOTALS (sum of lines 1-117)	1,000						118

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	PARAMED ED-MICU  TIME SPENT						
		23.01						
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen							190
190.0 1	HINES RADIATION THERAPY							190.0 1
190.0 2	HOME INFUSION THERAPY							190.0 2
190.0 3	OP HOSPITAL PHARMACY							190.0 3
190.0 4	HOSPITALIST							190.0 4
190.0 5	STUDENT HEALTH							190.0 5
192	Physicians' Private Offices							192
192.0 1	FACULTY CLINICAL OPERATIONS							192.0 1
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	1,270,383						202
203	Unit Cost Multiplier (Wkst. B, Part I)	1,270.383000						203
204	Cost to be allocated (Per Wkst. B, Part II)	136,436						204
205	Unit Cost Multiplier (Wkst. B, Part II)	136.436000						205

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**POST STEPDOWN ADJUSTMENTS**

**WORKSHEET B-2**

		WORKSHEET			
	DESCRIPTION	PART	LINE NO.	AMOUNT	
	1	2	3	4	
1					1
2					2
3					3
4					4
5	ADJ FOR ESA COSTS IN RENAL DIALYSIS	1	74	-654,697	5

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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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.	Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30	Adults & Pediatrics	90,372,908		90,372,908		90,372,908	30
31	Intensive Care Unit	29,180,483		29,180,483		29,180,483	31
33	Burn Intensive Care Unit	9,182,395		9,182,395		9,182,395	33
35	NEONATAL INTENSIVE CARE	13,946,698		13,946,698		13,946,698	35
35.01	PEDIATRIC ICU	4,426,832		4,426,832		4,426,832	35.01
35.03	HEART TRANSPLANT ICU	6,120,969		6,120,969		6,120,969	35.03
35.04	BONE INTENSIVE CARE	7,199,452		7,199,452		7,199,452	35.04
41	Subprovider - IRF	8,772,897		8,772,897		8,772,897	41
43	Nursery	1,083,938		1,083,938		1,083,938	43
<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	52,860,275		52,860,275		52,860,275	50
50.01	AMBULATORY SURGERY CENTER	9,872,377		9,872,377		9,872,377	50.01
51	Recovery Room	7,802,340		7,802,340		7,802,340	51
52	Delivery Room & Labor Room	5,387,564		5,387,564		5,387,564	52
53	Anesthesiology	5,208,143		5,208,143		5,208,143	53
54	Radiology-Diagnostic	16,792,327		16,792,327		16,792,327	54
54.01	RADIOLOGY-ULTRASOUND	2,246,174		2,246,174		2,246,174	54.01
55	Radiology-Therapeutic						55
56	Radioisotope	7,556,889		7,556,889		7,556,889	56
57	CT Scan	9,279,322		9,279,322		9,279,322	57
58	MRI	6,399,623		6,399,623		6,399,623	58
59	Cardiac Catheterization	13,622,837		13,622,837		13,622,837	59
60	Laboratory	34,235,140		34,235,140		34,235,140	60
60.01	LABORATORY-SURGICAL PATHOLOGY	5,447,668		5,447,668		5,447,668	60.01
60.02	LABORATORY-NEUROSURGICAL						60.02
60.03	LABORATORY-HLA	69,221		69,221		69,221	60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	12,158,141		12,158,141		12,158,141	63
65	Respiratory Therapy	11,483,843		11,483,843		11,483,843	65
66	Physical Therapy	6,754,890		6,754,890		6,754,890	66
67	Occupational Therapy	2,340,038		2,340,038		2,340,038	67
68	Speech Pathology	806,653		806,653		806,653	68
69	Electrocardiology	12,398,415		12,398,415		12,398,415	69
70	Electroencephalography	2,789,927		2,789,927		2,789,927	70
71	Medical Supplies Charged to Patients	33,782,130		33,782,130		33,782,130	71
72	Impl. Dev. Charged to Patients	44,078,397		44,078,397		44,078,397	72
73	Drugs Charged to Patients	51,359,318		51,359,318		51,359,318	73
74	Renal Dialysis	7,495,810		7,495,810		7,495,810	74
76	PULMONARY LABS	1,212,535		1,212,535		1,212,535	76
76.01	OCCUPATIONAL HEALTH	1,385,059		1,385,059		1,385,059	76.01
76.03	HYPERALIMENTATION						76.03
76.04	PERIPHERAL VASCULAR	1,755,951		1,755,951		1,755,951	76.04
76.05	PEDIATRIC ENDO NUTRITION						76.05
76.07	GASTROINTESTINAL SERVICE	6,611,174		6,611,174		6,611,174	76.07
76.09	BONE MARROW PROCUREMENT	3,052,515		3,052,515		3,052,515	76.09
76.10	BARIASTRICS	979,435		979,435		979,435	76.10
76.11	HEPATOLOGY	1,356,632		1,356,632		1,356,632	76.11
76.97	CARDIAC REHABILITATION	473,907		473,907		473,907	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	808,642		808,642		808,642	90
90.01	CARDIAC REHABILITATION						90.01
90.02	CANCER CENTER	37,257,011		37,257,011		37,257,011	90.02
90.03	PSYCH SOCIAL REHAB	931,718		931,718		931,718	90.03
90.04	WELLNESS ASSESSMENT						90.04
90.06	HEART FAILURE CLINIC						90.06
90.07	LOC OUTPATIENT CENTER	57,112,367		57,112,367		57,112,367	90.07
90.08	OBT OUTPATIENT CENTER	11,697,184		11,697,184		11,697,184	90.08
90.09	ELMHURST IMMEDIATE CARE	3,092,920		3,092,920		3,092,920	90.09
90.10	LAGRANGE FAMILY PCC	4,662,052		4,662,052		4,662,052	90.10
90.12	NORTH RIVERSIDE PCC	4,419,504		4,419,504		4,419,504	90.12
90.13	GLENDALE HEIGHTS PCC						90.13
90.14	WHEATON PCC	3,524,500		3,524,500		3,524,500	90.14
90.15	OBT II PCC	4,246,523		4,246,523		4,246,523	90.15
90.16	HICKORY HILLS PCC	5,118,507		5,118,507		5,118,507	90.16
90.18	DARIEN PCC	2,754,628		2,754,628		2,754,628	90.18
90.20	ORLANAD PARK - FP	4,176,307		4,176,307		4,176,307	90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	2,100,650		2,100,650		2,100,650	90.21
90.22	HOMER GLEN PCC	8,926,870		8,926,870		8,926,870	90.22
90.23	OAK PARK PCC	1,905,380		1,905,380		1,905,380	90.23

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
PART I

	COST CENTER DESCRIPTIONS	COSTS					
		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
90.24	PARK RIDGE PCC	2,970,214		2,970,214		2,970,214	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	2,582,730		2,582,730		2,582,730	90.25
90.26	WOODRIDGE PCC	325,293		325,293		325,293	90.26
90.27	NEUROLOGY - NILES						90.27
90.28	MARJORIE WEINBERG CANCER CENTER	6,386,013		6,386,013		6,386,013	90.28
90.29	BURR RIDGE PCC	23,622,730		23,622,730		23,622,730	90.29
90.30	RIVER FOREST	3,448,566		3,448,566		3,448,566	90.30
90.31	NORRIDGE	383,512		383,512		383,512	90.31
90.32	ELMWOOD PARK	1,365,097		1,365,097		1,365,097	90.32
91	Emergency	30,697,524		30,697,524		30,697,524	91
92	Observation Beds (Non-Distinct Part)	6,062,008		6,062,008		6,062,008	92
92.01	OBSERVATION BEDS-DISTINCT	556,579		556,579		556,579	92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
95	Ambulance Services	396,492		396,492		396,492	95
97	Durable Medical Equip-Sold	584,926		584,926		584,926	97
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	Home Health Agency	6,641,019		6,641,019		6,641,019	101
105	Kidney Acquisition	3,661,865		3,661,865		3,661,865	105
106	Heart Acquisition	1,578,637		1,578,637		1,578,637	106
107	Liver Acquisition	4,594,723		4,594,723		4,594,723	107
108	Lung Acquisition	3,827,806		3,827,806		3,827,806	108
109	Pancreas Acquisition	858,757		858,757		858,757	109
110	Intestinal Acquisition	793,047		793,047		793,047	110
111	Islet Acquisition	770		770		770	111
112	OTHER ORGAN ACQUISITION (SPECIFY)	2,175,910		2,175,910		2,175,910	112
116	Hospice	1,602,231		1,602,231		1,602,231	116
200	Subtotal (sum of lines 30 thru 199)	807,192,454		807,192,454		807,192,454	200
201	Less Observation Beds	6,062,008		6,062,008		6,062,008	201
202	Total (line 200 minus line 201)	801,130,446		801,130,446		801,130,446	202

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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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				
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30	Adults & Pediatrics	210,458,459		210,458,459				30
31	Intensive Care Unit	60,125,670		60,125,670				31
33	Burn Intensive Care Unit	24,372,560		24,372,560				33
35	NEONATAL INTENSIVE CARE	37,155,830		37,155,830				35
35.01	PEDIATRIC ICU	10,897,666		10,897,666				35.01
35.03	HEART TRANSPLANT ICU	13,551,791		13,551,791				35.03
35.04	BONE INTENSIVE CARE	18,897,524		18,897,524				35.04
41	Subprovider - IRF	16,954,477		16,954,477				41
43	Nursery	2,834,027		2,834,027				43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	68,583,197	22,258,928	90,842,125	0.581892	0.581892	0.581892	50
50.01	AMBULATORY SURGERY CENTER	120,504	43,527,538	43,648,042	0.226181	0.226181	0.226181	50.01
51	Recovery Room	32,361,590	23,308,003	55,669,593	0.140154	0.140154	0.140154	51
52	Delivery Room & Labor Room	10,478,469	1,365,018	11,843,487	0.454897	0.454897	0.454897	52
53	Anesthesiology	73,414,375	25,371,803	98,786,178	0.052721	0.052721	0.052721	53
54	Radiology-Diagnostic	38,405,836	46,848,641	85,254,477	0.196967	0.196967	0.196967	54
54.01	RADIOLOGY-ULTRASOUND	6,121,103	17,780,205	23,901,308	0.093977	0.093977	0.093977	54.01
55	Radiology-Therapeutic							55
56	Radioisotope	4,199,889	28,886,686	33,086,575	0.228397	0.228397	0.228397	56
57	CT Scan	53,189,561	77,969,340	131,158,901	0.070749	0.070749	0.070749	57
58	MRI	19,874,142	52,046,532	71,920,674	0.088982	0.088982	0.088982	58
59	Cardiac Catheterization	26,064,150	34,288,039	60,352,189	0.225722	0.225722	0.225722	59
60	Laboratory	178,157,732	215,721,299	393,879,031	0.086918	0.086918	0.086918	60
60.01	LABORATORY-SURGICAL PATHOLOGY	10,977,305	24,415,640	35,392,945	0.153920	0.153920	0.153920	60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA							60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	32,285,308	8,386,672	40,671,980	0.298932	0.298932	0.298932	63
65	Respiratory Therapy	44,371,237	849,179	45,220,416	0.253953	0.253953	0.253953	65
66	Physical Therapy	7,681,231	14,621,606	22,302,837	0.302871	0.302871	0.302871	66
67	Occupational Therapy	4,595,219	1,924,651	6,519,870	0.358909	0.358909	0.358909	67
68	Speech Pathology	1,769,357	18,983	1,788,340	0.451062	0.451062	0.451062	68
69	Electrocardiology	40,425,463	57,936,297	98,361,760	0.126049	0.126049	0.126049	69
70	Electroencephalography	4,500,427	3,373,327	7,873,754	0.354333	0.354333	0.354333	70
71	Medical Supplies Charged to Patients	36,411,701	25,758,799	62,170,500	0.543379	0.543379	0.543379	71
72	Impl. Dev. Charged to Patients	65,709,199	28,444,093	94,153,292	0.468156	0.468156	0.468156	72
73	Drugs Charged to Patients	135,721,628	134,952,009	270,673,637	0.189746	0.189746	0.189746	73
74	Renal Dialysis	5,275,639	20,319,649	25,595,288	0.292859	0.292859	0.292859	74
76	PULMONARY LABS	1,324,413	2,195,628	3,520,041	0.344466	0.344466	0.344466	76
76.01	OCCUPATIONAL HEALTH		549,299	549,299	2.521503	2.521503	2.521503	76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	6,318,574	7,647,957	13,966,531	0.125726	0.125726	0.125726	76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	5,366,248	28,886,640	34,252,888	0.193011	0.193011	0.193011	76.07
76.09	BONE MARROW PROCUREMENT	2,421,887	540,803	2,962,690	1.030319	1.030319	1.030319	76.09
76.10	BARIATRICS	4,500,425	365,121	4,865,546	2.679376	2.679376	2.679376	76.10
76.11	HEPATOLOGY		1,154,191	1,154,191	1.175396	1.175396	1.175396	76.11
76.97	CARDIAC REHABILITATION	522,258		522,258	0.907419	0.907419	0.907419	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	1,520	811,061	812,581	0.995152	0.995152	0.995152	90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER	175,009	23,642,856	23,817,865	1.564246	1.564246	1.564246	90.02
90.03	PSYCH SOCIAL REHAB		12,224	12,224	76.220386	76.220386	76.220386	90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	2,942,153	138,240,859	141,183,012	0.404527	0.404527	0.404527	90.07
90.08	OBT OUTPATIENT CENTER	80,073	28,696,670	28,776,743	0.406480	0.406480	0.406480	90.08
90.09	ELMHURST IMMEDIATE CARE	3,894	2,621,375	2,625,269	1.178135	1.178135	1.178135	90.09
90.10	LAGRANGE FAMILY PCC	4,352	8,938,014	8,942,366	0.521344	0.521344	0.521344	90.10
90.12	NORTH RIVERSIDE PCC	5,414	4,182,508	4,187,922	1.055298	1.055298	1.055298	90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	11,813	2,426,824	2,438,637	1.445275	1.445275	1.445275	90.14
90.15	OBT II PCC	5,328	3,084,576	3,089,904	1.374322	1.374322	1.374322	90.15
90.16	HICKORY HILLS PCC	9,831	10,642,118	10,651,949	0.480523	0.480523	0.480523	90.16
90.18	DARIEN PCC	1,321	1,050,161	1,051,482	2.619758	2.619758	2.619758	90.18
90.20	ORLANAD PARK - FP	3,463	4,202,125	4,205,588	0.993038	0.993038	0.993038	90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	9,011	2,975,949	2,984,960	0.703745	0.703745	0.703745	90.21
90.22	HOMER GLEN PCC	26,837	15,766,990	15,793,827	0.565213	0.565213	0.565213	90.22
90.23	OAK PARK PCC	3,270	1,569,937	1,573,207	1.211144	1.211144	1.211144	90.23
90.24	PARK RIDGE PCC	47,404	6,193,808	6,241,212	0.475903	0.475903	0.475903	90.24

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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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				
90.25	LOYOLA CLINIC AT GOTTLIEB	2,511	1,487,714	1,490,225	1.733114	1.733114	1.733114	90.25
90.26	WOODRIDGE PCC		559,510	559,510	0.581389	0.581389	0.581389	90.26
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER	14,580	5,658,585	5,673,165	1.125653	1.125653	1.125653	90.28
90.29	BURR RIDGE PCC	164,606	70,053,487	70,218,093	0.336419	0.336419	0.336419	90.29
90.30	RIVER FOREST	42,433	10,397,023	10,439,456	0.330340	0.330340	0.330340	90.30
90.31	NORRIDGE		270,056	270,056	1.420120	1.420120	1.420120	90.31
90.32	ELMWOOD PARK	957	869,200	870,157	1.568794	1.568794	1.568794	90.32
91	Emergency	48,486,708	61,081,312	109,568,020	0.280169	0.280169	0.280169	91
92	Observation Beds (Non-Distinct Part)		15,379,403	15,379,403	0.394164	0.394164	0.394164	92
92.01	OBSERVATION BEDS-DISTINCT	422,480	752,601	1,175,081	0.473652	0.473652	0.473652	92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	Ambulance Services							95
97	Durable Medical Equip-Sold	388,968	2,274,136	2,663,104	0.219641	0.219641	0.219641	97
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency		5,939,219	5,939,219				101
105	Kidney Acquisition	5,235,668		5,235,668				105
106	Heart Acquisition	1,742,279		1,742,279				106
107	Liver Acquisition	6,876,220		6,876,220				107
108	Lung Acquisition	6,899,651	108,667	7,008,318				108
109	Pancreas Acquisition							109
110	Intestinal Acquisition							110
111	Islet Acquisition							111
112	OTHER ORGAN ACQUISITION (SPECIFY)							112
116	Hospice		2,558,735	2,558,735				116
200	Subtotal (sum of lines 30 thru 199)	1,385,503,825	1,384,160,279	2,769,664,104				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	1,385,503,825	1,384,160,279	2,769,664,104				202

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D  
PART I**

Check            [ ] Title V                            [XX] PPS  
Applicable    [XX] 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	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	Adults & Pediatrics General Routine Care)	4,480,430		4,480,430	99,526	45.02	32,834	1,478,187	30
31	Intensive Care Unit	1,246,484		1,246,484	17,282	72.13	8,990	648,449	31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit	410,270		410,270	2,083	196.96	1,131	222,762	33
34	Surgical Intensive Care Unit								34
35	NEONATAL INTENSIVE CARE	641,236		641,236	10,394	61.69			35
35.01	PEDIATRIC ICU	222,437		222,437	2,386	93.23			35.01
35.03	HEART TRANSPLANT ICU	380,517		380,517	3,299	115.34	713	82,237	35.03
35.04	BONE INTENSIVE CARE	397,602		397,602	3,024	131.48	591	77,705	35.04
40	Subprovider - IPF								40
41	Subprovider - IRF	526,508		526,508	7,397	71.18	4,001	284,791	41
42	Subprovider I								42
43	Nursery	6,147		6,147	2,092	2.94			43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	8,311,631		8,311,631	147,483		48,260	2,794,131	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS**

**COMPONENT CCN: 14-0276**

**WORKSHEET D  
PART II**

Check [ ] Title V [XX] Hospital [ ] SUB (Other) [XX] PPS  
 Applicable [XX] Title XVIII, Part A [ ] IPF [ ] TEFRA  
 Boxes: [ ] Title XIX [ ] IRF

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	5,523,596	90,842,125	0.060804	23,224,448	1,412,139	50
50.01	AMBULATORY SURGERY CENTER	959,082	43,648,042	0.021973	33,727	741	50.01
51	Recovery Room	652,579	55,669,593	0.011722	10,219,582	119,794	51
52	Delivery Room & Labor Room	489,631	11,843,487	0.041342	116,215	4,805	52
53	Anesthesiology	564,647	98,786,178	0.005716	25,302,237	144,628	53
54	Radiology-Diagnostic	2,345,569	85,254,477	0.027513	14,165,348	389,731	54
54.01	RADIOLOGY-ULTRASOUND	131,019	23,901,308	0.005482	2,026,066	11,107	54.01
55	Radiology-Therapeutic						55
56	Radioisotope	908,973	33,086,575	0.027473			56
57	CT Scan	697,241	131,158,901	0.005316	19,898,164	105,779	57
58	MRI	1,487,913	71,920,674	0.020688	8,615,812	178,244	58
59	Cardiac Catheterization	1,984,099	60,352,189	0.032875	10,555,002	346,996	59
60	Laboratory	924,834	393,879,031	0.002348	69,236,726	162,568	60
60.01	LABORATORY-SURGICAL PATHOLOGY	448,764	35,392,945	0.012679	3,498,989	44,364	60.01
60.02	LABORATORY-NEUROSURGICAL						60.02
60.03	LABORATORY-HLA	25,927					60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	305,356	40,671,980	0.007508	11,500,207	86,344	63
65	Respiratory Therapy	421,284	45,220,416	0.009316	15,686,161	146,132	65
66	Physical Therapy	280,538	22,302,837	0.012579	3,254,287	40,936	66
67	Occupational Therapy	100,823	6,519,870	0.015464	1,842,174	28,487	67
68	Speech Pathology	23,745	1,788,340	0.013278	769,290	10,215	68
69	Electrocardiology	2,396,865	98,361,760	0.024368	19,109,017	465,649	69
70	Electroencephalography	243,059	7,873,754	0.030870	1,319,352	40,728	70
71	Medical Supplies Charged to Pat	178,135	62,170,500	0.002865	12,666,333	36,289	71
72	Impl. Dev. Charged to Patients	169,613	94,153,292	0.001801	26,275,264	47,322	72
73	Drugs Charged to Patients	443,264	270,673,637	0.001638	44,121,435	72,271	73
74	Renal Dialysis	310,707	25,595,288	0.012139	2,398,664	29,117	74
76	PULMONARY LABS	130,445	3,520,041	0.037058	674,993	25,014	76
76.01	OCCUPATIONAL HEALTH	139,641	549,299	0.254217			76.01
76.03	HYPERALIMENTATION						76.03
76.04	PERIPHERAL VASCULAR	48,712	13,966,531	0.003488	2,944,512	10,270	76.04
76.05	PEDIATRIC ENDO NUTRITION						76.05
76.07	GASTROINTESTINAL SERVICE	1,470,476	34,252,888	0.042930	2,405,494	103,268	76.07
76.09	BONE MARROW PROCUREMENT	11,759	2,962,690	0.003969	763,411	3,030	76.09
76.10	BIARIATRICS	4,332	365,546	0.011851	339	4	76.10
76.11	HEPATOLOGY	225,817	1,154,191	0.195650			76.11
76.97	CARDIAC REHABILITATION	16,109	522,258	0.030845	259,381	8,001	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	64,581	812,581	0.079476	946	75	90
90.01	CARDIAC REHABILITATION						90.01
90.02	CANCER CENTER	981,545	23,817,865	0.041210	119,059	4,906	90.02
90.03	PSYCH SOCIAL REHAB	123,808	12,224	10.128272			90.03
90.04	WELLNESS ASSESSMENT						90.04
90.06	HEART FAILURE CLINIC						90.06
90.07	LOC OUTPATIENT CENTER	5,267,105	141,183,012	0.037307	1,513,578	56,467	90.07
90.08	OBT OUTPATIENT CENTER	849,239	28,776,743	0.029511	65,799	1,942	90.08
90.09	ELMHURST IMMEDIATE CARE	263,140	2,625,269	0.100234	3,066	307	90.09
90.10	LAGRANGE FAMILY PCC	364,306	8,942,366	0.040739	3,576	146	90.10
90.12	NORTH RIVERSIDE PCC	35,236	4,187,922	0.008414	3,254	27	90.12
90.13	GLENDALE HEIGHTS PCC						90.13
90.14	WHEATON PCC	233,755	2,438,637	0.095855	9,643	924	90.14
90.15	OBT II PCC	350,223	3,089,904	0.113344			90.15
90.16	HICKORY HILLS PCC	52,260	10,651,949	0.004906	8,110	40	90.16
90.18	DARIEN PCC	184,443	1,051,482	0.175412	1,053	185	90.18
90.20	ORLANAD PARK - FP	68,392	4,205,588	0.016262	2,891	47	90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	94,092	2,984,960	0.031522	7,487	236	90.21
90.22	HOMER GLEN PCC	394,717	15,793,827	0.024992	20,367	509	90.22
90.23	OAK PARK PCC	23,966	1,573,207	0.015234	2,277	35	90.23
90.24	PARK RIDGE PCC	192,152	6,241,212	0.030788	39,371	1,212	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	31,913	1,490,225	0.021415	2,055	44	90.25
90.26	WOODRIDGE PCC	2,512	559,510	0.004490			90.26
90.27	NEUROLOGY - NILES						90.27

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0276

WORKSHEET D  
PART II

Check  Title V  Hospital  SUB (Other)  PPS  
 Applicable  Title XVIII, Part A  IPF  TEFRA  
 Boxes:  Title XIX  IRF

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
90.28	MARJORIE WEINBERG CANCER CENTER	49,224	5,673,165	0.008677	11,804	102	90.28
90.29	BURR RIDGE PCC	2,342,616	70,218,093	0.033362	128,937	4,302	90.29
90.30	RIVER FOREST	20,583	10,439,456	0.001972	34,718	68	90.30
90.31	NORRIDGE	44,517	270,056	0.164844			90.31
90.32	ELMWOOD PARK	117,951	870,157	0.135551	631	86	90.32
91	Emergency	743,469	109,568,020	0.006785	17,705,418	120,131	91
92	Observation Beds (Non-Distinct	300,536	15,379,403	0.019541			92
92.01	OBSERVATION BEDS-DISTINCT	28,089	1,175,081	0.023904			92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
95	Ambulance Services						95
97	Durable Medical Equip-Sold	3,224	2,663,104	0.001211	244,409	296	97
200	Total (sum of lines 50-199)	37,292,148	2,345,055,661		352,811,079	4,266,060	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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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  Other

		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3 minus col 4.)	
(A)	Cost Center Description	1	2	3	4	5	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30	Adults & Pediatrics General Routine Care)						30
31	Intensive Care Unit						31
32	Coronary Care Unit						32
33	Burn Intensive Care Unit						33
34	Surgical Intensive Care Unit						34
35	NEONATAL INTENSIVE CARE						35
35.01	PEDIATRIC ICU						35.01
35.03	HEART TRANSPLANT ICU						35.03
35.04	BONE INTENSIVE CARE						35.04
40	Subprovider - IPF						40
41	Subprovider - IRF						41
42	Subprovider I						42
43	Nursery						43
44	Skilled Nursing Facility						44
45	Nursing Facility						45
200	TOTAL (lines 30-199)						200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D  
PART III**

Check            [ ] Title V                            [XX] PPS  
Applicable    [XX] Title XVIII, Part A        [ ] TEFRA  
Boxes:         [ ] Title XIX                       [ ] Other

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
6		7		8	9	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30	Adults & Pediatrics (General Routine Care)	99,526		32,834		30
31	Intensive Care Unit	17,282		8,990		31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit	2,083		1,131		33
34	Surgical Intensive Care Unit					34
35	NEONATAL INTENSIVE CARE	10,394				35
35.01	PEDIATRIC ICU	2,386				35.01
35.03	HEART TRANSPLANT ICU	3,299		713		35.03
35.04	BONE INTENSIVE CARE	3,024		591		35.04
40	Subprovider - IPF					40
41	Subprovider - IRF	7,397		4,001		41
42	Subprovider I					42
43	Nursery	2,092				43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	147,483		48,260		200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-0276**

**WORKSHEET D  
PART IV**

Check [ ] Title V [XX] Hospital [ ] SUB (Other) [ ] ICF/IID [XX] PPS  
 Applicable [XX] Title XVIII, Part A [ ] IPF [ ] SNF [ ] TEFRA  
 Boxes: [ ] Title XIX [ ] IRF [ ] NF [ ] Other

(A)	Cost Center Description	1	2	3	4	5	6
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room						50
50.01	AMBULATORY SURGERY CENTER						50.01
51	Recovery Room						51
52	Delivery Room & Labor Room						52
53	Anesthesiology						53
54	Radiology-Diagnostic						54
54.01	RADIOLOGY-ULTRASOUND						54.01
55	Radiology-Therapeutic						55
56	Radioisotope						56
57	CT Scan						57
58	MRI						58
59	Cardiac Catheterization						59
60	Laboratory						60
60.01	LABORATORY-SURGICAL PATHOLOGY						60.01
60.02	LABORATORY-NEUROSURGICAL						60.02
60.03	LABORATORY-HLA						60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra						63
65	Respiratory Therapy						65
66	Physical Therapy						66
67	Occupational Therapy						67
68	Speech Pathology						68
69	Electrocardiology						69
70	Electroencephalography						70
71	Medical Supplies Charged to Pat						71
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
76	PULMONARY LABS						76
76.01	OCCUPATIONAL HEALTH						76.01
76.03	HYPERALIMENTATION						76.03
76.04	PERIPHERAL VASCULAR						76.04
76.05	PEDIATRIC ENDO NUTRITION						76.05
76.07	GASTROINTESTINAL SERVICE						76.07
76.09	BONE MARROW PROCUREMENT						76.09
76.10	BARIASTRICS						76.10
76.11	HEPATOLOGY						76.11
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic						90
90.01	CARDIAC REHABILITATION						90.01
90.02	CANCER CENTER						90.02
90.03	PSYCH SOCIAL REHAB						90.03
90.04	WELLNESS ASSESSMENT						90.04
90.06	HEART FAILURE CLINIC						90.06
90.07	LOC OUTPATIENT CENTER						90.07
90.08	OBT OUTPATIENT CENTER						90.08
90.09	ELMHURST IMMEDIATE CARE						90.09
90.10	LAGRANGE FAMILY PCC						90.10
90.12	NORTH RIVERSIDE PCC						90.12
90.13	GLENDALE HEIGHTS PCC						90.13
90.14	WHEATON PCC						90.14
90.15	OBT II PCC						90.15
90.16	HICKORY HILLS PCC						90.16
90.18	DARIEN PCC						90.18
90.20	ORLANAD PARK - FP						90.20
90.21	FAMILY PRACTICE MAYWOOD PCC						90.21
90.22	HOMER GLEN PCC						90.22
90.23	OAK PARK PCC						90.23
90.24	PARK RIDGE PCC						90.24
90.25	LOYOLA CLINIC AT GOTTLIEB						90.25
90.26	WOODRIDGE PCC						90.26
90.27	NEUROLOGY - NILES						90.27
90.28	MARJORIE WEINBERG CANCER CENTER						90.28

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-0276**

**WORKSHEET D  
PART IV**

Check  Title V  Hospital  SUB (Other)  ICF/IID  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  TEFRA  
 Boxes:  Title XIX  IRF  NF  Other

(A)	Cost Center Description	1 Non Physician Anesth- etist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
90.29	BURR RIDGE PCC							90.29
90.30	RIVER FOREST							90.30
90.31	NORRIDGE							90.31
90.32	ELMWOOD PARK							90.32
91	Emergency			1,270,383		1,270,383	1,270,383	91
92	Observation Beds (Non-Distinct							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	Ambulance Services							95
97	Durable Medical Equip-Sold							97
200	Total (sum of lines 50-199)			1,270,383		1,270,383	1,270,383	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-0276**

**WORKSHEET D  
PART IV**

Check [ ] Title V [XX] Hospital [ ] SUB (Other) [ ] ICF/IID [XX] PPS  
 Applicable [XX] Title XVIII, Part A [ ] IPF [ ] SNF [ ] TEFRA  
 Boxes: [ ] Title XIX [ ] IRF [ ] NF [ ] Other

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	90,842,125			23,224,448		5,196,390	50
50.01	AMBULATORY SURGERY CENTER	43,648,042			33,727		7,998,418	50.01
51	Recovery Room	55,669,593			10,219,582		5,606,721	51
52	Delivery Room & Labor Room	11,843,487			116,215		8,516	52
53	Anesthesiology	98,786,178			25,302,237		6,253,755	53
54	Radiology-Diagnostic	85,254,477			14,165,348		11,074,903	54
54.01	RADIOLOGY-ULTRASOUND	23,901,308			2,026,066		3,611,803	54.01
55	Radiology-Therapeutic							55
56	Radioisotope	33,086,575						56
57	CT Scan	131,158,901			19,898,164		26,399,902	57
58	MRI	71,920,674			8,615,812		24,275,413	58
59	Cardiac Catheterization	60,352,189			10,555,002		14,805,649	59
60	Laboratory	393,879,031			69,236,726		41,266,375	60
60.01	LABORATORY-SURGICAL PATHOLOGY	35,392,945			3,498,989		6,213,286	60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA							60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra	40,671,980			11,500,207		2,386,474	63
65	Respiratory Therapy	45,220,416			15,686,161		236,172	65
66	Physical Therapy	22,302,837			3,254,287		213,397	66
67	Occupational Therapy	6,519,870			1,842,174		17,248	67
68	Speech Pathology	1,788,340			769,290		6	68
69	Electrocardiology	98,361,760			19,109,017		20,799,134	69
70	Electroencephalography	7,873,754			1,319,352		628,737	70
71	Medical Supplies Charged to Pat	62,170,500			12,666,333		7,625,720	71
72	Impl. Dev. Charged to Patients	94,153,292			26,275,264		11,058,810	72
73	Drugs Charged to Patients	270,673,637			44,121,435		45,829,265	73
74	Renal Dialysis	25,595,288			2,398,664		287,022	74
76	PULMONARY LABS	3,520,041			674,993		899,023	76
76.01	OCCUPATIONAL HEALTH	549,299						76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	13,966,531			2,944,512		3,420,271	76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	34,252,888			2,405,494		7,823,056	76.07
76.09	BONE MARROW PROCUREMENT	2,962,690			763,411		94,670	76.09
76.10	BIATRICS	365,546			339		38,503	76.10
76.11	HEPATOLOGY	1,154,191						76.11
76.97	CARDIAC REHABILITATION	522,258			259,381			76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	812,581			946		73,576	90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER	23,817,865			119,059		8,272,900	90.02
90.03	PSYCH SOCIAL REHAB	12,224					2,858	90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	141,183,012			1,513,578		47,228,377	90.07
90.08	OBT OUTPATIENT CENTER	28,776,743			65,799		5,686,407	90.08
90.09	ELMHURST IMMEDIATE CARE	2,625,269			3,066		677,603	90.09
90.10	LAGRANGE FAMILY PCC	8,942,366			3,576		3,213,908	90.10
90.12	NORTH RIVERSIDE PCC	4,187,922			3,254		500,047	90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	2,438,637			9,643		638,254	90.14
90.15	OBT II PCC	3,089,904						90.15
90.16	HICKORY HILLS PCC	10,651,949			8,110		1,388,451	90.16
90.18	DARIEN PCC	1,051,482			1,053		206,944	90.18
90.20	ORLANAD PARK - FP	4,205,588			2,891		1,173,460	90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	2,984,960			7,487		526,799	90.21
90.22	HOMER GLEN PCC	15,793,827			20,367		3,028,207	90.22
90.23	OAK PARK PCC	1,573,207			2,277		477,024	90.23
90.24	PARK RIDGE PCC	6,241,212			39,371		2,178,186	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	1,490,225			2,055		375,634	90.25
90.26	WOODRIDGE PCC	559,510					178,804	90.26
90.27	NEUROLOGY - NILES							90.27

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-0276**

**WORKSHEET D  
PART IV**

Check  Title V  Hospital  SUB (Other)  ICF/IID  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  TEFRA  
 Boxes:  Title XIX  IRF  NF  Other

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7		8		9	10	11	12	13	
90.28	MARJORIE WEINBERG CANCER CENTER	5,673,165			11,804		2,852,636		90.28
90.29	BURR RIDGE PCC	70,218,093			128,937		17,214,896		90.29
90.30	RIVER FOREST	10,439,456			34,718		1,958,577		90.30
90.31	NORRIDGE	270,056					41,721		90.31
90.32	ELMWOOD PARK	870,157			631		265,042		90.32
91	Emergency	109,568,020	0.011594	0.011594	17,705,418	205,277	10,187,432	118,113	91
92	Observation Beds (Non-Distinct)	15,379,403					4,352,361		92
92.01	OBSERVATION BEDS-DISTINCT	1,175,081							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
95	Ambulance Services								95
97	Durable Medical Equip-Sold	2,663,104			244,409		1,333,197		97
200	Total (sum of lines 50-199)	2,345,055,661			352,811,079	205,277	368,101,940	118,113	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS**

**COMPONENT CCN: 14-0276**

**WORKSHEET D  
PART V**

Check [ ] Title V - O/P [XX] Hospital [ ] SUB (Other) [ ] Swing Bed SNF  
 Applicable [XX] Title XVIII, Part B [ ] IPF [ ] SNF [ ] Swing Bed NF  
 Boxes: [ ] Title XIX - O/P [ ] IRF [ ] NF [ ] ICF/IID

(A)	Cost Center Description	Program Charges				Program Cost		
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	0.581892	5,196,390			3,023,738		50
50.01	AMBULATORY SURGERY CENTER	0.226181	7,998,418			1,809,090		50.01
51	Recovery Room	0.140154	5,606,721			785,804		51
52	Delivery Room & Labor Room	0.454897	8,516			3,874		52
53	Anesthesiology	0.052721	6,253,755			329,704		53
54	Radiology-Diagnostic	0.196967	11,074,903			2,181,390		54
54.01	RADIOLOGY-ULTRASOUND	0.093977	3,611,803			339,426		54.01
55	Radiology-Therapeutic							55
56	Radioisotope	0.228397						56
57	CT Scan	0.070749	26,399,902			1,867,767		57
58	MRI	0.088982	24,275,413			2,160,075		58
59	Cardiac Catheterization	0.225722	14,805,649			3,341,961		59
60	Laboratory	0.086918	41,266,375			3,586,791		60
60.01	LABORATORY-SURGICAL PATHOLOGY	0.153920	6,213,286			956,349		60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA							60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra	0.298932	2,386,474			713,393		63
65	Respiratory Therapy	0.253953	236,172			59,977		65
66	Physical Therapy	0.302871	213,397			64,632		66
67	Occupational Therapy	0.358909	17,248			6,190		67
68	Speech Pathology	0.451062	6			3		68
69	Electrocardiology	0.126049	20,799,134			2,621,710		69
70	Electroencephalography	0.354333	628,737			222,782		70
71	Medical Supplies Charged to Pat	0.543379	7,625,720			4,143,656		71
72	Impl. Dev. Charged to Patients	0.468156	11,058,810			5,177,248		72
73	Drugs Charged to Patients	0.189746	45,829,265	259,078	1,188,457	8,695,920	49,159	225,505
74	Renal Dialysis	0.292859	287,022			84,057		74
76	PULMONARY LABS	0.344466	899,023			309,683		76
76.01	OCCUPATIONAL HEALTH	2.521503						76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	0.125726	3,420,271			430,017		76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	0.193011	7,823,056			1,509,936		76.07
76.09	BONE MARROW PROCUREMENT	1.030319	94,670			97,540		76.09
76.10	BIATRICS	2.679376	38,503			103,164		76.10
76.11	HEPATOLOGY	1.175396						76.11
76.97	CARDIAC REHABILITATION	0.907419						76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	0.995152	73,576			73,219		90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER	1.564246	8,272,900			12,940,851		90.02
90.03	PSYCH SOCIAL REHAB	76.220386	2,858			217,838		90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	0.404527	47,228,377			19,105,154		90.07
90.08	OBT OUTPATIENT CENTER	0.406480	5,686,407			2,311,411		90.08
90.09	ELMHURST IMMEDIATE CARE	1.178135	677,603			798,308		90.09
90.10	LAGRANGE FAMILY PCC	0.521344	3,213,908			1,675,552		90.10
90.12	NORTH RIVERSIDE PCC	1.055298	500,047			527,699		90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	1.445275	638,254			922,453		90.14
90.15	OBT II PCC	1.374322						90.15
90.16	HICKORY HILLS PCC	0.480523	1,388,451			667,183		90.16
90.18	DARIEN PCC	2.619758	206,944			542,143		90.18
90.20	ORLANAD PARK - FP	0.993038	1,173,460			1,165,290		90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	0.703745	526,799			370,732		90.21
90.22	HOMER GLEN PCC	0.565213	3,028,207			1,711,582		90.22
90.23	OAK PARK PCC	1.211144	477,024			577,745		90.23
90.24	PARK RIDGE PCC	0.475903	2,178,186			1,036,605		90.24

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0276

WORKSHEET D  
PART V

Check [ ] Title V - O/P [XX] Hospital [ ] SUB (Other) [ ] Swing Bed SNF  
 Applicable [XX] Title XVIII, Part B [ ] IPF [ ] SNF [ ] Swing Bed NF  
 Boxes: [ ] Title XIX - O/P [ ] IRF [ ] NF [ ] ICF/IID

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
90.25	LOYOLA CLINIC AT GOTTLIEB	1.733114	375,634			651,017			90.25
90.26	WOODRIDGE PCC	0.581389	178,804			103,955			90.26
90.27	NEUROLOGY - NILES								90.27
90.28	MARJORIE WEINBERG CANCER CENTER	1.125653	2,852,636			3,211,078			90.28
90.29	BURR RIDGE PCC	0.336419	17,214,896			5,791,418			90.29
90.30	RIVER FOREST	0.330340	1,958,577			646,996			90.30
90.31	NORRIDGE	1.420120	41,721			59,249			90.31
90.32	ELMWOOD PARK	1.568794	265,042			415,796			90.32
91	Emergency	0.280169	10,187,432			2,854,203			91
92	Observation Beds (Non-Distinct	0.394164	4,352,361			1,715,544			92
92.01	OBSERVATION BEDS-DISTINCT	0.473652							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
95	Ambulance Services								95
97	Durable Medical Equip-Sold	0.219641	1,333,197			292,825			97
200	Subtotal (see instructions)		368,101,940	259,078	1,188,457	105,011,723	49,159	225,505	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		368,101,940	259,078	1,188,457	105,011,723	49,159	225,505	202

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS**

**COMPONENT CCN: 14-T276**

**WORKSHEET D  
PART II**

Check [ ] Title V [ ] Hospital [ ] SUB (Other) [XX] PPS  
 Applicable [XX] Title XVIII, Part A [ ] IPF [ ] TEFRA  
 Boxes: [ ] Title XIX [XX] IRF

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
1	2	3	4	5			
<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	5,523,596	90,842,125	0.060804	59,823	3,637	50
50.01	AMBULATORY SURGERY CENTER	959,082	43,648,042	0.021973			50.01
51	Recovery Room	652,579	55,669,593	0.011722	6,701	79	51
52	Delivery Room & Labor Room	489,631	11,843,487	0.041342	1,957	81	52
53	Anesthesiology	564,647	98,786,178	0.005716	6,214	36	53
54	Radiology-Diagnostic	2,345,569	85,254,477	0.027513	108,029	2,972	54
54.01	RADIOLOGY-ULTRASOUND	131,019	23,901,308	0.005482	10,569	58	54.01
55	Radiology-Therapeutic						55
56	Radioisotope	908,973	33,086,575	0.027473	3,176	87	56
57	CT Scan	697,241	131,158,901	0.005316	168,262	894	57
58	MRI	1,487,913	71,920,674	0.020688	65,749	1,360	58
59	Cardiac Catheterization	1,984,099	60,352,189	0.032875	71,673	2,356	59
60	Laboratory	924,834	393,879,031	0.002348	1,002,022	2,353	60
60.01	LABORATORY-SURGICAL PATHOLOGY	448,764	35,392,945	0.012679	3,440	44	60.01
60.02	LABORATORY-NEUROSURGICAL						60.02
60.03	LABORATORY-HLA	25,927					60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	305,356	40,671,980	0.007508	29,630	222	63
65	Respiratory Therapy	421,284	45,220,416	0.009316	475,607	4,431	65
66	Physical Therapy	280,538	22,302,837	0.012579	1,788,542	22,498	66
67	Occupational Therapy	100,823	6,519,870	0.015464	1,601,729	24,769	67
68	Speech Pathology	23,745	1,788,340	0.013278	421,887	5,602	68
69	Electrocardiology	2,396,865	98,361,760	0.024368	15,728	383	69
70	Electroencephalography	243,059	7,873,754	0.030870	25,136	776	70
71	Medical Supplies Charged to Pat	178,135	62,170,500	0.002865	98,290	282	71
72	Impl. Dev. Charged to Patients	169,613	94,153,292	0.001801	40,131	72	72
73	Drugs Charged to Patients	443,264	270,673,637	0.001638	1,199,150	1,964	73
74	Renal Dialysis	310,707	25,595,288	0.012139	34,980	425	74
76	PULMONARY LABS	130,445	3,520,041	0.037058			76
76.01	OCCUPATIONAL HEALTH	139,641	549,299	0.254217			76.01
76.03	HYPERALIMENTATION						76.03
76.04	PERIPHERAL VASCULAR	48,712	13,966,531	0.003488			76.04
76.05	PEDIATRIC ENDO NUTRITION						76.05
76.07	GASTROINTESTINAL SERVICE	1,470,476	34,252,888	0.042930			76.07
76.09	BONE MARROW PROCUREMENT	11,759	2,962,690	0.003969			76.09
76.10	BIATRICS	4,332	365,546	0.011851			76.10
76.11	HEPATOLOGY	225,817	1,154,191	0.195650			76.11
76.97	CARDIAC REHABILITATION	16,109	522,258	0.030845			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	64,581	812,581	0.079476			90
90.01	CARDIAC REHABILITATION						90.01
90.02	CANCER CENTER	981,545	23,817,865	0.041210			90.02
90.03	PSYCH SOCIAL REHAB	123,808	12,224	10.128272			90.03
90.04	WELLNESS ASSESSMENT						90.04
90.06	HEART FAILURE CLINIC						90.06
90.07	LOC OUTPATIENT CENTER	5,267,105	141,183,012	0.037307	190	7	90.07
90.08	OBT OUTPATIENT CENTER	849,239	28,776,743	0.029511			90.08
90.09	ELMHURST IMMEDIATE CARE	263,140	2,625,269	0.100234			90.09
90.10	LAGRANGE FAMILY PCC	364,306	8,942,366	0.040739			90.10
90.12	NORTH RIVERSIDE PCC	35,236	4,187,922	0.008414			90.12
90.13	GLENDALE HEIGHTS PCC						90.13
90.14	WHEATON PCC	233,755	2,438,637	0.095855			90.14
90.15	OBT II PCC	350,223	3,089,904	0.113344			90.15
90.16	HICKORY HILLS PCC	52,260	10,651,949	0.004906			90.16
90.18	DARIEN PCC	184,443	1,051,482	0.175412			90.18
90.20	ORLANAD PARK - FP	68,392	4,205,588	0.016262			90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	94,092	2,984,960	0.031522			90.21
90.22	HOMER GLEN PCC	394,717	15,793,827	0.024992			90.22
90.23	OAK PARK PCC	23,966	1,573,207	0.015234			90.23
90.24	PARK RIDGE PCC	192,152	6,241,212	0.030788			90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	31,913	1,490,225	0.021415			90.25
90.26	WOODRIDGE PCC	2,512	559,510	0.004490			90.26
90.27	NEUROLOGY - NILES						90.27

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-T276

WORKSHEET D  
PART II

Check  Title V  Hospital  SUB (Other)  PPS  
 Applicable  Title XVIII, Part A  IPF  TEFRA  
 Boxes:  Title XIX  IRF

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
90.28	MARJORIE WEINBERG CANCER CENTER	49,224	5,673,165	0.008677			90.28
90.29	BURR RIDGE PCC	2,342,616	70,218,093	0.033362			90.29
90.30	RIVER FOREST	20,583	10,439,456	0.001972			90.30
90.31	NORRIDGE	44,517	270,056	0.164844			90.31
90.32	ELMWOOD PARK	117,951	870,157	0.135551			90.32
91	Emergency	743,469	109,568,020	0.006785	15,261	104	91
92	Observation Beds (Non-Distinct)		15,379,403				92
92.01	OBSERVATION BEDS-DISTINCT	28,089	1,175,081	0.023904			92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
95	Ambulance Services						95
97	Durable Medical Equip-Sold	3,224	2,663,104	0.001211			97
200	Total (sum of lines 50-199)	36,991,612	2,345,055,661		7,253,876	75,492	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-T276**

**WORKSHEET D  
PART IV**

Check  Title V  Hospital  SUB (Other)  ICF/IID  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  TEFRA  
 Boxes:  Title XIX  IRF  NF  Other

(A)	Cost Center Description	1	2	3	4	5	6
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room						50
50.01	AMBULATORY SURGERY CENTER						50.01
51	Recovery Room						51
52	Delivery Room & Labor Room						52
53	Anesthesiology						53
54	Radiology-Diagnostic						54
54.01	RADIOLOGY-ULTRASOUND						54.01
55	Radiology-Therapeutic						55
56	Radioisotope						56
57	CT Scan						57
58	MRI						58
59	Cardiac Catheterization						59
60	Laboratory						60
60.01	LABORATORY-SURGICAL PATHOLOGY						60.01
60.02	LABORATORY-NEUROSURGICAL						60.02
60.03	LABORATORY-HLA						60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra						63
65	Respiratory Therapy						65
66	Physical Therapy						66
67	Occupational Therapy						67
68	Speech Pathology						68
69	Electrocardiology						69
70	Electroencephalography						70
71	Medical Supplies Charged to Pat						71
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
76	PULMONARY LABS						76
76.01	OCCUPATIONAL HEALTH						76.01
76.03	HYPERALIMENTATION						76.03
76.04	PERIPHERAL VASCULAR						76.04
76.05	PEDIATRIC ENDO NUTRITION						76.05
76.07	GASTROINTESTINAL SERVICE						76.07
76.09	BONE MARROW PROCUREMENT						76.09
76.10	BARIASTRICS						76.10
76.11	HEPATOLOGY						76.11
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic						90
90.01	CARDIAC REHABILITATION						90.01
90.02	CANCER CENTER						90.02
90.03	PSYCH SOCIAL REHAB						90.03
90.04	WELLNESS ASSESSMENT						90.04
90.06	HEART FAILURE CLINIC						90.06
90.07	LOC OUTPATIENT CENTER						90.07
90.08	OBT OUTPATIENT CENTER						90.08
90.09	ELMHURST IMMEDIATE CARE						90.09
90.10	LAGRANGE FAMILY PCC						90.10
90.12	NORTH RIVERSIDE PCC						90.12
90.13	GLENDALE HEIGHTS PCC						90.13
90.14	WHEATON PCC						90.14
90.15	OBT II PCC						90.15
90.16	HICKORY HILLS PCC						90.16
90.18	DARIEN PCC						90.18
90.20	ORLANAD PARK - FP						90.20
90.21	FAMILY PRACTICE MAYWOOD PCC						90.21
90.22	HOMER GLEN PCC						90.22
90.23	OAK PARK PCC						90.23
90.24	PARK RIDGE PCC						90.24
90.25	LOYOLA CLINIC AT GOTTLIEB						90.25
90.26	WOODRIDGE PCC						90.26
90.27	NEUROLOGY - NILES						90.27
90.28	MARJORIE WEINBERG CANCER CENTER						90.28

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-T276**

**WORKSHEET D  
PART IV**

Check  Title V  Hospital  SUB (Other)  ICF/IID  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  TEFRA  
 Boxes:  Title XIX  IRF  NF  Other

(A)	Cost Center Description	1 Non Physician Anesth- etist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
90.29	BURR RIDGE PCC							90.29
90.30	RIVER FOREST							90.30
90.31	NORRIDGE							90.31
90.32	ELMWOOD PARK							90.32
91	Emergency			1,270,383		1,270,383	1,270,383	91
92	Observation Beds (Non-Distinct							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	Ambulance Services							95
97	Durable Medical Equip-Sold							97
200	Total (sum of lines 50-199)			1,270,383		1,270,383	1,270,383	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-T276**

**WORKSHEET D  
PART IV**

Check [ ] Title V [ ] Hospital [ ] SUB (Other) [ ] ICF/IID [XX] PPS  
 Applicable [XX] Title XVIII, Part A [ ] IPF [ ] SNF [ ] TEFRA  
 Boxes: [ ] Title XIX [XX] IRF [ ] NF [ ] Other

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	90,842,125			59,823			50
50.01	AMBULATORY SURGERY CENTER	43,648,042						50.01
51	Recovery Room	55,669,593			6,701			51
52	Delivery Room & Labor Room	11,843,487			1,957			52
53	Anesthesiology	98,786,178			6,214			53
54	Radiology-Diagnostic	85,254,477			108,029			54
54.01	RADIOLOGY-ULTRASOUND	23,901,308			10,569			54.01
55	Radiology-Therapeutic							55
56	Radioisotope	33,086,575			3,176			56
57	CT Scan	131,158,901			168,262			57
58	MRI	71,920,674			65,749			58
59	Cardiac Catheterization	60,352,189			71,673			59
60	Laboratory	393,879,031			1,002,022			60
60.01	LABORATORY-SURGICAL PATHOLOGY	35,392,945			3,440			60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA							60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra	40,671,980			29,630			63
65	Respiratory Therapy	45,220,416			475,607			65
66	Physical Therapy	22,302,837			1,788,542			66
67	Occupational Therapy	6,519,870			1,601,729			67
68	Speech Pathology	1,788,340			421,887			68
69	Electrocardiology	98,361,760			15,728			69
70	Electroencephalography	7,873,754			25,136			70
71	Medical Supplies Charged to Pat	62,170,500			98,290			71
72	Impl. Dev. Charged to Patients	94,153,292			40,131			72
73	Drugs Charged to Patients	270,673,637			1,199,150			73
74	Renal Dialysis	25,595,288			34,980			74
76	PULMONARY LABS	3,520,041						76
76.01	OCCUPATIONAL HEALTH	549,299						76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	13,966,531						76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	34,252,888						76.07
76.09	BONE MARROW PROCUREMENT	2,962,690						76.09
76.10	BIARIATRICS	365,546						76.10
76.11	HEPATOLOGY	1,154,191						76.11
76.97	CARDIAC REHABILITATION	522,258						76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	812,581						90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER	23,817,865						90.02
90.03	PSYCH SOCIAL REHAB	12,224						90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	141,183,012			190			90.07
90.08	OBT OUTPATIENT CENTER	28,776,743						90.08
90.09	ELMHURST IMMEDIATE CARE	2,625,269						90.09
90.10	LAGRANGE FAMILY PCC	8,942,366						90.10
90.12	NORTH RIVERSIDE PCC	4,187,922						90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	2,438,637						90.14
90.15	OBT II PCC	3,089,904						90.15
90.16	HICKORY HILLS PCC	10,651,949						90.16
90.18	DARIEN PCC	1,051,482						90.18
90.20	ORLANAD PARK - FP	4,205,588						90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	2,984,960						90.21
90.22	HOMER GLEN PCC	15,793,827						90.22
90.23	OAK PARK PCC	1,573,207						90.23
90.24	PARK RIDGE PCC	6,241,212						90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	1,490,225						90.25
90.26	WOODRIDGE PCC	559,510						90.26
90.27	NEUROLOGY - NILES							90.27

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-T276**

**WORKSHEET D  
PART IV**

Check  Title V  Hospital  SUB (Other)  ICF/IID  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  TEFRA  
 Boxes:  Title XIX  IRF  NF  Other

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
90.28	MARJORIE WEINBERG CANCER CENTER	5,673,165							90.28
90.29	BURR RIDGE PCC	70,218,093							90.29
90.30	RIVER FOREST	10,439,456							90.30
90.31	NORRIDGE	270,056							90.31
90.32	ELMWOOD PARK	870,157							90.32
91	Emergency	109,568,020	0.011594	0.011594	15,261	177			91
92	Observation Beds (Non-Distinct)	15,379,403							92
92.01	OBSERVATION BEDS-DISTINCT	1,175,081							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
95	Ambulance Services								95
97	Durable Medical Equip-Sold	2,663,104							97
200	Total (sum of lines 50-199)	2,345,055,661			7,253,876	177			200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-T276

WORKSHEET D  
PART V

Check [ ] Title V - O/P [ ] Hospital [ ] SUB (Other) [ ] Swing Bed SNF  
 Applicable [XX] Title XVIII, Part B [ ] IPF [ ] SNF [ ] Swing Bed NF  
 Boxes: [ ] Title XIX - O/P [XX] IRF [ ] NF [ ] ICF/IID

(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.)
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	0.581892						50
50.01	AMBULATORY SURGERY CENTER	0.226181						50.01
51	Recovery Room	0.140154						51
52	Delivery Room & Labor Room	0.454897						52
53	Anesthesiology	0.052721						53
54	Radiology-Diagnostic	0.196967						54
54.01	RADIOLOGY-ULTRASOUND	0.093977						54.01
55	Radiology-Therapeutic							55
56	Radioisotope	0.228397						56
57	CT Scan	0.070749						57
58	MRI	0.088982						58
59	Cardiac Catheterization	0.225722						59
60	Laboratory	0.086918						60
60.01	LABORATORY-SURGICAL PATHOLOGY	0.153920						60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA							60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra	0.298932						63
65	Respiratory Therapy	0.253953						65
66	Physical Therapy	0.302871						66
67	Occupational Therapy	0.358909						67
68	Speech Pathology	0.451062						68
69	Electrocardiology	0.126049						69
70	Electroencephalography	0.354333						70
71	Medical Supplies Charged to Pat	0.543379						71
72	Impl. Dev. Charged to Patients	0.468156						72
73	Drugs Charged to Patients	0.189746						73
74	Renal Dialysis	0.292859						74
76	PULMONARY LABS	0.344466						76
76.01	OCCUPATIONAL HEALTH	2.521503						76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	0.125726						76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	0.193011						76.07
76.09	BONE MARROW PROCUREMENT	1.030319						76.09
76.10	BIATRICS	2.679376						76.10
76.11	HEPATOLOGY	1.175396						76.11
76.97	CARDIAC REHABILITATION	0.907419						76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	0.995152						90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER	1.564246						90.02
90.03	PSYCH SOCIAL REHAB	76.220386						90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	0.404527						90.07
90.08	OBT OUTPATIENT CENTER	0.406480						90.08
90.09	ELMHURST IMMEDIATE CARE	1.178135						90.09
90.10	LAGRANGE FAMILY PCC	0.521344						90.10
90.12	NORTH RIVERSIDE PCC	1.055298						90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	1.445275						90.14
90.15	OBT II PCC	1.374322						90.15
90.16	HICKORY HILLS PCC	0.480523						90.16
90.18	DARIEN PCC	2.619758						90.18
90.20	ORLANAD PARK - FP	0.993038						90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	0.703745						90.21
90.22	HOMER GLEN PCC	0.565213						90.22
90.23	OAK PARK PCC	1.211144						90.23
90.24	PARK RIDGE PCC	0.475903						90.24

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-T276

WORKSHEET D  
PART V

Check  Title V - O/P  Hospital  SUB (Other)  Swing Bed SNF  
 Applicable  Title XVIII, Part B  IPF  SNF  Swing Bed NF  
 Boxes:  Title XIX - O/P  IRF  NF  ICF/IID

(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.)	
90.25	LOYOLA CLINIC AT GOTTLIEB	1.733114							90.25
90.26	WOODRIDGE PCC	0.581389							90.26
90.27	NEUROLOGY - NILES								90.27
90.28	MARJORIE WEINBERG CANCER CENTER	1.125653							90.28
90.29	BURR RIDGE PCC	0.336419							90.29
90.30	RIVER FOREST	0.330340							90.30
90.31	NORRIDGE	1.420120							90.31
90.32	ELMWOOD PARK	1.568794							90.32
91	Emergency	0.280169							91
92	Observation Beds (Non-Distinct	0.394164							92
92.01	OBSERVATION BEDS-DISTINCT	0.473652							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
95	Ambulance Services								95
97	Durable Medical Equip-Sold	0.219641							97
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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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	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	Adults & Pediatrics General Routine Care)	4,480,430		4,480,430	99,526	45.02	11,894	535,468	30
31	Intensive Care Unit	1,246,484		1,246,484	17,282	72.13	2,352	169,650	31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit	410,270		410,270	2,083	196.96	675	132,948	33
34	Surgical Intensive Care Unit								34
35	NEONATAL INTENSIVE CARE	641,236		641,236	10,394	61.69	4,689	289,264	35
35.01	PEDIATRIC ICU	222,437		222,437	2,386	93.23	945	88,102	35.01
35.03	HEART TRANSPLANT ICU	380,517		380,517	3,299	115.34	311	35,871	35.03
35.04	BONE INTENSIVE CARE	397,602		397,602	3,024	131.48	294	38,655	35.04
40	Subprovider - IPF								40
41	Subprovider - IRF	526,508		526,508	7,397	71.18	598	42,566	41
42	Subprovider I								42
43	Nursery	6,147		6,147	2,092	2.94			43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	8,311,631		8,311,631	147,483		21,758	1,332,524	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS**

**COMPONENT CCN: 14-0276**

**WORKSHEET D  
PART II**

Check [ ] Title V [XX] Hospital [ ] SUB (Other) [XX] PPS  
 Applicable [ ] Title XVIII, Part A [ ] IPF [ ] TEFRA  
 Boxes: [XX] Title XIX [ ] IRF

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)
<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	5,523,596	90,842,125	0.060804		50
50.01	AMBULATORY SURGERY CENTER	959,082	43,648,042	0.021973		50.01
51	Recovery Room	652,579	55,669,593	0.011722		51
52	Delivery Room & Labor Room	489,631	11,843,487	0.041342		52
53	Anesthesiology	564,647	98,786,178	0.005716		53
54	Radiology-Diagnostic	2,345,569	85,254,477	0.027513		54
54.01	RADIOLOGY-ULTRASOUND	131,019	23,901,308	0.005482		54.01
55	Radiology-Therapeutic					55
56	Radioisotope	908,973	33,086,575	0.027473		56
57	CT Scan	697,241	131,158,901	0.005316		57
58	MRI	1,487,913	71,920,674	0.020688		58
59	Cardiac Catheterization	1,984,099	60,352,189	0.032875		59
60	Laboratory	924,834	393,879,031	0.002348		60
60.01	LABORATORY-SURGICAL PATHOLOGY	448,764	35,392,945	0.012679		60.01
60.02	LABORATORY-NEUROSURGICAL					60.02
60.03	LABORATORY-HLA	25,927				60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63	Blood Storing, Processing & Tra	305,356	40,671,980	0.007508		63
65	Respiratory Therapy	421,284	45,220,416	0.009316		65
66	Physical Therapy	280,538	22,302,837	0.012579		66
67	Occupational Therapy	100,823	6,519,870	0.015464		67
68	Speech Pathology	23,745	1,788,340	0.013278		68
69	Electrocardiology	2,396,865	98,361,760	0.024368		69
70	Electroencephalography	243,059	7,873,754	0.030870		70
71	Medical Supplies Charged to Pat	178,135	62,170,500	0.002865		71
72	Impl. Dev. Charged to Patients	169,613	94,153,292	0.001801		72
73	Drugs Charged to Patients	443,264	270,673,637	0.001638		73
74	Renal Dialysis	310,707	25,595,288	0.012139		74
76	PULMONARY LABS	130,445	3,520,041	0.037058		76
76.01	OCCUPATIONAL HEALTH	139,641	549,299	0.254217		76.01
76.03	HYPERALIMENTATION					76.03
76.04	PERIPHERAL VASCULAR	48,712	13,966,531	0.003488		76.04
76.05	PEDIATRIC ENDO NUTRITION					76.05
76.07	GASTROINTESTINAL SERVICE	1,470,476	34,252,888	0.042930		76.07
76.09	BONE MARROW PROCUREMENT	11,759	2,962,690	0.003969		76.09
76.10	BIARIATRICS	4,332	365,546	0.011851		76.10
76.11	HEPATOLOGY	225,817	1,154,191	0.195650		76.11
76.97	CARDIAC REHABILITATION	16,109	522,258	0.030845		76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic	64,581	812,581	0.079476		90
90.01	CARDIAC REHABILITATION					90.01
90.02	CANCER CENTER	981,545	23,817,865	0.041210		90.02
90.03	PSYCH SOCIAL REHAB	123,808	12,224	10.128272		90.03
90.04	WELLNESS ASSESSMENT					90.04
90.06	HEART FAILURE CLINIC					90.06
90.07	LOC OUTPATIENT CENTER	5,267,105	141,183,012	0.037307		90.07
90.08	OBT OUTPATIENT CENTER	849,239	28,776,743	0.029511		90.08
90.09	ELMHURST IMMEDIATE CARE	263,140	2,625,269	0.100234		90.09
90.10	LAGRANGE FAMILY PCC	364,306	8,942,366	0.040739		90.10
90.12	NORTH RIVERSIDE PCC	35,236	4,187,922	0.008414		90.12
90.13	GLENDALE HEIGHTS PCC					90.13
90.14	WHEATON PCC	233,755	2,438,637	0.095855		90.14
90.15	OBT II PCC	350,223	3,089,904	0.113344		90.15
90.16	HICKORY HILLS PCC	52,260	10,651,949	0.004906		90.16
90.18	DARIEN PCC	184,443	1,051,482	0.175412		90.18
90.20	ORLANAD PARK - FP	68,392	4,205,588	0.016262		90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	94,092	2,984,960	0.031522		90.21
90.22	HOMER GLEN PCC	394,717	15,793,827	0.024992		90.22
90.23	OAK PARK PCC	23,966	1,573,207	0.015234		90.23
90.24	PARK RIDGE PCC	192,152	6,241,212	0.030788		90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	31,913	1,490,225	0.021415		90.25
90.26	WOODRIDGE PCC	2,512	559,510	0.004490		90.26
90.27	NEUROLOGY - NILES					90.27

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0276

WORKSHEET D  
PART II

Check [ ] Title V [XX] Hospital [ ] SUB (Other) [XX] PPS  
 Applicable [ ] Title XVIII, Part A [ ] IPF [ ] TEFRA  
 Boxes: [XX] Title XIX [ ] IRF

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
90.28	MARJORIE WEINBERG CANCER CENTER	49,224	5,673,165	0.008677			90.28
90.29	BURR RIDGE PCC	2,342,616	70,218,093	0.033362			90.29
90.30	RIVER FOREST	20,583	10,439,456	0.001972			90.30
90.31	NORRIDGE	44,517	270,056	0.164844			90.31
90.32	ELMWOOD PARK	117,951	870,157	0.135551			90.32
91	Emergency	743,469	109,568,020	0.006785			91
92	Observation Beds (Non-Distinct	300,536	15,379,403	0.019541			92
92.01	OBSERVATION BEDS-DISTINCT	28,089	1,175,081	0.023904			92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
95	Ambulance Services						95
97	Durable Medical Equip-Sold	3,224	2,663,104	0.001211			97
200	Total (sum of lines 50-199)	37,292,148	2,345,055,661				200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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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  Other

		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3 minus col 4.)	
(A)	Cost Center Description	1	2	3	4	5	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30	Adults & Pediatrics General Routine Care)						30
31	Intensive Care Unit						31
32	Coronary Care Unit						32
33	Burn Intensive Care Unit						33
34	Surgical Intensive Care Unit						34
35	NEONATAL INTENSIVE CARE						35
35.01	PEDIATRIC ICU						35.01
35.03	HEART TRANSPLANT ICU						35.03
35.04	BONE INTENSIVE CARE						35.04
40	Subprovider - IPF						40
41	Subprovider - IRF						41
42	Subprovider I						42
43	Nursery						43
44	Skilled Nursing Facility						44
45	Nursing Facility						45
200	TOTAL (lines 30-199)						200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D  
PART III**

Check            [ ] Title V                            [XX] PPS  
Applicable    [ ] Title XVIII, Part A            [ ] TEFRA  
Boxes:         [XX] Title XIX                    [ ] Other

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30	Adults & Pediatrics (General Routine Care)	99,526		11,894		30
31	Intensive Care Unit	17,282		2,352		31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit	2,083		675		33
34	Surgical Intensive Care Unit					34
35	NEONATAL INTENSIVE CARE	10,394		4,689		35
35.01	PEDIATRIC ICU	2,386		945		35.01
35.03	HEART TRANSPLANT ICU	3,299		311		35.03
35.04	BONE INTENSIVE CARE	3,024		294		35.04
40	Subprovider - IPF					40
41	Subprovider - IRF	7,397		598		41
42	Subprovider I					42
43	Nursery	2,092				43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	147,483		21,758		200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-0276**

**WORKSHEET D  
PART IV**

Check [ ] Title V [XX] Hospital [ ] SUB (Other) [ ] ICF/IID [XX] PPS  
 Applicable [ ] Title XVIII, Part A [ ] IPF [ ] SNF [ ] TEFRA  
 Boxes: [XX] Title XIX [ ] IRF [ ] NF [ ] Other

(A)	Cost Center Description	1	2	3	4	5	6
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room						50
50.01	AMBULATORY SURGERY CENTER						50.01
51	Recovery Room						51
52	Delivery Room & Labor Room						52
53	Anesthesiology						53
54	Radiology-Diagnostic						54
54.01	RADIOLOGY-ULTRASOUND						54.01
55	Radiology-Therapeutic						55
56	Radioisotope						56
57	CT Scan						57
58	MRI						58
59	Cardiac Catheterization						59
60	Laboratory						60
60.01	LABORATORY-SURGICAL PATHOLOGY						60.01
60.02	LABORATORY-NEUROSURGICAL						60.02
60.03	LABORATORY-HLA						60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra						63
65	Respiratory Therapy						65
66	Physical Therapy						66
67	Occupational Therapy						67
68	Speech Pathology						68
69	Electrocardiology						69
70	Electroencephalography						70
71	Medical Supplies Charged to Pat						71
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
76	PULMONARY LABS						76
76.01	OCCUPATIONAL HEALTH						76.01
76.03	HYPERALIMENTATION						76.03
76.04	PERIPHERAL VASCULAR						76.04
76.05	PEDIATRIC ENDO NUTRITION						76.05
76.07	GASTROINTESTINAL SERVICE						76.07
76.09	BONE MARROW PROCUREMENT						76.09
76.10	BARIASTRICS						76.10
76.11	HEPATOLOGY						76.11
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic						90
90.01	CARDIAC REHABILITATION						90.01
90.02	CANCER CENTER						90.02
90.03	PSYCH SOCIAL REHAB						90.03
90.04	WELLNESS ASSESSMENT						90.04
90.06	HEART FAILURE CLINIC						90.06
90.07	LOC OUTPATIENT CENTER						90.07
90.08	OBT OUTPATIENT CENTER						90.08
90.09	ELMHURST IMMEDIATE CARE						90.09
90.10	LAGRANGE FAMILY PCC						90.10
90.12	NORTH RIVERSIDE PCC						90.12
90.13	GLENDALE HEIGHTS PCC						90.13
90.14	WHEATON PCC						90.14
90.15	OBT II PCC						90.15
90.16	HICKORY HILLS PCC						90.16
90.18	DARIEN PCC						90.18
90.20	ORLANAD PARK - FP						90.20
90.21	FAMILY PRACTICE MAYWOOD PCC						90.21
90.22	HOMER GLEN PCC						90.22
90.23	OAK PARK PCC						90.23
90.24	PARK RIDGE PCC						90.24
90.25	LOYOLA CLINIC AT GOTTLIEB						90.25
90.26	WOODRIDGE PCC						90.26
90.27	NEUROLOGY - NILES						90.27
90.28	MARJORIE WEINBERG CANCER CENTER						90.28

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-0276**

**WORKSHEET D  
PART IV**

Check  Title V                       Hospital                       SUB (Other)                       ICF/IID                       PPS  
 Applicable  Title XVIII, Part A                       IPF                       SNF                       TEFRA  
 Boxes:  Title XIX                       IRF                       NF                       Other

(A)	Cost Center Description	1 Non Physician Anesth- etist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
90.29	BURR RIDGE PCC							90.29
90.30	RIVER FOREST							90.30
90.31	NORRIDGE							90.31
90.32	ELMWOOD PARK							90.32
91	Emergency			1,270,383		1,270,383	1,270,383	91
92	Observation Beds (Non-Distinct							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	Ambulance Services							95
97	Durable Medical Equip-Sold							97
200	Total (sum of lines 50-199)			1,270,383		1,270,383	1,270,383	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-0276**

**WORKSHEET D  
PART IV**

Check [ ] Title V [XX] Hospital [ ] SUB (Other) [ ] ICF/IID [XX] PPS  
 Applicable [ ] Title XVIII, Part A [ ] IPF [ ] SNF [ ] TEFRA  
 Boxes: [XX] Title XIX [ ] IRF [ ] NF [ ] Other

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	90,842,125						50
50.01	AMBULATORY SURGERY CENTER	43,648,042						50.01
51	Recovery Room	55,669,593						51
52	Delivery Room & Labor Room	11,843,487						52
53	Anesthesiology	98,786,178						53
54	Radiology-Diagnostic	85,254,477						54
54.01	RADIOLOGY-ULTRASOUND	23,901,308						54.01
55	Radiology-Therapeutic							55
56	Radioisotope	33,086,575						56
57	CT Scan	131,158,901						57
58	MRI	71,920,674						58
59	Cardiac Catheterization	60,352,189						59
60	Laboratory	393,879,031						60
60.01	LABORATORY-SURGICAL PATHOLOGY	35,392,945						60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA							60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra	40,671,980						63
65	Respiratory Therapy	45,220,416						65
66	Physical Therapy	22,302,837						66
67	Occupational Therapy	6,519,870						67
68	Speech Pathology	1,788,340						68
69	Electrocardiology	98,361,760						69
70	Electroencephalography	7,873,754						70
71	Medical Supplies Charged to Pat	62,170,500						71
72	Impl. Dev. Charged to Patients	94,153,292						72
73	Drugs Charged to Patients	270,673,637						73
74	Renal Dialysis	25,595,288						74
76	PULMONARY LABS	3,520,041						76
76.01	OCCUPATIONAL HEALTH	549,299						76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	13,966,531						76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	34,252,888						76.07
76.09	BONE MARROW PROCUREMENT	2,962,690						76.09
76.10	BIARIATRICS	365,546						76.10
76.11	HEPATOLOGY	1,154,191						76.11
76.97	CARDIAC REHABILITATION	522,258						76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	812,581						90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER	23,817,865						90.02
90.03	PSYCH SOCIAL REHAB	12,224						90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	141,183,012						90.07
90.08	OBT OUTPATIENT CENTER	28,776,743						90.08
90.09	ELMHURST IMMEDIATE CARE	2,625,269						90.09
90.10	LAGRANGE FAMILY PCC	8,942,366						90.10
90.12	NORTH RIVERSIDE PCC	4,187,922						90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	2,438,637						90.14
90.15	OBT II PCC	3,089,904						90.15
90.16	HICKORY HILLS PCC	10,651,949						90.16
90.18	DARIEN PCC	1,051,482						90.18
90.20	ORLANAD PARK - FP	4,205,588						90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	2,984,960						90.21
90.22	HOMER GLEN PCC	15,793,827						90.22
90.23	OAK PARK PCC	1,573,207						90.23
90.24	PARK RIDGE PCC	6,241,212						90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	1,490,225						90.25
90.26	WOODRIDGE PCC	559,510						90.26
90.27	NEUROLOGY - NILES							90.27

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-0276**

**WORKSHEET D  
PART IV**

Check  Title V  Hospital  SUB (Other)  ICF/IID  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  TEFRA  
 Boxes:  Title XIX  IRF  NF  Other

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
90.28	MARJORIE WEINBERG CANCER CENTER	5,673,165							90.28
90.29	BURR RIDGE PCC	70,218,093							90.29
90.30	RIVER FOREST	10,439,456							90.30
90.31	NORRIDGE	270,056							90.31
90.32	ELMWOOD PARK	870,157							90.32
91	Emergency	109,568,020	0.011594	0.011594					91
92	Observation Beds (Non-Distinct)	15,379,403							92
92.01	OBSERVATION BEDS-DISTINCT	1,175,081							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
95	Ambulance Services								95
97	Durable Medical Equip-Sold	2,663,104							97
200	Total (sum of lines 50-199)	2,345,055,661							200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0276

WORKSHEET D  
PART V

Check [ ] Title V - O/P [XX] Hospital [ ] SUB (Other) [ ] Swing Bed SNF  
 Applicable [ ] Title XVIII, Part B [ ] IPF [ ] SNF [ ] Swing Bed NF  
 Boxes: [XX] Title XIX - O/P [ ] IRF [ ] NF [ ] ICF/IID

(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.)	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	0.581892							50
50.01	AMBULATORY SURGERY CENTER	0.226181							50.01
51	Recovery Room	0.140154							51
52	Delivery Room & Labor Room	0.454897							52
53	Anesthesiology	0.052721							53
54	Radiology-Diagnostic	0.196967							54
54.01	RADIOLOGY-ULTRASOUND	0.093977							54.01
55	Radiology-Therapeutic								55
56	Radioisotope	0.228397							56
57	CT Scan	0.070749							57
58	MRI	0.088982							58
59	Cardiac Catheterization	0.225722							59
60	Laboratory	0.086918							60
60.01	LABORATORY-SURGICAL PATHOLOGY	0.153920							60.01
60.02	LABORATORY-NEUROSURGICAL								60.02
60.03	LABORATORY-HLA								60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.298932							63
65	Respiratory Therapy	0.253953							65
66	Physical Therapy	0.302871							66
67	Occupational Therapy	0.358909							67
68	Speech Pathology	0.451062							68
69	Electrocardiology	0.126049							69
70	Electroencephalography	0.354333							70
71	Medical Supplies Charged to Pat	0.543379							71
72	Impl. Dev. Charged to Patients	0.468156							72
73	Drugs Charged to Patients	0.189746							73
74	Renal Dialysis	0.292859							74
76	PULMONARY LABS	0.344466							76
76.01	OCCUPATIONAL HEALTH	2.521503							76.01
76.03	HYPERALIMENTATION								76.03
76.04	PERIPHERAL VASCULAR	0.125726							76.04
76.05	PEDIATRIC ENDO NUTRITION								76.05
76.07	GASTROINTESTINAL SERVICE	0.193011							76.07
76.09	BONE MARROW PROCUREMENT	1.030319							76.09
76.10	BIATRICS	2.679376							76.10
76.11	HEPATOLOGY	1.175396							76.11
76.97	CARDIAC REHABILITATION	0.907419							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	0.995152							90
90.01	CARDIAC REHABILITATION								90.01
90.02	CANCER CENTER	1.564246							90.02
90.03	PSYCH SOCIAL REHAB	76.220386							90.03
90.04	WELLNESS ASSESSMENT								90.04
90.06	HEART FAILURE CLINIC								90.06
90.07	LOC OUTPATIENT CENTER	0.404527							90.07
90.08	OBT OUTPATIENT CENTER	0.406480							90.08
90.09	ELMHURST IMMEDIATE CARE	1.178135							90.09
90.10	LAGRANGE FAMILY PCC	0.521344							90.10
90.12	NORTH RIVERSIDE PCC	1.055298							90.12
90.13	GLENDALE HEIGHTS PCC								90.13
90.14	WHEATON PCC	1.445275							90.14
90.15	OBT II PCC	1.374322							90.15
90.16	HICKORY HILLS PCC	0.480523							90.16
90.18	DARIEN PCC	2.619758							90.18
90.20	ORLANAD PARK - FP	0.993038							90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	0.703745							90.21
90.22	HOMER GLEN PCC	0.565213							90.22
90.23	OAK PARK PCC	1.211144							90.23
90.24	PARK RIDGE PCC	0.475903							90.24

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0276

WORKSHEET D  
PART V

Check  Title V - O/P                     Hospital                     SUB (Other)                     Swing Bed SNF  
 Applicable  Title XVIII, Part B                     IPF                     SNF                     Swing Bed NF  
 Boxes:  Title XIX - O/P                     IRF                     NF                     ICF/IID

(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.)	
90.25	LOYOLA CLINIC AT GOTTLIEB	1.733114							90.25
90.26	WOODRIDGE PCC	0.581389							90.26
90.27	NEUROLOGY - NILES								90.27
90.28	MARJORIE WEINBERG CANCER CENTER	1.125653							90.28
90.29	BURR RIDGE PCC	0.336419							90.29
90.30	RIVER FOREST	0.330340							90.30
90.31	NORRIDGE	1.420120							90.31
90.32	ELMWOOD PARK	1.568794							90.32
91	Emergency	0.280169							91
92	Observation Beds (Non-Distinct	0.394164							92
92.01	OBSERVATION BEDS-DISTINCT	0.473652							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
95	Ambulance Services								95
97	Durable Medical Equip-Sold	0.219641							97
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS**

**COMPONENT CCN: 14-T276**

**WORKSHEET D  
PART II**

Check [ ] Title V [ ] Hospital [ ] SUB (Other)  
 Applicable [ ] Title XVIII, Part A [ ] IPF  
 Boxes: [XX] Title XIX [XX] IRF

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)
<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	5,523,596	90,842,125	0.060804		50
50.01	AMBULATORY SURGERY CENTER	959,082	43,648,042	0.021973		50.01
51	Recovery Room	652,579	55,669,593	0.011722		51
52	Delivery Room & Labor Room	489,631	11,843,487	0.041342		52
53	Anesthesiology	564,647	98,786,178	0.005716		53
54	Radiology-Diagnostic	2,345,569	85,254,477	0.027513		54
54.01	RADIOLOGY-ULTRASOUND	131,019	23,901,308	0.005482		54.01
55	Radiology-Therapeutic					55
56	Radioisotope	908,973	33,086,575	0.027473		56
57	CT Scan	697,241	131,158,901	0.005316		57
58	MRI	1,487,913	71,920,674	0.020688		58
59	Cardiac Catheterization	1,984,099	60,352,189	0.032875		59
60	Laboratory	924,834	393,879,031	0.002348		60
60.01	LABORATORY-SURGICAL PATHOLOGY	448,764	35,392,945	0.012679		60.01
60.02	LABORATORY-NEUROSURGICAL					60.02
60.03	LABORATORY-HLA	25,927				60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63	Blood Storing, Processing & Tra	305,356	40,671,980	0.007508		63
65	Respiratory Therapy	421,284	45,220,416	0.009316		65
66	Physical Therapy	280,538	22,302,837	0.012579		66
67	Occupational Therapy	100,823	6,519,870	0.015464		67
68	Speech Pathology	23,745	1,788,340	0.013278		68
69	Electrocardiology	2,396,865	98,361,760	0.024368		69
70	Electroencephalography	243,059	7,873,754	0.030870		70
71	Medical Supplies Charged to Pat	178,135	62,170,500	0.002865		71
72	Impl. Dev. Charged to Patients	169,613	94,153,292	0.001801		72
73	Drugs Charged to Patients	443,264	270,673,637	0.001638		73
74	Renal Dialysis	310,707	25,595,288	0.012139		74
76	PULMONARY LABS	130,445	3,520,041	0.037058		76
76.01	OCCUPATIONAL HEALTH	139,641	549,299	0.254217		76.01
76.03	HYPERALIMENTATION					76.03
76.04	PERIPHERAL VASCULAR	48,712	13,966,531	0.003488		76.04
76.05	PEDIATRIC ENDO NUTRITION					76.05
76.07	GASTROINTESTINAL SERVICE	1,470,476	34,252,888	0.042930		76.07
76.09	BONE MARROW PROCUREMENT	11,759	2,962,690	0.003969		76.09
76.10	BIARIATRICS	4,332	365,546	0.011851		76.10
76.11	HEPATOLOGY	225,817	1,154,191	0.195650		76.11
76.97	CARDIAC REHABILITATION	16,109	522,258	0.030845		76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic	64,581	812,581	0.079476		90
90.01	CARDIAC REHABILITATION					90.01
90.02	CANCER CENTER	981,545	23,817,865	0.041210		90.02
90.03	PSYCH SOCIAL REHAB	123,808	12,224	10.128272		90.03
90.04	WELLNESS ASSESSMENT					90.04
90.06	HEART FAILURE CLINIC					90.06
90.07	LOC OUTPATIENT CENTER	5,267,105	141,183,012	0.037307		90.07
90.08	OBT OUTPATIENT CENTER	849,239	28,776,743	0.029511		90.08
90.09	ELMHURST IMMEDIATE CARE	263,140	2,625,269	0.100234		90.09
90.10	LAGRANGE FAMILY PCC	364,306	8,942,366	0.040739		90.10
90.12	NORTH RIVERSIDE PCC	35,236	4,187,922	0.008414		90.12
90.13	GLENDALE HEIGHTS PCC					90.13
90.14	WHEATON PCC	233,755	2,438,637	0.095855		90.14
90.15	OBT II PCC	350,223	3,089,904	0.113344		90.15
90.16	HICKORY HILLS PCC	52,260	10,651,949	0.004906		90.16
90.18	DARIEN PCC	184,443	1,051,482	0.175412		90.18
90.20	ORLANAD PARK - FP	68,392	4,205,588	0.016262		90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	94,092	2,984,960	0.031522		90.21
90.22	HOMER GLEN PCC	394,717	15,793,827	0.024992		90.22
90.23	OAK PARK PCC	23,966	1,573,207	0.015234		90.23
90.24	PARK RIDGE PCC	192,152	6,241,212	0.030788		90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	31,913	1,490,225	0.021415		90.25
90.26	WOODRIDGE PCC	2,512	559,510	0.004490		90.26
90.27	NEUROLOGY - NILES					90.27

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-T276

WORKSHEET D  
PART II

Check  Title V  Hospital  SUB (Other)  
 Applicable  Title XVIII, Part A  IPF  
 Boxes:  Title XIX  IRF

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
90.28	MARJORIE WEINBERG CANCER CENTER	49,224	5,673,165	0.008677			90.28
90.29	BURR RIDGE PCC	2,342,616	70,218,093	0.033362			90.29
90.30	RIVER FOREST	20,583	10,439,456	0.001972			90.30
90.31	NORRIDGE	44,517	270,056	0.164844			90.31
90.32	ELMWOOD PARK	117,951	870,157	0.135551			90.32
91	Emergency	743,469	109,568,020	0.006785			91
92	Observation Beds (Non-Distinct)		15,379,403				92
92.01	OBSERVATION BEDS-DISTINCT	28,089	1,175,081	0.023904			92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
95	Ambulance Services						95
97	Durable Medical Equip-Sold	3,224	2,663,104	0.001211			97
200	Total (sum of lines 50-199)	36,991,612	2,345,055,661				200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-T276**

**WORKSHEET D  
PART IV**

Check [ ] Title V [ ] Hospital [ ] SUB (Other) [ ] ICF/IID [ ] PPS  
 Applicable [ ] Title XVIII, Part A [ ] IPF [ ] SNF [ ] TEFRA  
 Boxes: [XX] Title XIX [XX] IRF [ ] NF [XX] Other

(A)	Cost Center Description	1	2	3	4	5	6
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room						50
50.01	AMBULATORY SURGERY CENTER						50.01
51	Recovery Room						51
52	Delivery Room & Labor Room						52
53	Anesthesiology						53
54	Radiology-Diagnostic						54
54.01	RADIOLOGY-ULTRASOUND						54.01
55	Radiology-Therapeutic						55
56	Radioisotope						56
57	CT Scan						57
58	MRI						58
59	Cardiac Catheterization						59
60	Laboratory						60
60.01	LABORATORY-SURGICAL PATHOLOGY						60.01
60.02	LABORATORY-NEUROSURGICAL						60.02
60.03	LABORATORY-HLA						60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra						63
65	Respiratory Therapy						65
66	Physical Therapy						66
67	Occupational Therapy						67
68	Speech Pathology						68
69	Electrocardiology						69
70	Electroencephalography						70
71	Medical Supplies Charged to Pat						71
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
76	PULMONARY LABS						76
76.01	OCCUPATIONAL HEALTH						76.01
76.03	HYPERALIMENTATION						76.03
76.04	PERIPHERAL VASCULAR						76.04
76.05	PEDIATRIC ENDO NUTRITION						76.05
76.07	GASTROINTESTINAL SERVICE						76.07
76.09	BONE MARROW PROCUREMENT						76.09
76.10	BARIASTRICS						76.10
76.11	HEPATOLOGY						76.11
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic						90
90.01	CARDIAC REHABILITATION						90.01
90.02	CANCER CENTER						90.02
90.03	PSYCH SOCIAL REHAB						90.03
90.04	WELLNESS ASSESSMENT						90.04
90.06	HEART FAILURE CLINIC						90.06
90.07	LOC OUTPATIENT CENTER						90.07
90.08	OBT OUTPATIENT CENTER						90.08
90.09	ELMHURST IMMEDIATE CARE						90.09
90.10	LAGRANGE FAMILY PCC						90.10
90.12	NORTH RIVERSIDE PCC						90.12
90.13	GLENDALE HEIGHTS PCC						90.13
90.14	WHEATON PCC						90.14
90.15	OBT II PCC						90.15
90.16	HICKORY HILLS PCC						90.16
90.18	DARIEN PCC						90.18
90.20	ORLANAD PARK - FP						90.20
90.21	FAMILY PRACTICE MAYWOOD PCC						90.21
90.22	HOMER GLEN PCC						90.22
90.23	OAK PARK PCC						90.23
90.24	PARK RIDGE PCC						90.24
90.25	LOYOLA CLINIC AT GOTTLIEB						90.25
90.26	WOODRIDGE PCC						90.26
90.27	NEUROLOGY - NILES						90.27
90.28	MARJORIE WEINBERG CANCER CENTER						90.28

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-T276**

**WORKSHEET D  
PART IV**

Check  Title V  Hospital  SUB (Other)  ICF/IID  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  TEFRA  
 Boxes:  Title XIX  IRF  NF  Other

(A)	Cost Center Description	1 Non Physician Anesth- etist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
90.29	BURR RIDGE PCC							90.29
90.30	RIVER FOREST							90.30
90.31	NORRIDGE							90.31
90.32	ELMWOOD PARK							90.32
91	Emergency			1,270,383		1,270,383	1,270,383	91
92	Observation Beds (Non-Distinct							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	Ambulance Services							95
97	Durable Medical Equip-Sold							97
200	Total (sum of lines 50-199)			1,270,383		1,270,383	1,270,383	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-T276**

**WORKSHEET D  
PART IV**

Check [ ] Title V [ ] Hospital [ ] SUB (Other) [ ] ICF/IID [ ] PPS  
 Applicable [ ] Title XVIII, Part A [ ] IPF [ ] SNF [ ] TEFRA  
 Boxes: [XX] Title XIX [XX] IRF [ ] NF [XX] Other

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	90,842,125						50
50.01	AMBULATORY SURGERY CENTER	43,648,042						50.01
51	Recovery Room	55,669,593						51
52	Delivery Room & Labor Room	11,843,487						52
53	Anesthesiology	98,786,178						53
54	Radiology-Diagnostic	85,254,477						54
54.01	RADIOLOGY-ULTRASOUND	23,901,308						54.01
55	Radiology-Therapeutic							55
56	Radioisotope	33,086,575						56
57	CT Scan	131,158,901						57
58	MRI	71,920,674						58
59	Cardiac Catheterization	60,352,189						59
60	Laboratory	393,879,031						60
60.01	LABORATORY-SURGICAL PATHOLOGY	35,392,945						60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA							60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra	40,671,980						63
65	Respiratory Therapy	45,220,416						65
66	Physical Therapy	22,302,837						66
67	Occupational Therapy	6,519,870						67
68	Speech Pathology	1,788,340						68
69	Electrocardiology	98,361,760						69
70	Electroencephalography	7,873,754						70
71	Medical Supplies Charged to Pat	62,170,500						71
72	Impl. Dev. Charged to Patients	94,153,292						72
73	Drugs Charged to Patients	270,673,637						73
74	Renal Dialysis	25,595,288						74
76	PULMONARY LABS	3,520,041						76
76.01	OCCUPATIONAL HEALTH	549,299						76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	13,966,531						76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	34,252,888						76.07
76.09	BONE MARROW PROCUREMENT	2,962,690						76.09
76.10	BIARIATRICS	365,546						76.10
76.11	HEPATOLOGY	1,154,191						76.11
76.97	CARDIAC REHABILITATION	522,258						76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	812,581						90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER	23,817,865						90.02
90.03	PSYCH SOCIAL REHAB	12,224						90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	141,183,012						90.07
90.08	OBT OUTPATIENT CENTER	28,776,743						90.08
90.09	ELMHURST IMMEDIATE CARE	2,625,269						90.09
90.10	LAGRANGE FAMILY PCC	8,942,366						90.10
90.12	NORTH RIVERSIDE PCC	4,187,922						90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	2,438,637						90.14
90.15	OBT II PCC	3,089,904						90.15
90.16	HICKORY HILLS PCC	10,651,949						90.16
90.18	DARIEN PCC	1,051,482						90.18
90.20	ORLANAD PARK - FP	4,205,588						90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	2,984,960						90.21
90.22	HOMER GLEN PCC	15,793,827						90.22
90.23	OAK PARK PCC	1,573,207						90.23
90.24	PARK RIDGE PCC	6,241,212						90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	1,490,225						90.25
90.26	WOODRIDGE PCC	559,510						90.26
90.27	NEUROLOGY - NILES							90.27

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-T276**

**WORKSHEET D  
PART IV**

Check  Title V  Hospital  SUB (Other)  ICF/IID  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  TEFRA  
 Boxes:  Title XIX  IRF  NF  Other

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
90.28	MARJORIE WEINBERG CANCER CENTER	5,673,165							90.28
90.29	BURR RIDGE PCC	70,218,093							90.29
90.30	RIVER FOREST	10,439,456							90.30
90.31	NORRIDGE	270,056							90.31
90.32	ELMWOOD PARK	870,157							90.32
91	Emergency	109,568,020	0.011594	0.011594					91
92	Observation Beds (Non-Distinct)	15,379,403							92
92.01	OBSERVATION BEDS-DISTINCT	1,175,081							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
95	Ambulance Services								95
97	Durable Medical Equip-Sold	2,663,104							97
200	Total (sum of lines 50-199)	2,345,055,661							200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-T276

WORKSHEET D  
PART V

Check [ ] Title V - O/P [ ] Hospital [ ] SUB (Other) [ ] Swing Bed SNF  
 Applicable [ ] Title XVIII, Part B [ ] IPF [ ] SNF [ ] Swing Bed NF  
 Boxes: [XX] Title XIX - O/P [XX] IRF [ ] NF [ ] ICF/IID

(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.)	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	0.581892							50
50.01	AMBULATORY SURGERY CENTER	0.226181							50.01
51	Recovery Room	0.140154							51
52	Delivery Room & Labor Room	0.454897							52
53	Anesthesiology	0.052721							53
54	Radiology-Diagnostic	0.196967							54
54.01	RADIOLOGY-ULTRASOUND	0.093977							54.01
55	Radiology-Therapeutic								55
56	Radioisotope	0.228397							56
57	CT Scan	0.070749							57
58	MRI	0.088982							58
59	Cardiac Catheterization	0.225722							59
60	Laboratory	0.086918							60
60.01	LABORATORY-SURGICAL PATHOLOGY	0.153920							60.01
60.02	LABORATORY-NEUROSURGICAL								60.02
60.03	LABORATORY-HLA								60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.298932							63
65	Respiratory Therapy	0.253953							65
66	Physical Therapy	0.302871							66
67	Occupational Therapy	0.358909							67
68	Speech Pathology	0.451062							68
69	Electrocardiology	0.126049							69
70	Electroencephalography	0.354333							70
71	Medical Supplies Charged to Pat	0.543379							71
72	Impl. Dev. Charged to Patients	0.468156							72
73	Drugs Charged to Patients	0.189746							73
74	Renal Dialysis	0.292859							74
76	PULMONARY LABS	0.344466							76
76.01	OCCUPATIONAL HEALTH	2.521503							76.01
76.03	HYPERALIMENTATION								76.03
76.04	PERIPHERAL VASCULAR	0.125726							76.04
76.05	PEDIATRIC ENDO NUTRITION								76.05
76.07	GASTROINTESTINAL SERVICE	0.193011							76.07
76.09	BONE MARROW PROCUREMENT	1.030319							76.09
76.10	BARIATRICS	2.679376							76.10
76.11	HEPATOLOGY	1.175396							76.11
76.97	CARDIAC REHABILITATION	0.907419							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	0.995152							90
90.01	CARDIAC REHABILITATION								90.01
90.02	CANCER CENTER	1.564246							90.02
90.03	PSYCH SOCIAL REHAB	76.220386							90.03
90.04	WELLNESS ASSESSMENT								90.04
90.06	HEART FAILURE CLINIC								90.06
90.07	LOC OUTPATIENT CENTER	0.404527							90.07
90.08	OBT OUTPATIENT CENTER	0.406480							90.08
90.09	ELMHURST IMMEDIATE CARE	1.178135							90.09
90.10	LAGRANGE FAMILY PCC	0.521344							90.10
90.12	NORTH RIVERSIDE PCC	1.055298							90.12
90.13	GLENDALE HEIGHTS PCC								90.13
90.14	WHEATON PCC	1.445275							90.14
90.15	OBT II PCC	1.374322							90.15
90.16	HICKORY HILLS PCC	0.480523							90.16
90.18	DARIEN PCC	2.619758							90.18
90.20	ORLANAD PARK - FP	0.993038							90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	0.703745							90.21
90.22	HOMER GLEN PCC	0.565213							90.22
90.23	OAK PARK PCC	1.211144							90.23
90.24	PARK RIDGE PCC	0.475903							90.24

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-T276

WORKSHEET D  
PART V

Check [ ] Title V - O/P [ ] Hospital [ ] SUB (Other) [ ] Swing Bed SNF  
 Applicable [ ] Title XVIII, Part B [ ] IPF [ ] SNF [ ] Swing Bed NF  
 Boxes: [XX] Title XIX - O/P [XX] IRF [ ] NF [ ] ICF/IID

(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.)	
90.25	LOYOLA CLINIC AT GOTTLIEB	1.733114							90.25
90.26	WOODRIDGE PCC	0.581389							90.26
90.27	NEUROLOGY - NILES								90.27
90.28	MARJORIE WEINBERG CANCER CENTER	1.125653							90.28
90.29	BURR RIDGE PCC	0.336419							90.29
90.30	RIVER FOREST	0.330340							90.30
90.31	NORRIDGE	1.420120							90.31
90.32	ELMWOOD PARK	1.568794							90.32
91	Emergency	0.280169							91
92	Observation Beds (Non-Distinct	0.394164							92
92.01	OBSERVATION BEDS-DISTINCT	0.473652							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
95	Ambulance Services								95
97	Durable Medical Equip-Sold	0.219641							97
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0276

WORKSHEET D-1  
PART I

Check  Title V - I/P                     Hospital                     SUB (Other)                     ICF/IID                     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)	99,526	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	99,526	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)	92,850	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	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	32,834	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 XIX only)		15
16	Nursery days (title V or 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)	90,372,908	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 (line 21 minus line 26)	90,372,908	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 minus line 36)	90,372,908	37

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0276

WORKSHEET D-1  
PART II

Check [ ] Title V - I/P [XX] Hospital [ ] SUB (Other) [XX] PPS  
 Applicable [XX] Title XVIII, Part A [ ] IPF [ ] TEFRA  
 Boxes: [ ] Title XIX - I/P [ ] IRF [ ] Other

PART II - HOSPITALS AND SUBPROVIDERS ONLY

**PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS**

							1	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1	2	3	4	5		
38	Adjusted general inpatient routine service cost per diem (see instructions)					908.03	38	
39	Program general inpatient routine service cost (line 9 x line 38)					29,814,257	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)					29,814,257	41	
42	Nursery (Titles V and XIX only)						42	
	<b>Intensive Care Type Inpatient Hospital Units</b>							
43	Intensive Care Unit	29,180,483	17,282	1,688.49	8,990	15,179,525	43	
44	Coronary Care Unit						44	
45	Burn Intensive Care Unit	9,182,395	2,083	4,408.25	1,131	4,985,731	45	
46	Surgical Intensive Care Unit						46	
47	NEONATAL INTENSIVE CARE	13,946,698	10,394	1,341.80			47	
47.01	PEDIATRIC ICU	4,426,832	2,386	1,855.34			47.01	
47.03	HEART TRANSPLANT ICU	6,120,969	3,299	1,855.40	713	1,322,900	47.03	
47.04	BONE INTENSIVE CARE	7,199,452	3,024	2,380.77	591	1,407,035	47.04	

							1	
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					79,057,536	48	
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					131,766,984	49	

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,509,340	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					4,471,337	51
52	Total Program excludable cost (sum of lines 50 and 51)					6,980,677	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					124,786,307	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

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0276

WORKSHEET D-1  
PARTS III & IV

Check  Title V - I/P                     Hospital                     SUB (Other)                     ICF/IID                     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)					6,676	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					908.03	88
89	Observation bed cost (line 87 x line 88) (see instructions)					6,062,008	89
		Cost	Routine Cost (from line 27)	col. 1÷col. 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	4,480,430	90,372,908	0.049577	6,062,008	300,536	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T276

WORKSHEET D-1  
PART I

Check  Title V - I/P  Hospital  SUB (Other)  ICF/IID  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)	7,397	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	7,397	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)	7,397	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	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	4,001	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 XIX only)		15
16	Nursery days (title V or 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)	8,772,897	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 (line 21 minus line 26)	8,772,897	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 minus line 36)	8,772,897	37

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T276

WORKSHEET D-1  
PART II

Check [ ] Title V - I/P [ ] Hospital [ ] SUB (Other) [XX] PPS  
 Applicable [XX] Title XVIII, Part A [ ] IPF [ ] TEFRA  
 Boxes: [ ] Title XIX - I/P [XX] IRF [ ] Other

PART II - HOSPITALS AND SUBPROVIDERS ONLY

**PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS**

38	Adjusted general inpatient routine service cost per diem (see instructions)	1,186.01	38
39	Program general inpatient routine service cost (line 9 x line 38)	4,745,226	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40
41	Total Program general inpatient routine service cost (line 39 + line 40)	4,745,226	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	1,943,245	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	6,688,471	49

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	284,791	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	75,669	51
52	Total Program excludable cost (sum of lines 50 and 51)	360,460	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	6,328,011	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

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0276

WORKSHEET D-1  
PART I

Check [ ] Title V - I/P [XX] Hospital [ ] SUB (Other) [ ] ICF/IID [XX] PPS  
 Applicable [ ] Title XVIII, Part A [ ] IPF [ ] SNF [ ] TEFRA  
 Boxes: [XX] 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)	99,526	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	99,526	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)	92,850	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	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	11,894	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 XIX only)	2,092	15
16	Nursery days (title V or 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)	90,372,908	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 (line 21 minus line 26)	90,372,908	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 minus line 36)	90,372,908	37

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0276

WORKSHEET D-1  
PART II

Check [ ] Title V - I/P [XX] Hospital [ ] SUB (Other) [XX] PPS  
 Applicable [ ] Title XVIII, Part A [ ] IPF [ ] TEFRA  
 Boxes: [XX] Title XIX - I/P [ ] IRF [ ] Other

PART II - HOSPITALS AND SUBPROVIDERS ONLY

**PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS**

							1	
38	Adjusted general inpatient routine service cost per diem (see instructions)						908.03	38
39	Program general inpatient routine service cost (line 9 x line 38)						10,800,109	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)							40
41	Total Program general inpatient routine service cost (line 39 + line 40)						10,800,109	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)	1,083,938	2,092	518.13				42
	<b>Intensive Care Type Inpatient Hospital Units</b>							
43	Intensive Care Unit	29,180,483	17,282	1,688.49	2,352	3,971,328		43
44	Coronary Care Unit							44
45	Burn Intensive Care Unit	9,182,395	2,083	4,408.25	675	2,975,569		45
46	Surgical Intensive Care Unit							46
47	NEONATAL INTENSIVE CARE	13,946,698	10,394	1,341.80	4,689	6,291,700		47
47.01	PEDIATRIC ICU	4,426,832	2,386	1,855.34	945	1,753,296		47.01
47.03	HEART TRANSPLANT ICU	6,120,969	3,299	1,855.40	311	577,029		47.03
47.04	BONE INTENSIVE CARE	7,199,452	3,024	2,380.77	294	699,946		47.04

48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)							48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)						27,068,977	49

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						1,289,958	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)							51
52	Total Program excludable cost (sum of lines 50 and 51)						1,289,958	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)						25,779,019	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

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0276

WORKSHEET D-1  
PARTS III & IV

Check  Title V - I/P                     Hospital                     SUB (Other)                     ICF/IID                     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)	6,676	87				
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)		88				
89	Observation bed cost (line 87 x line 88) (see instructions)		89				
		Cost	Routine Cost (from line 27)	col. 1÷col. 2	Total 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		91				
92	Allied Health		92				
93	Other Medical Education		93				

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T276

WORKSHEET D-1  
PART I

Check [ ] Title V - I/P [ ] Hospital [ ] SUB (Other) [ ] ICF/IID [ ] PPS  
 Applicable [ ] Title XVIII, Part A [ ] IPF [ ] SNF [ ] TEFRA  
 Boxes: [XX] Title XIX - I/P [XX] IRF [ ] NF [XX] Other

PART I - ALL PROVIDER COMPONENTS

**INPATIENT DAYS**

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	7,397	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	7,397	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)	7,397	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	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	598	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 XIX only)		15
16	Nursery days (title V or 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)	8,772,897	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 (line 21 minus line 26)	8,772,897	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 minus line 36)	8,772,897	37

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T276

WORKSHEET D-1  
PART II

Check [ ] Title V - I/P [ ] Hospital [ ] SUB (Other) [ ] PPS  
 Applicable [ ] Title XVIII, Part A [ ] IPF [ ] TEFRA  
 Boxes: [XX] Title XIX - I/P [XX] IRF [XX] 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)	1,186.01	38
39	Program general inpatient routine service cost (line 9 x line 38)	709,234	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)	709,234	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)		48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	709,234	49

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	42,566	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)		51
52	Total Program excludable cost (sum of lines 50 and 51)	42,566	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthesiologist 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

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0276

WORKSHEET D-3

Check [ ] Title V [XX] Hospital [ ] SUB (Other) [ ] Swing Bed SNF [XX] PPS  
 Applicable [XX] Title XVIII, Part A [ ] IPF [ ] SNF [ ] Swing Bed NF [ ] TEFRA  
 Boxes: [ ] Title XIX [ ] IRF [ ] NF [ ] ICF/IID [ ] Other

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30	Adults & Pediatrics		81,234,595		30
31	Intensive Care Unit		29,139,011		31
33	Burn Intensive Care Unit		5,098,913		33
35	NEONATAL INTENSIVE CARE				35
35.01	PEDIATRIC ICU				35.01
35.03	HEART TRANSPLANT ICU		6,169,254		35.03
35.04	BONE INTENSIVE CARE		4,471,582		35.04
41	Subprovider - IRF				41
<b>ANCILLARY SERVICE COST CENTERS</b>					
50	Operating Room	0.581892	23,224,448	13,514,120	50
50.01	AMBULATORY SURGERY CENTER	0.226181	33,727	7,628	50.01
51	Recovery Room	0.140154	10,219,582	1,432,315	51
52	Delivery Room & Labor Room	0.454897	116,215	52,866	52
53	Anesthesiology	0.052721	25,302,237	1,333,959	53
54	Radiology-Diagnostic	0.196967	14,165,348	2,790,106	54
54.01	RADIOLOGY-ULTRASOUND	0.093977	2,026,066	190,404	54.01
55	Radiology-Therapeutic				55
56	Radioisotope	0.228397			56
57	CT Scan	0.070749	19,898,164	1,407,775	57
58	MRI	0.088982	8,615,812	766,652	58
59	Cardiac Catheterization	0.225722	10,555,002	2,382,496	59
60	Laboratory	0.086918	69,236,726	6,017,918	60
60.01	LABORATORY-SURGICAL PATHOLOGY	0.153920	3,498,989	538,564	60.01
60.02	LABORATORY-NEUROSURGICAL				60.02
60.03	LABORATORY-HLA				60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.298932	11,500,207	3,437,780	63
65	Respiratory Therapy	0.253953	15,686,161	3,983,548	65
66	Physical Therapy	0.302871	3,254,287	985,629	66
67	Occupational Therapy	0.358909	1,842,174	661,173	67
68	Speech Pathology	0.451062	769,290	346,997	68
69	Electrocardiology	0.126049	19,109,017	2,408,672	69
70	Electroencephalography	0.354333	1,319,352	467,490	70
71	Medical Supplies Charged to Patients	0.543379	12,666,333	6,882,619	71
72	Impl. Dev. Charged to Patients	0.468156	26,275,264	12,300,922	72
73	Drugs Charged to Patients	0.189746	44,121,435	8,371,866	73
74	Renal Dialysis	0.292859	2,398,664	702,470	74
76	PULMONARY LABS	0.344466	674,993	232,512	76
76.01	OCCUPATIONAL HEALTH	2.521503			76.01
76.03	HYPERALIMENTATION				76.03
76.04	PERIPHERAL VASCULAR	0.125726	2,944,512	370,202	76.04
76.05	PEDIATRIC ENDO NUTRITION				76.05
76.07	GASTROINTESTINAL SERVICE	0.193011	2,405,494	464,287	76.07
76.09	BONE MARROW PROCUREMENT	1.030319	763,411	786,557	76.09
76.10	BARIATRICS	2.679376	339	908	76.10
76.11	HEPATOLOGY	1.175396			76.11
76.97	CARDIAC REHABILITATION	0.907419	259,381	235,367	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90	Clinic	0.995152	946	941	90
90.01	CARDIAC REHABILITATION				90.01
90.02	CANCER CENTER	1.564246	119,059	186,238	90.02
90.03	PSYCH SOCIAL REHAB	76.220386			90.03
90.04	WELLNESS ASSESSMENT				90.04
90.06	HEART FAILURE CLINIC				90.06
90.07	LOC OUTPATIENT CENTER	0.404527	1,513,578	612,283	90.07
90.08	OBT OUTPATIENT CENTER	0.406480	65,799	26,746	90.08
90.09	ELMHURST IMMEDIATE CARE	1.178135	3,066	3,612	90.09
90.10	LAGRANGE FAMILY PCC	0.521344	3,576	1,864	90.10
90.12	NORTH RIVERSIDE PCC	1.055298	3,254	3,434	90.12
90.13	GLENDALE HEIGHTS PCC				90.13
90.14	WHEATON PCC	1.445275	9,643	13,937	90.14
90.15	OBT II PCC	1.374322			90.15
90.16	HICKORY HILLS PCC	0.480523	8,110	3,897	90.16
90.18	DARIEN PCC	2.619758	1,053	2,759	90.18
90.20	ORLANAD PARK - FP	0.993038	2,891	2,871	90.20

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0276

WORKSHEET D-3

Check  Title V  Hospital  SUB (Other)  Swing Bed SNF  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  Swing Bed NF  TEFRA  
 Boxes:  Title XIX  IRF  NF  ICF/IID  Other

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
90.21	FAMILY PRACTICE MAYWOOD PCC	0.703745	7,487	5,269	90.21
90.22	HOMER GLEN PCC	0.565213	20,367	11,512	90.22
90.23	OAK PARK PCC	1.211144	2,277	2,758	90.23
90.24	PARK RIDGE PCC	0.475903	39,371	18,737	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	1.733114	2,055	3,562	90.25
90.26	WOODRIDGE PCC	0.581389			90.26
90.27	NEUROLOGY - NILES				90.27
90.28	MARJORIE WEINBERG CANCER CENTER	1.125653	11,804	13,287	90.28
90.29	BURR RIDGE PCC	0.336419	128,937	43,377	90.29
90.30	RIVER FOREST	0.330340	34,718	11,469	90.30
90.31	NORRIDGE	1.420120			90.31
90.32	ELMWOOD PARK	1.568794	631	990	90.32
91	Emergency	0.280169	17,705,418	4,960,509	91
92	Observation Beds (Non-Distinct Part)	0.394164			92
92.01	OBSERVATION BEDS-DISTINCT	0.473652			92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
95	Ambulance Services				95
97	Durable Medical Equip-Sold	0.219641	244,409	53,682	97
200	Total (sum of lines 50-94, and 96-98)		352,811,079	79,057,536	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		352,811,079		202

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-T276

WORKSHEET D-3

Check [ ] Title V [ ] Hospital [ ] SUB (Other) [ ] Swing Bed SNF [XX] PPS  
 Applicable [XX] Title XVIII, Part A [ ] IPF [ ] SNF [ ] Swing Bed NF [ ] TEFRA  
 Boxes: [ ] Title XIX [XX] IRF [ ] NF [ ] ICF/IID [ ] Other

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
33	Burn Intensive Care Unit				33
35	NEONATAL INTENSIVE CARE				35
35.01	PEDIATRIC ICU				35.01
35.03	HEART TRANSPLANT ICU				35.03
35.04	BONE INTENSIVE CARE				35.04
41	Subprovider - IRF		5,500,953		41
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.581892	59,823	34,811	50
50.01	AMBULATORY SURGERY CENTER	0.226181			50.01
51	Recovery Room	0.140154	6,701	939	51
52	Delivery Room & Labor Room	0.454897	1,957	890	52
53	Anesthesiology	0.052721	6,214	328	53
54	Radiology-Diagnostic	0.196967	108,029	21,278	54
54.01	RADIOLOGY-ULTRASOUND	0.093977	10,569	993	54.01
55	Radiology-Therapeutic				55
56	Radioisotope	0.228397	3,176	725	56
57	CT Scan	0.070749	168,262	11,904	57
58	MRI	0.088982	65,749	5,850	58
59	Cardiac Catheterization	0.225722	71,673	16,178	59
60	Laboratory	0.086918	1,002,022	87,094	60
60.01	LABORATORY-SURGICAL PATHOLOGY	0.153920	3,440	529	60.01
60.02	LABORATORY-NEUROSURGICAL				60.02
60.03	LABORATORY-HLA				60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.298932	29,630	8,857	63
65	Respiratory Therapy	0.253953	475,607	120,782	65
66	Physical Therapy	0.302871	1,788,542	541,698	66
67	Occupational Therapy	0.358909	1,601,729	574,875	67
68	Speech Pathology	0.451062	421,887	190,297	68
69	Electrocardiology	0.126049	15,728	1,982	69
70	Electroencephalography	0.354333	25,136	8,907	70
71	Medical Supplies Charged to Patients	0.543379	98,290	53,409	71
72	Impl. Dev. Charged to Patients	0.468156	40,131	18,788	72
73	Drugs Charged to Patients	0.189746	1,199,150	227,534	73
74	Renal Dialysis	0.292859	34,980	10,244	74
76	PULMONARY LABS	0.344466			76
76.01	OCCUPATIONAL HEALTH	2.521503			76.01
76.03	HYPERALIMENTATION				76.03
76.04	PERIPHERAL VASCULAR	0.125726			76.04
76.05	PEDIATRIC ENDO NUTRITION				76.05
76.07	GASTROINTESTINAL SERVICE	0.193011			76.07
76.09	BONE MARROW PROCUREMENT	1.030319			76.09
76.10	BARIATRICS	2.679376			76.10
76.11	HEPATOLOGY	1.175396			76.11
76.97	CARDIAC REHABILITATION	0.907419			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90	Clinic	0.995152			90
90.01	CARDIAC REHABILITATION				90.01
90.02	CANCER CENTER	1.564246			90.02
90.03	PSYCH SOCIAL REHAB	76.220386			90.03
90.04	WELLNESS ASSESSMENT				90.04
90.06	HEART FAILURE CLINIC				90.06
90.07	LOC OUTPATIENT CENTER	0.404527	190	77	90.07
90.08	OBT OUTPATIENT CENTER	0.406480			90.08
90.09	ELMHURST IMMEDIATE CARE	1.178135			90.09
90.10	LAGRANGE FAMILY PCC	0.521344			90.10
90.12	NORTH RIVERSIDE PCC	1.055298			90.12
90.13	GLENDALE HEIGHTS PCC				90.13
90.14	WHEATON PCC	1.445275			90.14
90.15	OBT II PCC	1.374322			90.15
90.16	HICKORY HILLS PCC	0.480523			90.16
90.18	DARIEN PCC	2.619758			90.18
90.20	ORLANAD PARK - FP	0.993038			90.20

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-T276

WORKSHEET D-3

Check  Title V  Hospital  SUB (Other)  Swing Bed SNF  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  Swing Bed NF  TEFRA  
 Boxes:  Title XIX  IRF  NF  ICF/IID  Other

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
90.21	FAMILY PRACTICE MAYWOOD PCC	0.703745			90.21
90.22	HOMER GLEN PCC	0.565213			90.22
90.23	OAK PARK PCC	1.211144			90.23
90.24	PARK RIDGE PCC	0.475903			90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	1.733114			90.25
90.26	WOODRIDGE PCC	0.581389			90.26
90.27	NEUROLOGY - NILES				90.27
90.28	MARJORIE WEINBERG CANCER CENTER	1.125653			90.28
90.29	BURR RIDGE PCC	0.336419			90.29
90.30	RIVER FOREST	0.330340			90.30
90.31	NORRIDGE	1.420120			90.31
90.32	ELMWOOD PARK	1.568794			90.32
91	Emergency	0.280169	15,261	4,276	91
92	Observation Beds (Non-Distinct Part)	0.394164			92
92.01	OBSERVATION BEDS-DISTINCT	0.473652			92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
95	Ambulance Services				95
97	Durable Medical Equip-Sold	0.219641			97
200	Total (sum of lines 50-94, and 96-98)		7,253,876	1,943,245	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		7,253,876		202

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0276

WORKSHEET D-3

Check [ ] Title V [XX] Hospital [ ] SUB (Other) [ ] Swing Bed SNF [XX] PPS  
 Applicable [ ] Title XVIII, Part A [ ] IPF [ ] SNF [ ] Swing Bed NF [ ] TEFRA  
 Boxes: [XX] Title XIX [ ] IRF [ ] NF [ ] ICF/IID [ ] Other

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
33	Burn Intensive Care Unit				33
35	NEONATAL INTENSIVE CARE				35
35.01	PEDIATRIC ICU				35.01
35.03	HEART TRANSPLANT ICU				35.03
35.04	BONE INTENSIVE CARE				35.04
41	Subprovider - IRF				41
43	Nursery				43
<b>ANCILLARY SERVICE COST CENTERS</b>					
50	Operating Room	0.581892			50
50.01	AMBULATORY SURGERY CENTER	0.226181			50.01
51	Recovery Room	0.140154			51
52	Delivery Room & Labor Room	0.454897			52
53	Anesthesiology	0.052721			53
54	Radiology-Diagnostic	0.196967			54
54.01	RADIOLOGY-ULTRASOUND	0.093977			54.01
55	Radiology-Therapeutic				55
56	Radioisotope	0.228397			56
57	CT Scan	0.070749			57
58	MRI	0.088982			58
59	Cardiac Catheterization	0.225722			59
60	Laboratory	0.086918			60
60.01	LABORATORY-SURGICAL PATHOLOGY	0.153920			60.01
60.02	LABORATORY-NEUROSURGICAL				60.02
60.03	LABORATORY-HLA				60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.298932			63
65	Respiratory Therapy	0.253953			65
66	Physical Therapy	0.302871			66
67	Occupational Therapy	0.358909			67
68	Speech Pathology	0.451062			68
69	Electrocardiology	0.126049			69
70	Electroencephalography	0.354333			70
71	Medical Supplies Charged to Patients	0.543379			71
72	Impl. Dev. Charged to Patients	0.468156			72
73	Drugs Charged to Patients	0.189746			73
74	Renal Dialysis	0.292859			74
76	PULMONARY LABS	0.344466			76
76.01	OCCUPATIONAL HEALTH	2.521503			76.01
76.03	HYPERALIMENTATION				76.03
76.04	PERIPHERAL VASCULAR	0.125726			76.04
76.05	PEDIATRIC ENDO NUTRITION				76.05
76.07	GASTROINTESTINAL SERVICE	0.193011			76.07
76.09	BONE MARROW PROCUREMENT	1.030319			76.09
76.10	BARIASTRICS	2.679376			76.10
76.11	HEPATOLOGY	1.175396			76.11
76.97	CARDIAC REHABILITATION	0.907419			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90	Clinic	0.995152			90
90.01	CARDIAC REHABILITATION				90.01
90.02	CANCER CENTER	1.564246			90.02
90.03	PSYCH SOCIAL REHAB	76.220386			90.03
90.04	WELLNESS ASSESSMENT				90.04
90.06	HEART FAILURE CLINIC				90.06
90.07	LOC OUTPATIENT CENTER	0.404527			90.07
90.08	OBT OUTPATIENT CENTER	0.406480			90.08
90.09	ELMHURST IMMEDIATE CARE	1.178135			90.09
90.10	LAGRANGE FAMILY PCC	0.521344			90.10
90.12	NORTH RIVERSIDE PCC	1.055298			90.12
90.13	GLENDALE HEIGHTS PCC				90.13
90.14	WHEATON PCC	1.445275			90.14
90.15	OBT II PCC	1.374322			90.15
90.16	HICKORY HILLS PCC	0.480523			90.16
90.18	DARIEN PCC	2.619758			90.18

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0276

WORKSHEET D-3

Check  Title V  Hospital  SUB (Other)  Swing Bed SNF  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  Swing Bed NF  TEFRA  
 Boxes:  Title XIX  IRF  NF  ICF/IID  Other

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
90.20	ORLANAD PARK - FP	0.993038			90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	0.703745			90.21
90.22	HOMER GLEN PCC	0.565213			90.22
90.23	OAK PARK PCC	1.211144			90.23
90.24	PARK RIDGE PCC	0.475903			90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	1.733114			90.25
90.26	WOODRIDGE PCC	0.581389			90.26
90.27	NEUROLOGY - NILES				90.27
90.28	MARJORIE WEINBERG CANCER CENTER	1.125653			90.28
90.29	BURR RIDGE PCC	0.336419			90.29
90.30	RIVER FOREST	0.330340			90.30
90.31	NORRIDGE	1.420120			90.31
90.32	ELMWOOD PARK	1.568794			90.32
91	Emergency	0.280169			91
92	Observation Beds (Non-Distinct Part)	0.394164			92
92.01	OBSERVATION BEDS-DISTINCT	0.473652			92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
95	Ambulance Services				95
97	Durable Medical Equip-Sold	0.219641			97
200	Total (sum of lines 50-94, and 96-98)				200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)				202

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-T276

WORKSHEET D-3

Check [ ] Title V [ ] Hospital [ ] SUB (Other) [ ] Swing Bed SNF [ ] PPS  
 Applicable [ ] Title XVIII, Part A [ ] IPF [ ] SNF [ ] Swing Bed NF [ ] TEFRA  
 Boxes: [XX] Title XIX [XX] IRF [ ] NF [ ] ICF/IID [XX] Other

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
33	Burn Intensive Care Unit				33
35	NEONATAL INTENSIVE CARE				35
35.01	PEDIATRIC ICU				35.01
35.03	HEART TRANSPLANT ICU				35.03
35.04	BONE INTENSIVE CARE				35.04
41	Subprovider - IRF				41
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.581892			50
50.01	AMBULATORY SURGERY CENTER	0.226181			50.01
51	Recovery Room	0.140154			51
52	Delivery Room & Labor Room	0.454897			52
53	Anesthesiology	0.052721			53
54	Radiology-Diagnostic	0.196967			54
54.01	RADIOLOGY-ULTRASOUND	0.093977			54.01
55	Radiology-Therapeutic				55
56	Radioisotope	0.228397			56
57	CT Scan	0.070749			57
58	MRI	0.088982			58
59	Cardiac Catheterization	0.225722			59
60	Laboratory	0.086918			60
60.01	LABORATORY-SURGICAL PATHOLOGY	0.153920			60.01
60.02	LABORATORY-NEUROSURGICAL				60.02
60.03	LABORATORY-HLA				60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.298932			63
65	Respiratory Therapy	0.253953			65
66	Physical Therapy	0.302871			66
67	Occupational Therapy	0.358909			67
68	Speech Pathology	0.451062			68
69	Electrocardiology	0.126049			69
70	Electroencephalography	0.354333			70
71	Medical Supplies Charged to Patients	0.543379			71
72	Impl. Dev. Charged to Patients	0.468156			72
73	Drugs Charged to Patients	0.189746			73
74	Renal Dialysis	0.292859			74
76	PULMONARY LABS	0.344466			76
76.01	OCCUPATIONAL HEALTH	2.521503			76.01
76.03	HYPERALIMENTATION				76.03
76.04	PERIPHERAL VASCULAR	0.125726			76.04
76.05	PEDIATRIC ENDO NUTRITION				76.05
76.07	GASTROINTESTINAL SERVICE	0.193011			76.07
76.09	BONE MARROW PROCUREMENT	1.030319			76.09
76.10	BARIATRICS	2.679376			76.10
76.11	HEPATOLOGY	1.175396			76.11
76.97	CARDIAC REHABILITATION	0.907419			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90	Clinic	0.995152			90
90.01	CARDIAC REHABILITATION				90.01
90.02	CANCER CENTER	1.564246			90.02
90.03	PSYCH SOCIAL REHAB	76.220386			90.03
90.04	WELLNESS ASSESSMENT				90.04
90.06	HEART FAILURE CLINIC				90.06
90.07	LOC OUTPATIENT CENTER	0.404527			90.07
90.08	OBT OUTPATIENT CENTER	0.406480			90.08
90.09	ELMHURST IMMEDIATE CARE	1.178135			90.09
90.10	LAGRANGE FAMILY PCC	0.521344			90.10
90.12	NORTH RIVERSIDE PCC	1.055298			90.12
90.13	GLENDALE HEIGHTS PCC				90.13
90.14	WHEATON PCC	1.445275			90.14
90.15	OBT II PCC	1.374322			90.15
90.16	HICKORY HILLS PCC	0.480523			90.16
90.18	DARIEN PCC	2.619758			90.18
90.20	ORLANAD PARK - FP	0.993038			90.20

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-T276

WORKSHEET D-3

Check  Title V  Hospital  SUB (Other)  Swing Bed SNF  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  Swing Bed NF  TEFRA  
 Boxes:  Title XIX  IRF  NF  ICF/IID  Other

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
90.21	FAMILY PRACTICE MAYWOOD PCC	0.703745			90.21
90.22	HOMER GLEN PCC	0.565213			90.22
90.23	OAK PARK PCC	1.211144			90.23
90.24	PARK RIDGE PCC	0.475903			90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	1.733114			90.25
90.26	WOODRIDGE PCC	0.581389			90.26
90.27	NEUROLOGY - NILES				90.27
90.28	MARJORIE WEINBERG CANCER CENTER	1.125653			90.28
90.29	BURR RIDGE PCC	0.336419			90.29
90.30	RIVER FOREST	0.330340			90.30
90.31	NORRIDGE	1.420120			90.31
90.32	ELMWOOD PARK	1.568794			90.32
91	Emergency	0.280169			91
92	Observation Beds (Non-Distinct Part)	0.394164			92
92.01	OBSERVATION BEDS-DISTINCT	0.473652			92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
95	Ambulance Services				95
97	Durable Medical Equip-Sold	0.219641			97
200	Total (sum of lines 50-94, and 96-98)				200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)				202

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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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 Applicable Box: [ ] HEART [XX] KIDNEY [ ] LIVER [ ] LUNG [ ] PANCREAS [ ] INTESTINE [ ] ISLET

**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			
1	Adults & Pediatrics	34,428	38	908.03	16	14,528	1	
2	Intensive Care Unit	32,926	43	1,688.49	8	13,508	2	
3	Coronary Care Unit		44				3	
4	Burn Intensive Care Unit		45	4,408.25			4	
5	Surgical Intensive Care Unit		46				5	
6	NEONATAL INTENSIVE CARE		47	1,341.80			6	
6.01	PEDIATRIC ICU		47.01	1,855.34			6.01	
6.03	HEART TRANSPLANT ICU		47.03	1,855.40			6.03	
6.04	BONE INTENSIVE CARE		47.04	2,380.77			6.04	
7	TOTAL (sum of lines 1-6)	67,354			24	28,036	7	

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	1			
8	Operating Room	50	0.581892	225,872	131,433	8
8.01	AMBULATORY SURGERY CENTER	50.01	0.226181	21,773	4,925	8.01
9	Recovery Room	51	0.140154	106,163	14,879	9
10	Delivery Room & Labor Room	52	0.454897			10
11	Anesthesiology	53	0.052721	200,967	10,595	11
12	Radiology-Diagnostic	54	0.196967	118,390	23,319	12
12.01	RADIOLOGY-ULTRASOUND	54.01	0.093977	17,804	1,673	12.01
13	Radiology-Therapeutic	55				13
14	Radioisotope	56	0.228397	176,129	40,227	14
15	CT Scan	57	0.070749	619,944	43,860	15
16	MRI	58	0.088982			16
17	Cardiac Catheterization	59	0.225722	370,072	83,533	17
18	Laboratory	60	0.086918	1,747,512	151,890	18
18.01	LABORATORY-SURGICAL PATHOLOGY	60.01	0.153920	23,992	3,693	18.01
18.02	LABORATORY-NEUROSURGICAL	60.02				18.02
18.03	LABORATORY-HLA	60.03				18.03
19	PBP Clinical Lab Services-Prgm Only	61				19
20	Whole Blood & Packed Red Blood Cells	62				20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30				20.30
21	Blood Storing, Processing & Trans.	63	0.298932	68,209	20,390	21
22	Intravenous Therapy	64				22
23	Respiratory Therapy	65	0.253953	6,297	1,599	23
24	Physical Therapy	66	0.302871			24
25	Occupational Therapy	67	0.358909			25
26	Speech Pathology	68	0.451062			26
27	Electrocardiology	69	0.126049	432,271	54,487	27
28	Electroencephalography	70	0.354333			28
29	Medical Supplies Charged to Patients	71	0.543379			29
30	Impl. Dev. Charged to Patients	72	0.468156			30
31	Drugs Charged to Patients	73	0.189746	102,328	19,416	31
32	Renal Dialysis	74	0.292859	790,823	231,600	32
33	ASC (Non-Distinct Part)	75				33
34	PULMONARY LABS	76	0.344466			34
34.01	OCCUPATIONAL HEALTH	76.01	2.521503			34.01
34.03	HYPERALIMENTATION	76.03				34.03
34.04	PERIPHERAL VASCULAR	76.04	0.125726	101,526	12,764	34.04
34.05	PEDIATRIC ENDO NUTRITION	76.05				34.05
34.07	GASTROINTESTINAL SERVICE	76.07	0.193011	38,018	7,338	34.07
34.09	BONE MARROW PROCUREMENT	76.09	1.030319			34.09
34.10	BARIASTRICS	76.10	2.679376			34.10
34.11	HEPATOLOGY	76.11	1.175396			34.11
34.97	CARDIAC REHABILITATION	76.97	0.907419			34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98				34.98
34.99	LITHOTRIPSY	76.99				34.99
35	Rural Health Clinic	88				35
36	Federally Qualified Health Center	89				36
37	Clinic	90	0.995152			37
37.01	CARDIAC REHABILITATION	90.01				37.01
37.02	CANCER CENTER	90.02	1.564246	1,461	2,285	37.02
37.03	PSYCH SOCIAL REHAB	90.03	76.220386			37.03
37.04	WELLNESS ASSESSMENT	90.04				37.04
37.06	HEART FAILURE CLINIC	90.06				37.06

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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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  
Box:

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

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	I	2	3	
37.07	LOC OUTPATIENT CENTER	90.07	0.404527	69,268	28,021	37.07
37.08	OBT OUTPATIENT CENTER	90.08	0.406480	7,814	3,176	37.08
37.09	ELMHURST IMMEDIATE CARE	90.09	1.178135	154	181	37.09
37.10	LAGRANGE FAMILY PCC	90.10	0.521344			37.10
37.12	NORTH RIVERSIDE PCC	90.12	1.055298			37.12
37.13	GLENDALE HEIGHTS PCC	90.13				37.13
37.14	WHEATON PCC	90.14	1.445275			37.14
37.15	OBT II PCC	90.15	1.374322	334	459	37.15
37.16	HICKORY HILLS PCC	90.16	0.480523			37.16
37.18	DARIEN PCC	90.18	2.619758			37.18
37.20	ORLANAD PARK - FP	90.20	0.993038			37.20
37.21	FAMILY PRACTICE MAYWOOD PCC	90.21	0.703745	902	635	37.21
37.22	HOMER GLEN PCC	90.22	0.565213	280	158	37.22
37.23	OAK PARK PCC	90.23	1.211144			37.23
37.24	PARK RIDGE PCC	90.24	0.475903	2,572	1,224	37.24
37.25	LOYOLA CLINIC AT GOTTLIEB	90.25	1.733114			37.25
37.26	WOODRIDGE PCC	90.26	0.581389			37.26
37.27	NEUROLOGY - NILES	90.27				37.27
37.28	MARJORIE WEINBERG CANCER CENTER	90.28	1.125653			37.28
37.29	BURR RIDGE PCC	90.29	0.336419	15,085	5,075	37.29
37.30	RIVER FOREST	90.30	0.330340			37.30
37.31	NORRIDGE	90.31	1.420120			37.31
37.32	ELMWOOD PARK	90.32	1.568794	224	351	37.32
38	Emergency	91	0.280169	11,094	3,108	38
39	Observation Beds (Non-Distinct Part)	92	0.394164	7,827	3,085	39
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.473652	7,482	3,544	39.01
40	Other Outpatient Service (specify)	93				40
41	TOTAL (sum of lines 8-40)			5,292,587	908,923	41

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

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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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  
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	1			
42	Adults & Pediatrics	2		16		42
43	Intensive Care Unit	3		8		43
44	Coronary Care Unit	4				44
45	Burn Intensive Care Unit	5				45
46	Surgical Intensive Care Unit	6				46
47	NEONATAL INTENSIVE CARE	7				47
47.01	PEDIATRIC ICU	7.01				47.01
47.03	HEART TRANSPLANT ICU	7.03				47.03
47.04	BONE INTENSIVE CARE	7.04				47.04
48	TOTAL (sum of lines 42-47)			24		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			
49	Rural Health Clinic		21			49
50	Federally Qualified Health Center		22			50
51	Clinic		23			51
51.01	CARDIAC REHABILITATION		23.01			51.01
51.02	CANCER CENTER	1,461	23.02			51.02
51.03	PSYCH SOCIAL REHAB		23.03			51.03
51.04	WELLNESS ASSESSMENT		23.04			51.04
51.06	HEART FAILURE CLINIC		23.06			51.06
51.07	LOC OUTPATIENT CENTER	69,268	23.07			51.07
51.08	OBT OUTPATIENT CENTER	7,814	23.08			51.08
51.09	ELMHURST IMMEDIATE CARE	154	23.09			51.09
51.10	LAGRANGE FAMILY PCC		23.10			51.10
51.12	NORTH RIVERSIDE PCC		23.12			51.12
51.13	GLENDALE HEIGHTS PCC		23.13			51.13
51.14	WHEATON PCC		23.14			51.14
51.15	OBT II PCC	334	23.15			51.15
51.16	HICKORY HILLS PCC		23.16			51.16
51.18	DARIEN PCC		23.18			51.18
51.20	ORLANAD PARK - FP		23.20			51.20
51.21	FAMILY PRACTICE MAYWOOD PCC	902	23.21			51.21
51.22	HOMER GLEN PCC	280	23.22			51.22
51.23	OAK PARK PCC		23.23			51.23
51.24	PARK RIDGE PCC	2,572	23.24			51.24
51.25	LOYOLA CLINIC AT GOTTLIEB		23.25			51.25
51.26	WOODRIDGE PCC		23.26			51.26
51.27	NEUROLOGY - NILES		23.27			51.27
51.28	MARJORIE WEINBERG CANCER CENTER		23.28			51.28
51.29	BURR RIDGE PCC	15,085	23.29			51.29
51.30	RIVER FOREST		23.30			51.30
51.31	NORRIDGE		23.31			51.31
51.32	ELMWOOD PARK	224	23.32			51.32
52	Emergency	11,094	24			52
53	Observation Beds (Non-Distinct Part)	7,827	25			53
53.01	OBSERVATION BEDS-DISTINCT	7,482	25.01			53.01
54	Other Outpatient Service (specify)		26			54
55	TOTAL (sum of lines 49-54)	124,497				55

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

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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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  
Box:

**PART III - SUMMARY OF COSTS AND CHARGES**

		Cost		Charges		
		Part A 1	Part B 2	Part A 3	Part B 4	
56	Routine and Ancillary from Part I	936,959		5,359,941		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	3,661,865		4,229,996		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	4,598,824		9,589,937		61
62	Total Usable Organs (see instructions)		78			62
63	Medicare Usable Organs (see instructions)		58			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷line 62)		0.743590			64
65	Medicare Cost/Charges (see instructions)	3,419,640		7,130,981		65
66	Revenue for Organs Sold	44,533				66
67	Subtotal (line 65 minus line 66)	3,375,107		7,130,981		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	3,375,107		7,130,981		69

**PART IV - STATISTICS**

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)	16	20		70
71	Organs Purchased from Other Trnsplant Hospitals (2)				71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		42		73
74	Total (sum of lines 70 thru 73)	16	62		74
75	Organs Transplanted	16	42		75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		20	44,533	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)	16	62		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.

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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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 Applicable Box:  HEART  LIVER  PANCREAS  ISLET  
 KIDNEY  LUNG  INTESTINE

**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	908.03			1
2	Intensive Care Unit	5,884	43	1,688.49	1	1,688	2
3	Coronary Care Unit		44				3
4	Burn Intensive Care Unit		45	4,408.25			4
5	Surgical Intensive Care Unit		46				5
6	NEONATAL INTENSIVE CARE		47	1,341.80			6
6.01	PEDIATRIC ICU		47.01	1,855.34			6.01
6.03	HEART TRANSPLANT ICU		47.03	1,855.40			6.03
6.04	BONE INTENSIVE CARE		47.04	2,380.77			6.04
7	TOTAL (sum of lines 1-6)	5,884			1	1,688	7

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	1			
8	Operating Room	50	0.581892	6,036	3,512	8
8.01	AMBULATORY SURGERY CENTER	50.01	0.226181			8.01
9	Recovery Room	51	0.140154			9
10	Delivery Room & Labor Room	52	0.454897			10
11	Anesthesiology	53	0.052721	9,755	514	11
12	Radiology-Diagnostic	54	0.196967	11,958	2,355	12
12.01	RADIOLOGY-ULTRASOUND	54.01	0.093977	1,435	135	12.01
13	Radiology-Therapeutic	55				13
14	Radioisotope	56	0.228397	31,183	7,122	14
15	CT Scan	57	0.070749	80,782	5,715	15
16	MRI	58	0.088982	7,612	677	16
17	Cardiac Catheterization	59	0.225722	107,117	24,179	17
18	Laboratory	60	0.086918	186,081	16,174	18
18.01	LABORATORY-SURGICAL PATHOLOGY	60.01	0.153920	2,658	409	18.01
18.02	LABORATORY-NEUROSURGICAL	60.02				18.02
18.03	LABORATORY-HLA	60.03				18.03
19	PBP Clinical Lab Services-Prgm Only	61				19
20	Whole Blood & Packed Red Blood Cells	62				20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30				20.30
21	Blood Storing, Processing & Trans.	63	0.298932	7,424	2,219	21
22	Intravenous Therapy	64				22
23	Respiratory Therapy	65	0.253953	997	253	23
24	Physical Therapy	66	0.302871	1,702	515	24
25	Occupational Therapy	67	0.358909			25
26	Speech Pathology	68	0.451062			26
27	Electrocardiology	69	0.126049	184,732	23,285	27
28	Electroencephalography	70	0.354333			28
29	Medical Supplies Charged to Patients	71	0.543379			29
30	Impl. Dev. Charged to Patients	72	0.468156			30
31	Drugs Charged to Patients	73	0.189746	9,540	1,810	31
32	Renal Dialysis	74	0.292859	863	253	32
33	ASC (Non-Distinct Part)	75				33
34	PULMONARY LABS	76	0.344466			34
34.01	OCCUPATIONAL HEALTH	76.01	2.521503			34.01
34.03	HYPERALIMENTATION	76.03				34.03
34.04	PERIPHERAL VASCULAR	76.04	0.125726	16,688	2,098	34.04
34.05	PEDIATRIC ENDO NUTRITION	76.05				34.05
34.07	GASTROINTESTINAL SERVICE	76.07	0.193011	14,075	2,717	34.07
34.09	BONE MARROW PROCUREMENT	76.09	1.030319			34.09
34.10	BARIASTRICS	76.10	2.679376	60	161	34.10
34.11	HEPATOLOGY	76.11	1.175396			34.11
34.97	CARDIAC REHABILITATION	76.97	0.907419			34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98				34.98
34.99	LITHOTRIPSY	76.99				34.99
35	Rural Health Clinic	88				35
36	Federally Qualified Health Center	89				36
37	Clinic	90	0.995152			37
37.01	CARDIAC REHABILITATION	90.01				37.01
37.02	CANCER CENTER	90.02	1.564246			37.02
37.03	PSYCH SOCIAL REHAB	90.03	76.220386			37.03
37.04	WELLNESS ASSESSMENT	90.04				37.04
37.06	HEART FAILURE CLINIC	90.06				37.06

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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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  
Box:

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

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/ Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	I			
37.07	LOC OUTPATIENT CENTER	90.07	0.404527	23,876	9,658	37.07
37.08	OBT OUTPATIENT CENTER	90.08	0.406480			37.08
37.09	ELMHURST IMMEDIATE CARE	90.09	1.178135			37.09
37.10	LAGRANGE FAMILY PCC	90.10	0.521344			37.10
37.12	NORTH RIVERSIDE PCC	90.12	1.055298			37.12
37.13	GLENDALE HEIGHTS PCC	90.13				37.13
37.14	WHEATON PCC	90.14	1.445275			37.14
37.15	OBT II PCC	90.15	1.374322			37.15
37.16	HICKORY HILLS PCC	90.16	0.480523			37.16
37.18	DARIEN PCC	90.18	2.619758			37.18
37.20	ORLANAD PARK - FP	90.20	0.993038			37.20
37.21	FAMILY PRACTICE MAYWOOD PCC	90.21	0.703745			37.21
37.22	HOMER GLEN PCC	90.22	0.565213			37.22
37.23	OAK PARK PCC	90.23	1.211144			37.23
37.24	PARK RIDGE PCC	90.24	0.475903			37.24
37.25	LOYOLA CLINIC AT GOTTLIEB	90.25	1.733114			37.25
37.26	WOODRIDGE PCC	90.26	0.581389			37.26
37.27	NEUROLOGY - NILES	90.27				37.27
37.28	MARJORIE WEINBERG CANCER CENTER	90.28	1.125653			37.28
37.29	BURR RIDGE PCC	90.29	0.336419	6,814	2,292	37.29
37.30	RIVER FOREST	90.30	0.330340			37.30
37.31	NORRIDGE	90.31	1.420120			37.31
37.32	ELMWOOD PARK	90.32	1.568794			37.32
38	Emergency	91	0.280169	2,452	687	38
39	Observation Beds (Non-Distinct Part)	92	0.394164	45	18	39
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.473652			39.01
40	Other Outpatient Service (specify)	93				40
41	TOTAL (sum of lines 8-40)			713,885	106,758	41

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

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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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 Applicable Box:  HEART     LIVER     PANCREAS     ISLET  
 KIDNEY     LUNG     INTESTINE

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

	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)		Organ Acquisition Days	Organ Acquisition Costs (col. 1 x col. 2)	
		D	1			
42	Adults & Pediatrics	2				42
43	Intensive Care Unit	3		1		43
44	Coronary Care Unit	4				44
45	Burn Intensive Care Unit	5				45
46	Surgical Intensive Care Unit	6				46
47	NEONATAL INTENSIVE CARE	7				47
47.01	PEDIATRIC ICU	7.01				47.01
47.03	HEART TRANSPLANT ICU	7.03				47.03
47.04	BONE INTENSIVE CARE	7.04				47.04
48	TOTAL (sum of lines 42-47)			1		48

	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program	Organ Charges (see instructions)		Ratio of Cost To Charges (from Wkst. D-2, Part I, col. 4)	Organ Acquisition Costs (col. 1 x col. 2)	
		1	D			
49	Rural Health Clinic		21			49
50	Federally Qualified Health Center		22			50
51	Clinic		23			51
51.01	CARDIAC REHABILITATION		23.01			51.01
51.02	CANCER CENTER		23.02			51.02
51.03	PSYCH SOCIAL REHAB		23.03			51.03
51.04	WELLNESS ASSESSMENT		23.04			51.04
51.06	HEART FAILURE CLINIC		23.06			51.06
51.07	LOC OUTPATIENT CENTER	23,876	23.07			51.07
51.08	OBT OUTPATIENT CENTER		23.08			51.08
51.09	ELMHURST IMMEDIATE CARE		23.09			51.09
51.10	LAGRANGE FAMILY PCC		23.10			51.10
51.12	NORTH RIVERSIDE PCC		23.12			51.12
51.13	GLENDALE HEIGHTS PCC		23.13			51.13
51.14	WHEATON PCC		23.14			51.14
51.15	OBT II PCC		23.15			51.15
51.16	HICKORY HILLS PCC		23.16			51.16
51.18	DARIEN PCC		23.18			51.18
51.20	ORLANAD PARK - FP		23.20			51.20
51.21	FAMILY PRACTICE MAYWOOD PCC		23.21			51.21
51.22	HOMER GLEN PCC		23.22			51.22
51.23	OAK PARK PCC		23.23			51.23
51.24	PARK RIDGE PCC		23.24			51.24
51.25	LOYOLA CLINIC AT GOTTLIEB		23.25			51.25
51.26	WOODRIDGE PCC		23.26			51.26
51.27	NEUROLOGY - NILES		23.27			51.27
51.28	MARJORIE WEINBERG CANCER CENTER		23.28			51.28
51.29	BURR RIDGE PCC	6,814	23.29			51.29
51.30	RIVER FOREST		23.30			51.30
51.31	NORRIDGE		23.31			51.31
51.32	ELMWOOD PARK		23.32			51.32
52	Emergency	2,452	24			52
53	Observation Beds (Non-Distinct Part)	45	25			53
53.01	OBSERVATION BEDS-DISTINCT		25.01			53.01
54	Other Outpatient Service (specify)		26			54
55	TOTAL (sum of lines 49-54)	33,187				55

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

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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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  
Box:

**PART III - SUMMARY OF COSTS AND CHARGES**

		Cost		Charges		
		Part A 1	Part B 2	Part A 3	Part B 4	
56	Routine and Ancillary from Part I	108,446		719,769		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	1,578,637		1,639,666		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	1,687,083		2,359,435		61
62	Total Usable Organs (see instructions)		17			62
63	Medicare Usable Organs (see instructions)		7			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷line 62)		0.411765			64
65	Medicare Cost/Charges (see instructions)	694,682		971,533		65
66	Revenue for Organs Sold	8,907				66
67	Subtotal (line 65 minus line 66)	685,775		971,533		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	685,775		971,533		69

**PART IV - STATISTICS**

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)		4		70
71	Organs Purchased from Other Trnsplant Hospitals (2)				71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		13		73
74	Total (sum of lines 70 thru 73)		17		74
75	Organs Transplanted		13		75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		4	8,907	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)		17		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.

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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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  
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	908.03			1
2	Intensive Care Unit	16,463	43	1,688.49	4	6,754	2
3	Coronary Care Unit		44				3
4	Burn Intensive Care Unit		45	4,408.25			4
5	Surgical Intensive Care Unit		46				5
6	NEONATAL INTENSIVE CARE		47	1,341.80			6
6.01	PEDIATRIC ICU		47.01	1,855.34			6.01
6.03	HEART TRANSPLANT ICU		47.03	1,855.40			6.03
6.04	BONE INTENSIVE CARE		47.04	2,380.77			6.04
7	TOTAL (sum of lines 1-6)	16,463			4	6,754	7

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	1			
8	Operating Room	50	0.581892	23,458	13,650	8
8.01	AMBULATORY SURGERY CENTER	50.01	0.226181			8.01
9	Recovery Room	51	0.140154	5,349	750	9
10	Delivery Room & Labor Room	52	0.454897			10
11	Anesthesiology	53	0.052721	26,602	1,402	11
12	Radiology-Diagnostic	54	0.196967	308,768	60,817	12
12.01	RADIOLOGY-ULTRASOUND	54.01	0.093977	9,862	927	12.01
13	Radiology-Therapeutic	55				13
14	Radioisotope	56	0.228397	92,536	21,135	14
15	CT Scan	57	0.070749	54,531	3,858	15
16	MRI	58	0.088982	36,186	3,220	16
17	Cardiac Catheterization	59	0.225722	266,564	60,169	17
18	Laboratory	60	0.086918	370,762	32,226	18
18.01	LABORATORY-SURGICAL PATHOLOGY	60.01	0.153920	13,374	2,059	18.01
18.02	LABORATORY-NEUROSURGICAL	60.02				18.02
18.03	LABORATORY-HLA	60.03				18.03
19	PBP Clinical Lab Services-Prgm Only	61				19
20	Whole Blood & Packed Red Blood Cells	62				20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30				20.30
21	Blood Storing, Processing & Trans.	63	0.298932	30,018	8,973	21
22	Intravenous Therapy	64				22
23	Respiratory Therapy	65	0.253953	5,498	1,396	23
24	Physical Therapy	66	0.302871			24
25	Occupational Therapy	67	0.358909			25
26	Speech Pathology	68	0.451062			26
27	Electrocardiology	69	0.126049	87,486	11,028	27
28	Electroencephalography	70	0.354333	752	266	28
29	Medical Supplies Charged to Patients	71	0.543379			29
30	Impl. Dev. Charged to Patients	72	0.468156			30
31	Drugs Charged to Patients	73	0.189746	38,600	7,324	31
32	Renal Dialysis	74	0.292859			32
33	ASC (Non-Distinct Part)	75				33
34	PULMONARY LABS	76	0.344466			34
34.01	OCCUPATIONAL HEALTH	76.01	2.521503			34.01
34.03	HYPERALIMENTATION	76.03				34.03
34.04	PERIPHERAL VASCULAR	76.04	0.125726	4,242	533	34.04
34.05	PEDIATRIC ENDO NUTRITION	76.05				34.05
34.07	GASTROINTESTINAL SERVICE	76.07	0.193011	20,924	4,039	34.07
34.09	BONE MARROW PROCUREMENT	76.09	1.030319			34.09
34.10	BARIASTRICS	76.10	2.679376			34.10
34.11	HEPATOLOGY	76.11	1.175396			34.11
34.97	CARDIAC REHABILITATION	76.97	0.907419			34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98				34.98
34.99	LITHOTRIPSY	76.99				34.99
35	Rural Health Clinic	88				35
36	Federally Qualified Health Center	89				36
37	Clinic	90	0.995152			37
37.01	CARDIAC REHABILITATION	90.01				37.01
37.02	CANCER CENTER	90.02	1.564246	190	297	37.02
37.03	PSYCH SOCIAL REHAB	90.03	76.220386			37.03
37.04	WELLNESS ASSESSMENT	90.04				37.04
37.06	HEART FAILURE CLINIC	90.06				37.06

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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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  
Box:

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

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/ Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	I			
37.07	LOC OUTPATIENT CENTER	90.07	0.404527	24,482	9,904	37.07
37.08	OBT OUTPATIENT CENTER	90.08	0.406480			37.08
37.09	ELMHURST IMMEDIATE CARE	90.09	1.178135	90	106	37.09
37.10	LAGRANGE FAMILY PCC	90.10	0.521344			37.10
37.12	NORTH RIVERSIDE PCC	90.12	1.055298			37.12
37.13	GLENDALE HEIGHTS PCC	90.13				37.13
37.14	WHEATON PCC	90.14	1.445275			37.14
37.15	OBT II PCC	90.15	1.374322			37.15
37.16	HICKORY HILLS PCC	90.16	0.480523			37.16
37.18	DARIEN PCC	90.18	2.619758			37.18
37.20	ORLANAD PARK - FP	90.20	0.993038			37.20
37.21	FAMILY PRACTICE MAYWOOD PCC	90.21	0.703745			37.21
37.22	HOMER GLEN PCC	90.22	0.565213	1,301	735	37.22
37.23	OAK PARK PCC	90.23	1.211144			37.23
37.24	PARK RIDGE PCC	90.24	0.475903	2,892	1,376	37.24
37.25	LOYOLA CLINIC AT GOTTLIEB	90.25	1.733114			37.25
37.26	WOODRIDGE PCC	90.26	0.581389			37.26
37.27	NEUROLOGY - NILES	90.27				37.27
37.28	MARJORIE WEINBERG CANCER CENTER	90.28	1.125653			37.28
37.29	BURR RIDGE PCC	90.29	0.336419	8,373	2,817	37.29
37.30	RIVER FOREST	90.30	0.330340			37.30
37.31	NORRIDGE	90.31	1.420120			37.31
37.32	ELMWOOD PARK	90.32	1.568794	161	253	37.32
38	Emergency	91	0.280169	15,822	4,433	38
39	Observation Beds (Non-Distinct Part)	92	0.394164	8,483	3,344	39
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.473652	20,562	9,739	39.01
40	Other Outpatient Service (specify)	93				40
41	TOTAL (sum of lines 8-40)			1,477,868	266,776	41

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

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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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  
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	1			
42	Adults & Pediatrics	2				42
43	Intensive Care Unit	3		4		43
44	Coronary Care Unit	4				44
45	Burn Intensive Care Unit	5				45
46	Surgical Intensive Care Unit	6				46
47	NEONATAL INTENSIVE CARE	7				47
47.01	PEDIATRIC ICU	7.01				47.01
47.03	HEART TRANSPLANT ICU	7.03				47.03
47.04	BONE INTENSIVE CARE	7.04				47.04
48	TOTAL (sum of lines 42-47)			4		48

	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program	Organ Charges (see instructions)		Ratio of Cost To Charges (from Wkst. D-2, Part I, col. 4)	Organ Acquisition Costs (col. 1 x col. 2)	
		1	D			
49	Rural Health Clinic		21			49
50	Federally Qualified Health Center		22			50
51	Clinic		23			51
51.01	CARDIAC REHABILITATION		23.01			51.01
51.02	CANCER CENTER	190	23.02			51.02
51.03	PSYCH SOCIAL REHAB		23.03			51.03
51.04	WELLNESS ASSESSMENT		23.04			51.04
51.06	HEART FAILURE CLINIC		23.06			51.06
51.07	LOC OUTPATIENT CENTER	24,482	23.07			51.07
51.08	OBT OUTPATIENT CENTER		23.08			51.08
51.09	ELMHURST IMMEDIATE CARE	90	23.09			51.09
51.10	LAGRANGE FAMILY PCC		23.10			51.10
51.12	NORTH RIVERSIDE PCC		23.12			51.12
51.13	GLENDALE HEIGHTS PCC		23.13			51.13
51.14	WHEATON PCC		23.14			51.14
51.15	OBT II PCC		23.15			51.15
51.16	HICKORY HILLS PCC		23.16			51.16
51.18	DARIEN PCC		23.18			51.18
51.20	ORLANAD PARK - FP		23.20			51.20
51.21	FAMILY PRACTICE MAYWOOD PCC		23.21			51.21
51.22	HOMER GLEN PCC	1,301	23.22			51.22
51.23	OAK PARK PCC		23.23			51.23
51.24	PARK RIDGE PCC	2,892	23.24			51.24
51.25	LOYOLA CLINIC AT GOTTLIEB		23.25			51.25
51.26	WOODRIDGE PCC		23.26			51.26
51.27	NEUROLOGY - NILES		23.27			51.27
51.28	MARJORIE WEINBERG CANCER CENTER		23.28			51.28
51.29	BURR RIDGE PCC	8,373	23.29			51.29
51.30	RIVER FOREST		23.30			51.30
51.31	NORRIDGE		23.31			51.31
51.32	ELMWOOD PARK	161	23.32			51.32
52	Emergency	15,822	24			52
53	Observation Beds (Non-Distinct Part)	8,483	25			53
53.01	OBSERVATION BEDS-DISTINCT	20,562	25.01			53.01
54	Other Outpatient Service (specify)		26			54
55	TOTAL (sum of lines 49-54)	82,356				55

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

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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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  
Box:

**PART III - SUMMARY OF COSTS AND CHARGES**

		Cost		Charges		
		Part A 1	Part B 2	Part A 3	Part B 4	
56	Routine and Ancillary from Part I	273,530		1,494,331		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	4,594,723		3,023,081		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	4,868,253		4,517,412		61
62	Total Usable Organs (see instructions)		65			62
63	Medicare Usable Organs (see instructions)		23			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷line 62)		0.353846			64
65	Medicare Cost/Charges (see instructions)	1,722,612		1,598,468		65
66	Revenue for Organs Sold	22,267				66
67	Subtotal (line 65 minus line 66)	1,700,345		1,598,468		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	1,700,345		1,598,468		69

**PART IV - STATISTICS**

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)				70
71	Organs Purchased from Other Trnsplant Hospitals (2)		10		71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		55		73
74	Total (sum of lines 70 thru 73)		65		74
75	Organs Transplanted		55		75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		10	22,267	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)		65		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.

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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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 Applicable Box: [ ] HEART [ ] LIVER [ ] PANCREAS [ ] ISLET [ ] KIDNEY [xx] LUNG [ ] INTESTINE

**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	908.03			1
2	Intensive Care Unit	6,906	43	1,688.49	2	3,377	2
3	Coronary Care Unit		44				3
4	Burn Intensive Care Unit		45	4,408.25			4
5	Surgical Intensive Care Unit		46				5
6	NEONATAL INTENSIVE CARE		47	1,341.80			6
6.01	PEDIATRIC ICU		47.01	1,855.34			6.01
6.03	HEART TRANSPLANT ICU		47.03	1,855.40			6.03
6.04	BONE INTENSIVE CARE		47.04	2,380.77			6.04
7	TOTAL (sum of lines 1-6)	6,906			2	3,377	7

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	1			
8	Operating Room	50	0.581892	14,399	8,379	8
8.01	AMBULATORY SURGERY CENTER	50.01	0.226181			8.01
9	Recovery Room	51	0.140154			9
10	Delivery Room & Labor Room	52	0.454897			10
11	Anesthesiology	53	0.052721	26,809	1,413	11
12	Radiology-Diagnostic	54	0.196967	33,199	6,539	12
12.01	RADIOLOGY-ULTRASOUND	54.01	0.093977	4,971	467	12.01
13	Radiology-Therapeutic	55				13
14	Radioisotope	56	0.228397	157,490	35,970	14
15	CT Scan	57	0.070749	84,654	5,989	15
16	MRI	58	0.088982	9,316	829	16
17	Cardiac Catheterization	59	0.225722	364,760	82,334	17
18	Laboratory	60	0.086918	369,702	32,134	18
18.01	LABORATORY-SURGICAL PATHOLOGY	60.01	0.153920	19,272	2,966	18.01
18.02	LABORATORY-NEUROSURGICAL	60.02				18.02
18.03	LABORATORY-HLA	60.03				18.03
19	PBP Clinical Lab Services-Prgm Only	61				19
20	Whole Blood & Packed Red Blood Cells	62				20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30				20.30
21	Blood Storing, Processing & Trans.	63	0.298932	28,184	8,425	21
22	Intravenous Therapy	64				22
23	Respiratory Therapy	65	0.253953	5,843	1,484	23
24	Physical Therapy	66	0.302871	8,211	2,487	24
25	Occupational Therapy	67	0.358909			25
26	Speech Pathology	68	0.451062			26
27	Electrocardiology	69	0.126049	82,583	10,410	27
28	Electroencephalography	70	0.354333			28
29	Medical Supplies Charged to Patients	71	0.543379			29
30	Impl. Dev. Charged to Patients	72	0.468156			30
31	Drugs Charged to Patients	73	0.189746	39,309	7,459	31
32	Renal Dialysis	74	0.292859			32
33	ASC (Non-Distinct Part)	75				33
34	PULMONARY LABS	76	0.344466	12,037	4,146	34
34.01	OCCUPATIONAL HEALTH	76.01	2.521503			34.01
34.03	HYPERALIMENTATION	76.03				34.03
34.04	PERIPHERAL VASCULAR	76.04	0.125726	22,948	2,885	34.04
34.05	PEDIATRIC ENDO NUTRITION	76.05				34.05
34.07	GASTROINTESTINAL SERVICE	76.07	0.193011	77,812	15,019	34.07
34.09	BONE MARROW PROCUREMENT	76.09	1.030319			34.09
34.10	BARIATRICS	76.10	2.679376	95	255	34.10
34.11	HEPATOLOGY	76.11	1.175396			34.11
34.97	CARDIAC REHABILITATION	76.97	0.907419			34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98				34.98
34.99	LITHOTRIPSY	76.99				34.99
35	Rural Health Clinic	88				35
36	Federally Qualified Health Center	89				36
37	Clinic	90	0.995152			37
37.01	CARDIAC REHABILITATION	90.01				37.01
37.02	CANCER CENTER	90.02	1.564246	865	1,353	37.02
37.03	PSYCH SOCIAL REHAB	90.03	76.220386			37.03
37.04	WELLNESS ASSESSMENT	90.04				37.04
37.06	HEART FAILURE CLINIC	90.06				37.06

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

**WORKSHEET D-4 PART I**

Check [ ] HEART [ ] LIVER [ ] PANCREAS [ ] ISLET  
Applicable [ ] KIDNEY [xx] LUNG [ ] INTESTINE  
Box:

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

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	I	2	3	
37.07	LOC OUTPATIENT CENTER	90.07	0.404527	77,502	31,352	37.07
37.08	OBT OUTPATIENT CENTER	90.08	0.406480	31,410	12,768	37.08
37.09	ELMHURST IMMEDIATE CARE	90.09	1.178135			37.09
37.10	LAGRANGE FAMILY PCC	90.10	0.521344			37.10
37.12	NORTH RIVERSIDE PCC	90.12	1.055298			37.12
37.13	GLENDALE HEIGHTS PCC	90.13				37.13
37.14	WHEATON PCC	90.14	1.445275			37.14
37.15	OBT II PCC	90.15	1.374322			37.15
37.16	HICKORY HILLS PCC	90.16	0.480523			37.16
37.18	DARIEN PCC	90.18	2.619758	316	828	37.18
37.20	ORLANAD PARK - FP	90.20	0.993038	1,043	1,036	37.20
37.21	FAMILY PRACTICE MAYWOOD PCC	90.21	0.703745			37.21
37.22	HOMER GLEN PCC	90.22	0.565213	2,527	1,428	37.22
37.23	OAK PARK PCC	90.23	1.211144			37.23
37.24	PARK RIDGE PCC	90.24	0.475903			37.24
37.25	LOYOLA CLINIC AT GOTTLIEB	90.25	1.733114			37.25
37.26	WOODRIDGE PCC	90.26	0.581389			37.26
37.27	NEUROLOGY - NILES	90.27				37.27
37.28	MARJORIE WEINBERG CANCER CENTER	90.28	1.125653			37.28
37.29	BURR RIDGE PCC	90.29	0.336419	5,301	1,783	37.29
37.30	RIVER FOREST	90.30	0.330340	144	48	37.30
37.31	NORRIDGE	90.31	1.420120			37.31
37.32	ELMWOOD PARK	90.32	1.568794	95	149	37.32
38	Emergency	91	0.280169	3,242	908	38
39	Observation Beds (Non-Distinct Part)	92	0.394164	1,835	723	39
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.473652	1,728	818	39.01
40	Other Outpatient Service (specify)	93				40
41	TOTAL (sum of lines 8-40)			1,487,602	282,784	41

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

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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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 Applicable Box: [ ] HEART [ ] LIVER [ ] PANCREAS [ ] ISLET  
 [ ] KIDNEY [xx] LUNG [ ] INTESTINE

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

	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)		Organ Acquisition Days	Organ Acquisition Costs (col. 1 x col. 2)	
		D	1			
42	Adults & Pediatrics	2				42
43	Intensive Care Unit	3		2		43
44	Coronary Care Unit	4				44
45	Burn Intensive Care Unit	5				45
46	Surgical Intensive Care Unit	6				46
47	NEONATAL INTENSIVE CARE	7				47
47.01	PEDIATRIC ICU	7.01				47.01
47.03	HEART TRANSPLANT ICU	7.03				47.03
47.04	BONE INTENSIVE CARE	7.04				47.04
48	TOTAL (sum of lines 42-47)			2		48

	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program	Organ Charges (see instructions)		Ratio of Cost To Charges (from Wkst. D-2, Part I, col. 4)	Organ Acquisition Costs (col. 1 x col. 2)	
		1	D			
49	Rural Health Clinic		21	2	3	49
50	Federally Qualified Health Center		22			50
51	Clinic		23			51
51.01	CARDIAC REHABILITATION		23.01			51.01
51.02	CANCER CENTER	865	23.02			51.02
51.03	PSYCH SOCIAL REHAB		23.03			51.03
51.04	WELLNESS ASSESSMENT		23.04			51.04
51.06	HEART FAILURE CLINIC		23.06			51.06
51.07	LOC OUTPATIENT CENTER	77,502	23.07			51.07
51.08	OBT OUTPATIENT CENTER	31,410	23.08			51.08
51.09	ELMHURST IMMEDIATE CARE		23.09			51.09
51.10	LAGRANGE FAMILY PCC		23.10			51.10
51.12	NORTH RIVERSIDE PCC		23.12			51.12
51.13	GLENDALE HEIGHTS PCC		23.13			51.13
51.14	WHEATON PCC		23.14			51.14
51.15	OBT II PCC		23.15			51.15
51.16	HICKORY HILLS PCC		23.16			51.16
51.18	DARIEN PCC	316	23.18			51.18
51.20	ORLANAD PARK - FP	1,043	23.20			51.20
51.21	FAMILY PRACTICE MAYWOOD PCC		23.21			51.21
51.22	HOMER GLEN PCC	2,527	23.22			51.22
51.23	OAK PARK PCC		23.23			51.23
51.24	PARK RIDGE PCC		23.24			51.24
51.25	LOYOLA CLINIC AT GOTTLIEB		23.25			51.25
51.26	WOODRIDGE PCC		23.26			51.26
51.27	NEUROLOGY - NILES		23.27			51.27
51.28	MARJORIE WEINBERG CANCER CENTER		23.28			51.28
51.29	BURR RIDGE PCC	5,301	23.29			51.29
51.30	RIVER FOREST	144	23.30			51.30
51.31	NORRIDGE		23.31			51.31
51.32	ELMWOOD PARK	95	23.32			51.32
52	Emergency		3,242	24		52
53	Observation Beds (Non-Distinct Part)		1,835	25		53
53.01	OBSERVATION BEDS-DISTINCT		1,728	25.01		53.01
54	Other Outpatient Service (specify)			26		54
55	TOTAL (sum of lines 49-54)	126,008				55

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

**KPMG LLP Compu-Max 2552-10**

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

OPO CCN:

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

Check [ ] HEART [ ] LIVER [ ] PANCREAS [ ] ISLET  
Applicable [ ] KIDNEY [xx] LUNG [ ] INTESTINE  
Box:

**PART III - SUMMARY OF COSTS AND CHARGES**

		Cost		Charges		
		Part A 1	Part B 2	Part A 3	Part B 4	
56	Routine and Ancillary from Part I	286,161		1,494,508		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	3,827,806		3,489,683		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	4,113,967		4,984,191		61
62	Total Usable Organs (see instructions)		60			62
63	Medicare Usable Organs (see instructions)		29			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷line 62)		0.483333			64
65	Medicare Cost/Charges (see instructions)	1,988,416		2,409,024		65
66	Revenue for Organs Sold	13,360				66
67	Subtotal (line 65 minus line 66)	1,975,056		2,409,024		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	1,975,056		2,409,024		69

**PART IV - STATISTICS**

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)				70
71	Organs Purchased from Other Trnsplant Hospitals (2)		6		71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		54		73
74	Total (sum of lines 70 thru 73)		60		74
75	Organs Transplanted		54		75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		6	13,360	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)		60		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.

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**CALCULATION OF REIMBURSEMENT SETTLEMENT**

**WORKSHEET E  
PART A**

**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 (see instructions)	21,867,202			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	65,052,428			1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)				1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)				1.04
2	Outlier payments for discharges (see instructions)	7,711,504			2
2.01	Outlier reconciliation amount				2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)				2.02
3	Managed care simulated payments	14,316,341			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	486.71			4
	<b>Indirect Medical Education Adjustment Calculation for Hospitals</b>				
5	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996 (see instructions)	300.59			5
6	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	6.18			6
7	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)				7
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2). If the cost report straddles July 1, 2011 then see instructions.				7.01
8	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR §413.75(b), §413.79(c)(2)(iv) 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).				8
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.				8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)				8.02
9	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus line 8 plus lines (8.01 and 8.02) (see instructions)	306.77			9
10	FTE count for allopathic and osteopathic programs in the current year from your records	408.61			10
11	FTE count for residents in dental and podiatric programs	14.85			11
12	Current year allowable FTE (see instructions)	321.62			12
13	Total allowable FTE count for the prior year	320.98			13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero	320.05			14
15	Sum of lines 12 through 14 divided by 3	320.88			15
16	Adjustment for residents in initial years of the program				16
17	Adjustment for residents displaced by program or hospital closure				17
18	Adjusted rolling average FTE count	320.88			18
19	Current year resident to bed ratio (line 18 divided by line 4)	0.659284			19
20	Prior year resident to bed ratio (see instructions)	0.663950			20
21	Enter the lesser of lines 19 or 20 (see instructions)	0.659284			21
22	IME payment adjustment (see instructions)	31,110,016			22
22.01	IME payment adjustment - Managed Care (see instructions)				22.01
	<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105(f)(1)(iv)(C)				23
24	IME FTE resident count over cap (see instructions)	101.84			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 factor (see instructions)				27
28	IME add-on adjustment amount (see instructions)				28
28.01	IME add-on adjustment amount - Managed Care (see instructions)				28.01
29	Total IME payment (sum of lines 22 and 28)	31,110,016			29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)				29.01
	<b>Disproportionate Share Adjustment</b>				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.0462			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.2636			31
32	Sum of lines 30 and 31	0.3098			32
33	Allowable disproportionate share percentage (see instructions)	0.1477			33
34	Disproportionate share adjustment (see instructions)	3,209,508			34
		<b>Prior to October 1</b>	<b>On or after October 1</b>		
	<b>Uncompensated Care Adjustment</b>				
35	Total uncompensated care amount (see instructions)				35
35.01	Factor 3 (see instructions)				35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	7,493,921	6,666,946		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,888,880	4,986,509		35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	6,875,389			36
	<b>Additional Payment for High Percentage of ESRD Beneficiary Discharges (lines 40 through 46)</b>				
40	Total Medicare discharges, 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

**KPMG LLP Compu-Max 2552-10**

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**CALCULATION OF REIMBURSEMENT SETTLEMENT**

**WORKSHEET E  
PART A**

**PART A - INPATIENT HOSPITAL SERVICES UNDER PPS**

		1	1.01	1.02	
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)	135,826,047			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 (see instructions)	135,826,047			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	9,861,568			50
51	Exception payment for inpatient program capital (Wkst. L, Pt. III) (see instructions)				51
52	Direct graduate medical education payment (from Wkst. E-4, line 49) (see instructions)	7,235,513			52
53	Nursing and allied health managed care payment	16,565			53
54	Special add-on payments for new technologies	53,248			54
55	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)	7,736,283			55
56	Cost of physicians' services in a teaching hospital (see instructions)				56
57	Routine service other pass through costs (from Wkst. D, Pt. III, col. 9, lines 30 through 35).				57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)	205,277			58
59	Total (sum of amounts on lines 49 through 58)	160,934,501			59
60	Primary payer payments	22,445			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	160,912,056			61
62	Deductibles billed to program beneficiaries	5,549,092			62
63	Coinsurance billed to program beneficiaries	898,864			63
64	Allowable bad debts (see instructions)	1,778,640			64
65	Adjusted reimbursable bad debts (see instructions)	1,156,116			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,188,916			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	155,620,216			67
68	Credits received from manufacturers for replaced devices for applicable MS-DRGs (see instructions)				68
69	Outlier payments reconciliation (sum of lines 93, 95 and 96) (for SCH see instructions)				69
70	Other adjustments (specify) (see instructions)				70
70.93	HVBP payment adjustment amount (see instructions)	-260,016			70.93
70.94	HRR adjustment amount (see instructions)	-154,466			70.94
71	Amount due provider (see instructions)	155,205,734			71
71.01	Sequestration adjustment (see instructions)	3,104,115			71.01
72	Interim payments	155,542,612			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	-3,440,993			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	4,149,448			75

**TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)**

90	Operating outlier amount from Wkst. E, Pt. A line 2 (see instructions)				90
91	Capital outlier from Wkst. L, Pt. I, line 2				91
92	Operating outlier reconciliation adjustment amount (see instructions)				92
93	Capital outlier reconciliation adjustment amount (see instructions)				93
94	The rate used to calculate the time value of money (see instructions)				94
95	Time value of money for operating expenses (see instructions)				95
96	Time value of money for capital related expenses (see instructions)				96

**HSP Bonus Payment Amount**

**Prior to 10/1**

**On or After 10/1**

100	HSP bonus amount (see instructions)				100
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**HVBP Adjustment for HSP Bonus Payment**

**Prior to 10/1**

**On or After 10/1**

101	HVBP adjustment factor (see instructions)	0.000000000	0.000000000		101
102	HVBP adjustment amount for HSP bonus payment (see instructions)				102

**HRR Adjustment for HSP Bonus Payment**

**Prior to 10/1**

**On or After 10/1**

103	HRR adjustment factor (see instructions)	0.0000	0.0000		103
104	HRR adjustment amount for HSP bonus payment (see instructions)				104

**KPMG LLP Compu-Max 2552-10**

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**CALCULATION OF REIMBURSEMENT SETTLEMENT**

**COMPONENT CCN: 14-0276**

**WORKSHEET E  
PART B**

Check applicable box:       Hospital       IPF       IRF       SUB (Other)       SNF

**PART B - MEDICAL AND OTHER HEALTH SERVICES**

		1	1.01	1.02	
1	Medical and other services (see instructions)	274,664			1
2	Medical and other services reimbursed under OPPS (see instructions)	104,893,610			2
3	PPS payments	82,145,435			3
4	Outlier payment (see instructions)	557,934			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 and line 4 divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	118,113			9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)	274,664			11
	<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
	<b>REASONABLE CHARGES</b>				
12	Ancillary service charges	1,447,535			12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)	1,447,535			14
	<b>CUSTOMARY CHARGES</b>				
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)	1,447,535			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	1,172,871			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)	274,664			21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)	82,821,482			24
	<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25	Deductibles and coinsurance (see instructions)	16,456,761			25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)				26
27	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	66,639,385			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)	5,210,626			28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	71,850,011			30
31	Primary payer payments	20,614			31
32	Subtotal (line 30 minus line 31)	71,829,397			32
	<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33	Composite rate ESRD (from Wkst. I-5, line 11)	278,621			33
34	Allowable bad debts (see instructions)	2,090,825			34
35	Adjusted reimbursable bad debts (see instructions)	1,359,036			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,189,975			36
37	Subtotal (see instructions)	73,467,054			37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	73,467,054			40
40.01	Sequestration adjustment (see instructions)	1,469,341			40.01
41	Interim payments	71,980,946			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	16,767			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	150,124			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

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-T276

WORKSHEET E  
PART B

Check applicable box:      [ ] Hospital      [ ] IPF      [XX] 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 and line 4 divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)				11
	<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
	<b>REASONABLE CHARGES</b>				
12	Ancillary service charges				12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)				14
	<b>CUSTOMARY CHARGES</b>				
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 physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)				24
	<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)				26
27	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)				27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)				28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)				30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)				32
	<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)				34
35	Adjusted reimbursable bad debts (see instructions)				35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)				36
37	Subtotal (see instructions)				37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)				40
40.01	Sequestration adjustment (see instructions)				40.01
41	Interim payments				41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)				43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §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

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-0276

WORKSHEET E-1  
PART I

Check  Hospital  SUB (Other)  
Applicable  IPF  SNF  
Boxes:  IRF  Swing Bed SNF

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4	
1	Total interim payments paid to provider		153,957,168		71,135,649	1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero					2
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)	01/27/2015	1,585,444	01/27/2015	845,297	3.01
						3.02
	Program to					3.03
	Provider					3.04
						3.05
						3.06
						3.07
						3.08
						3.09
						3.10
						3.50
						3.51
	Provider to					3.52
	Program					3.53
						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)		1,585,444		845,297	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)		155,542,612		71,980,946	4
	<b>TO BE COMPLETED BY CONTRACTOR</b>					
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					5.01
						5.02
	Program to					5.03
	Provider					5.04
						5.05
						5.06
						5.07
						5.08
						5.09
						5.10
						5.50
						5.51
	Provider to					5.52
	Program					5.53
						5.54
						5.55
						5.56
						5.57
						5.58
						5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)					5.99
6	Determined net settlement amount (balance due) based on the cost report (1)				16,767	6.01
			-3,440,993			6.02
7	Total Medicare program liability (see instructions)		152,101,619		71,997,713	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.

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-T276

WORKSHEET E-1  
PART I

Check  Hospital  SUB (Other)  
Applicable  IPF  SNF  
Boxes:  IRF  Swing Bed SNF

	DESCRIPTION	INPATIENT PART A		PART B	
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4
1	Total interim payments paid to provider		6,777,423		1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero				2
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)				
					3.01
					3.02
	Program				3.03
	to				3.04
	Provider				3.05
					3.06
					3.07
					3.08
					3.09
					3.10
					3.50
		01/27/2015	6,161		3.51
	Provider				3.52
	to				3.53
	Program				3.54
					3.55
					3.56
					3.57
					3.58
					3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		-6,161		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)		6,771,262		4
	<b>TO BE COMPLETED BY CONTRACTOR</b>				
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)				
					5.01
					5.02
	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) based on the cost report (1)		150,043		6.01
					6.02
7	Total Medicare program liability (see instructions)		6,921,305		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.

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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## CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

**WORKSHEET E-1  
PART II**

Check applicable box:             Hospital             CAH

**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 (Wkst. S-3, Pt. I, col. 15, line 14)	22,863	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	44,259	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)	7,833	3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	131,318	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	2,769,664,104	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	20,031,457	6
7	CAH only - The reasonable cost incurred for the purchase of certified HIT technology (Wkst. S-2, Pt. I, line 168)		7
8	Calculation of the HIT incentive payment (see instructions)	633,646	8
9	Sequestration adjustment amount (see instructions)	12,673	9
10	Calculation of the HIT incentive payment after sequestration (see instructions)	620,973	10

**INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH**

30	Initial/interim HIT payment(s)	647,534	30
31	OTHER ADJUSTMENTS ()		31
32	Balance due provider (line 8 or line 10 minus line 30 and line 31) (see instructions)	-26,561	32

(\* ) This worksheet is completed by the contractor for standard and non-standard cost reporting periods at cost report settlement. Providers may complete this worksheet for a standard cost reporting period.

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-T276

WORKSHEET E-3  
PART III

Check [ ] Hospital  
Applicable [XX] Subprovider IRF  
Box:

**PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS**

		1	1.01	
1	Net Federal PPS payment (see instructions)	5,953,381		1
2	Medicare SSI ratio (IRF PPS only) (see instructions)	0.025100		2
3	Inpatient Rehabilitation LIP payments (see instructions)	304,813		3
4	Outlier payments	200,980		4
5	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	2.37		5
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) OR (2)			5.01
6	New teaching program adjustment (see instructions)			6
7	Current year unweighted FTE count of I&R excludng FTEs in the new program growth period of a 'new teaching program' (see instructions)	4.75		7
8	Current year unweighted I&R FTE count for residents within the new program growth period of a 'new teaching program' (see instructions)			8
9	Intern and resident count for IRF PPS medical education adjustment (see instructions)	2.37		9
10	Average daily census (see instructions)	20,265,753		10
11	Teaching Adjustment Factor (see instructions)	0.118961		11
12	Teaching Adjustment (see instructions)	708,220		12
13	Total PPS Payment (see instructions)	7,167,394		13
14	Nursing and allied health managed care payments (see instructions)			14
15	Organ acquisition DO NOT USE THIS LINE			15
16	Cost of physicians' services in a teaching hospital (see instructions)			16
17	Subtotal (see instructions)	7,167,394		17
18	Primary payer payments			18
19	Subtotal (line 17 less line 18)	7,167,394		19
20	Deductibles	51,908		20
21	Subtotal (line 19 minus line 20)	7,115,486		21
22	Coinsurance	65,654		22
23	Subtotal (line 21 minus line 22)	7,049,832		23
24	Allowable bad debts (exclude bad debts for professional services) (see instructions)	19,303		24
25	Adjusted reimbursable bad debts (see instructions)	12,547		25
26	Allowable bad debts for dual eligible beneficiaries (see instructions)	13,943		26
27	Subtotal (sum of lines 23 and 25)	7,062,379		27
28	Direct graduate medical education payments (from Wkst. E-4, line 49) (For free standing IRF only)			28
29	Other pass through costs (see instructions)	177		29
30	Outlier payments reconciliation			30
31	Other adjustments (specify) (see instructions)			31
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			31.50
32	Total amount payable to the provider (see instructions)	7,062,556		32
32.01	Sequestration adjustment (see instructions)	141,251		32.01
33	Interim payments	6,771,262		33
34	Tentative settlement (for contractor use only)			34
35	Balance due provider/program (line 32 minus lines 32.01, 33 and 34)	150,043		35
36	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	71,617		36

**TO BE COMPLETED BY CONTRACTOR**

50	Original outlier amount from Wkst. E-3, Pt. III, line 4 (see instructions)			50
51	Outlier reconciliation adjustment amount (see instructions)			51
52	The rate used to calculate the Time Value of Money (see instructions)			52
53	Time Value of Money (see instructions)			53

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0276

WORKSHEET E-3  
PART VII

Check            [ ] Title V                            [XX] Hospital                            [ ] NF                            [XX] PPS  
Applicable      [XX] Title XIX                            [ ] SUB (Other)                            [ ] ICF/IID                            [ ] TEFRA  
Boxes:    [ ] SNF    [ ] Other

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

	INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>			
1			1
2			2
3			3
4			4
5			5
6			6
7			7
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>			
<b>REASONABLE CHARGES</b>			
8			8
9			9
10			10
11			11
12			12
<b>CUSTOMARY CHARGES</b>			
13			13
14			14
15	1.000000	1.000000	15
16			16
17			17
18			18
19			19
20			20
21			21
<b>PROSPECTIVE PAYMENT AMOUNT</b>			
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>			
30			30
31			31
32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-T276

WORKSHEET E-3  
PART VII

Check [ ] Title V [ ] Hospital [ ] NF [ ] PPS  
 Applicable [XX] Title XIX [XX] Subprovider IRF [ ] ICF/IID [ ] TEFRA  
 Boxes: [ ] SNF [XX] Other

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

		INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1	Inpatient hospital/SNF/NF services	709,234		1
2	Medical and other services			2
3	Organ acquisition (certified transplant centers only)			3
4	Subtotal (sum of lines 1, 2 and 3)	709,234		4
5	Inpatient primary payer payments			5
6	Outpatient primary payer payments			6
7	Subtotal (line 4 less sum of lines 5 and 6)	709,234		7
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>REASONABLE CHARGES</b>				
8	Routine service charges			8
9	Ancillary service charges			9
10	Organ acquisition charges, net of revenue			10
11	Incentive from target amount computation			11
12	Total reasonable charges (sum of lines 8-11)			12
<b>CUSTOMARY CHARGES</b>				
13	Amount actually collected from patients liable for payment for services on a charge basis			13
14	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			14
15	Ratio of line 13 to line 14 (not to exceed 1.000000)	1.000000	1.000000	15
16	Total customary charges (see instructions)			16
17	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)			17
18	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	709,234		18
19	Interns and residents (see instructions)			19
20	Cost of physicians' services in a teaching hospital (see instructions)			20
21	Cost of covered services (lesser of line 4 or line 16)			21
<b>PROSPECTIVE PAYMENT AMOUNT</b>				
22	Other than outlier payments			22
23	Outlier payments			23
24	Program capital payments			24
25	Capital exception payments (see instructions)			25
26	Routine and ancillary service other pass through costs			26
27	Subtotal (sum of lines 22 through 26)			27
28	Customary charges (Titles V or XIX PPS covered services only)			28
29	Titles V or XIX (sum of lines 21 and 27)			29
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
30	Excess of reasonable cost (from line 18)	709,234		30
31	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)			31
32	Deductibles			32
33	Coinsurance			33
34	Allowable bad debts (see instructions)			34
35	Utilization review			35
36	Subtotal (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)			36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	Subtotal (line 36 ± line 37)			38
39	Direct graduate medical education payments (from Wkst. E-4)			39
40	Total amount payable to the provider (sum of lines 38 and 39)			40
41	Interim payments			41
42	Balance due provider/program (line 40 minus line 41)			42
43	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			43

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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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

<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996			322.44	1
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (see instructions)			6.17	2
3	Amount of reduction to Direct GME cap under §422 of MMA			7.84	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 §5503 increase to the direct GME FTE cal (see instructions for cost reporting periods straddling 7/1/2011)				4.01
4.02	ACA §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)			320.77	5
6	Unweighted resident FTE count for allopathic and osteopathic programs for teh current year from your records (see instructions)			408.61	6
7	Enter the lesser of line 5 or line 6			320.77	7
		Primary Care 1	Other 2	Total 3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	129.32	239.50	368.82	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	101.52	188.01	289.53	9
10	Weighted dental and podiatric resident FTE count for the current year		14.85		10
11	Total weighted FTE count	101.52	202.86		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	105.12	195.32		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	100.33	196.52		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	102.32	198.23		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	102.32	198.23		17
18	Per resident amount	107,910.44	102,181.69		18
19	Approved amount for resident costs	11,041,396	20,255,476	31,296,872	19
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)				20
21	Direct GME FTE unweighted resident count over cap (see instructions)			87.84	21
22	Allowable additional direct GME FTE resident count (see instructions)				22
23	Enter the locality adjustment national average per resident amount (see instructions)				23
24	Multiply line 22 times line 23				24
25	Total direct GME amount (sum of lines 19 and 24)			31,296,872	25
		Inpatient Part A	Managed Care		
26	Inpatient days (see instructions)	48,260	8,288		26
27	Total inpatient days (see instructions)	139,250	139,250		27
28	Ratio of inpatient days to total inpatient days	0.346571	0.059519		28
29	Program direct GME amount	10,846,588	1,862,759		29
30	Reduction for direct GME payments for Medicare Advantage		263,208		30
31	Net Program direct GME amount			12,446,139	31
	<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)				32
33	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			25,595,288	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
	<b>APPORTIONMENT OF MEDICARE REASONABLE COST OF GME</b>				
	<b>Part A Reasonable Cost</b>				
37	Reasonable cost (see instructions)			138,455,455	37
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)			7,736,283	38
39	Cost of physicians' services in a teaching hospital (see instructions)				39
40	Primary payer payments (see instructions)			22,445	40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			146,169,293	41
	<b>Part B Reasonable Cost</b>				
42	Reasonable cost (see instructions)			105,286,387	42
43	Primary payer payments (see instructions)			23,065	43
44	Total Part B reasonable cost (line 42 minus line 43)			105,263,322	44
45	Total reasonable cost (sum of lines 41 and 44)			251,432,615	45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.581346	46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.418654	47
	<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48	Total program GME payment (line 31)			12,446,139	48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			7,235,513	49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			5,210,626	50

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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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

<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>				
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) (see instructions)			2
3	Amount of reduction to Direct GME cap under §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 §5503 increase to the direct GME FTE cal (see instructions for cost reporting periods straddling 7/1/2011)			4.01
4.02	ACA §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 teh current year from your records (see instructions)			6
7	Enter the lesser of line 5 or line 6			7
		Primary Care 1	Other 2	Total 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	
11	Total weighted FTE count	0.00	0.00	
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00	
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00	
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	0.00	0.00	
15	Adjustment for residents in initial years of new programs	0.00	0.00	
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00	
17	Adjusted rolling average FTE count	0.00	0.00	
18	Per resident amount	0.00	0.00	
19	Approved amount for resident costs			
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)			
21	Direct GME FTE unweighted resident count over cap (see instructions)			
22	Allowable additional direct GME FTE resident count (see instructions)			
23	Enter the locality adjustment national average per resident amount (see instructions)			
24	Multiply line 22 times line 23			
25	Total direct GME amount (sum of lines 19 and 24)			
		Inpatient Part A	Managed Care	
26	Inpatient days (see instructions)	22,024	14,987	26
27	Total inpatient days (see instructions)	139,250	139,250	27
28	Ratio of inpatient days to total inpatient days	0.158162	0.107627	28
29	Program direct GME amount			29
30	Reduction for direct GME payments for Medicare Advantage			30
31	Net Program direct GME amount			31
	<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>			
32	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			32
33	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			33
34	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			34
35	Medicare outpatient ESRD charges (see instructions)			35
36	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			36
	<b>APPORTIONMENT OF MEDICARE REASONABLE COST OF GME</b>			
	<b>Part A Reasonable Cost</b>			
37	Reasonable cost (see instructions)			37
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)			38
39	Cost of physicians' services in a teaching hospital (see instructions)			39
40	Primary payer payments (see instructions)			40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			41
	<b>Part B Reasonable Cost</b>			
42	Reasonable cost (see instructions)			42
43	Primary payer payments (see instructions)			43
44	Total Part B reasonable cost (line 42 minus line 43)			44
45	Total reasonable cost (sum of lines 41 and 44)			45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			47
	<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</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

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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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)

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
<b>Assets</b> (Omit Cents)		1	2	3	4	
<b>CURRENT ASSETS</b>						
1	Cash on hand and in banks	2,928,329				1
2	Temporary investments	260,701,816				2
3	Notes receivable					3
4	Accounts receivable	195,616,174				4
5	Other receivables	66,330,016				5
6	Allowances for uncollectible notes and accounts receivable					6
7	Inventory	20,924,000				7
8	Prepaid expenses	5,200,183				8
9	Other current assets					9
10	Due from other funds					10
11	Total current assets (sum of lines 1-10)	551,700,518				11
<b>FIXED ASSETS</b>						
12	Land	8,850,000				12
13	Land improvements	140,126				13
14	Accumulated depreciation	-4,673,386				14
15	Buildings	359,511,867				15
16	Accumulated depreciation	-61,512,636				16
17	Leasehold improvements	53,995,035				17
18	Accumulated depreciation	-30,349,622				18
19	Fixed equipment					19
20	Accumulated depreciation					20
21	Audomobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment	175,038,377				23
24	Accumulated depreciation	-68,805,349				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)	432,194,412				30
<b>OTHER ASSETS</b>						
31	Investments	73,883,839				31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	93,131,307				34
35	Total other assets (sum of lines 31-34)	167,015,146				35
36	Total assets (sum of lines 11, 30 and 35)	1,150,910,076				36
<b>Liabilities and Fund Balances</b> (Omit Cents)						
		1	2	3	4	
<b>CURRENT LIABILITIES</b>						
37	Accounts payable	71,769,322				37
38	Salaries, wages and fees payable	130,521,640				38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)					40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities	20,225,285				44
45	Total current liabilities (sum of lines 37 thru 44)	222,516,247				45
<b>LONG TERM LIABILITIES</b>						
46	Mortgage payable					46
47	Notes payable					47
48	Unsecured loans					48
49	Other long term liabilities	631,904,780				49
50	Total long term liabilities (sum of lines 46 thru 49)	631,904,780				50
51	Total liabilities (sum of lines 45 and 50)	854,421,027				51
<b>CAPITAL ACCOUNTS</b>						
52	General fund balance	296,489,049				52
53	Specific purpose fund					53
54	Donor created - endowment fund balance - restricted					54
55	Donor created - endowment fund balance - unrestricted					55
56	Governing body created - endowment fund balance					56
57	Plant fund balance - invested in plant					57
58	Plant fund balance - reserve for plant improvement, replacement, and expansion					58
59	Total fund balances (sum of lines 52 thru 58)	296,489,049				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	1,150,910,076				60

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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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		283,584,178			1
2	Net income (loss) (from Worksheet G-3, line 29)		17,583,519			2
3	Total (sum of line 1 and line 2)		301,167,697			3
4	Additions (credit adjustments) (specify)					4
5	CONTRIBUTIONS					5
6	NET ASSETS RELEASED FROM RESTRICTIO					6
7	OTHER	12,611,027				7
8	NET UNRECOGNIZED GAIN/LOSS ON PP					8
9	ROUNDING	1				9
10	Total additions (sum of lines 4-9)		12,611,028			10
11	Subtotal (line 3 plus line 10)		313,778,725			11
12	Deductions (debit adjustments) (specify)					12
13	CHANGE IN DEFERRED RETIREMENT COSTS	17,289,676				13
14	TRANSFER (TO) / FROM AFFILIATES					14
15	OTHER ADJUSTMENT					15
16	NET ASSETS RELEASED FROM RESTRICTI					16
17						17
18	Total deductions (sum of lines 12-17)		17,289,676			18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		296,489,049			19

		ENDOWMENT FUND		PLANT FUND		
		5	6	7	8	
1	Fund balances at beginning of period					1
2	Net income (loss) (from Worksheet G-3, line 29)					2
3	Total (sum of line 1 and line 2)					3
4	Additions (credit adjustments) (specify)					4
5	CONTRIBUTIONS					5
6	NET ASSETS RELEASED FROM RESTRICTIO					6
7	OTHER					7
8	NET UNRECOGNIZED GAIN/LOSS ON PP					8
9	ROUNDING					9
10	Total additions (sum of lines 4-9)					10
11	Subtotal (line 3 plus line 10)					11
12	Deductions (debit adjustments) (specify)					12
13	CHANGE IN DEFERRED RETIREMENT COSTS					13
14	TRANSFER (TO) / FROM AFFILIATES					14
15	OTHER ADJUSTMENT					15
16	NET ASSETS RELEASED FROM RESTRICTI					16
17						17
18	Total deductions (sum of lines 12-17)					18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)					19

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

**WORKSHEET G-2  
PARTS I & II**

**PART I - PATIENT REVENUES**

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
	<b>GENERAL INPATIENT ROUTINE CARE SERVICES</b>				
1	Hospital	203,874,419		203,874,419	1
2	Subprovider IPF				2
3	Subprovider IRF	17,043,200		17,043,200	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)	220,917,619		220,917,619	10
	<b>INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES</b>				
11	Intensive Care Unit	72,075,639		72,075,639	11
12	Coronary Care Unit				12
13	Burn Intensive Care Unit	24,378,008		24,378,008	13
14	Surgical Intensive Care Unit				14
15	NEONATAL INTENSIVE CARE	37,929,857		37,929,857	15
15.01	PEDIATRIC ICU	10,969,857		10,969,857	15.01
15.03	HEART TRANSPLANT ICU	13,531,010		13,531,010	15.03
15.04	BONE INTENSIVE CARE	17,043,200		17,043,200	15.04
16	Total intensive care type inpatient hospital services (sum of lines 11-15)	175,927,571		175,927,571	16
17	Total inpatient routine care services (sum of lines 10 and 16)	396,845,190		396,845,190	17
18	Ancillary services	1,000,180,143		1,000,180,143	18
19	Outpatient services		1,416,690,654	1,416,690,654	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency		6,151,316	6,151,316	22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	OTHER PATIENT REVENUES		2,606,370	2,606,370	27
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	1,397,025,333	1,425,448,340	2,822,473,673	28

**PART II - OPERATING EXPENSES**

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		1,147,251,096	29
30	Add (specify)			30
31	POST RETIREMENT & PENSION			31
32	OTHER EXPENSES			32
33	GOODWILL			33
34				34
35				35
36	Total additions (sum of lines 30-35)			36
37	Deduct (specify)			37
38	ACADEMIC SUPPORT			38
39	OTHER EXPENSES			39
40				40
41				41
42	Total deductions (sum of lines 37-41)			42
43	Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		1,147,251,096	43

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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## STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)	2,822,473,673	1
2	Less contractual allowances and discounts on patients' accounts	2,575,709,582	2
3	Net patient revenues (line 1 minus line 2)	246,764,091	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	1,147,251,096	4
5	Net income from service to patients (line 3 minus line 4)	-900,487,005	5

## OTHER INCOME

6	Contributions, donations, bequests, etc.		6
7	Income from investments	5,078,059	7
8	Revenues from telephone and other miscellaneous communication services		8
9	Revenue from television and radio service		9
10	Purchase discounts		10
11	Rebates and refunds of expenses		11
12	Parking lot receipts		12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests		14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to otehr than patients		16
17	Revenue from sale of drugs to other than patients		17
18	Revenue from sale of medical records and abstracts		18
19	Tuition (fees, sale of textbooks, uniforms, etc.)		19
20	Revenue from gifts, flowers, coffee shops and canteen		20
21	Rental of vending machines		21
22	Rental of hosptial space		22
23	Governmental appropriations		23
24	Other (OTHER REVENUE)	78,180,340	24
24.01	Other (FACULTY PROFESSIONAL FEES)		24.01
24.02	Other (PHYSICIAN PROFESSIONAL FEES)	813,971,990	24.02
24.03	Other (FACULTY & STRATEGIC SUP CAPITATION)	20,840,135	24.03
25	Total other income (sum of lines 6-24)	918,070,524	25
26	Total (line 5 plus line 25)	17,583,519	26
27.01	Other expenses (ACEDEMIC SUPPORT)		27.01
29	Net income (or loss) for the period (line 26 minus line 28)	17,583,519	29

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS**

**HHA CCN: 14-7257**

**WORKSHEET H**

	COST CENTER DESCRIPTIONS (omit cents)	SALARIES	EMPLOYEE BENEFITS	TRANSPOR- TATION (see ins- tructions)	CONTRACTED/ PURCHASED SERVICES	OTHER COSTS	
		1	2	3	4	5	
	<b>GENERAL SERVICE COST CENTERS</b>						
1	Capital Related-Bldgs and Fixtures						1
2	Capital Related-Movable Equipment						2
3	Plant Operation & Maintenance						3
4	Transportation (see instructions)						4
5	Administrative and General	794,838		1,026	14,995	348,595	5
	<b>HHA REIMBURSABLE SERVICES</b>						
6	Skilled Nursing Care	2,070,837		123,616	3,620	54,869	6
7	Physical Therapy	634,589		29,019	14,687	28,140	7
8	Occupational Therapy	137,200		7,082	27,722	1,836	8
9	Speech Pathology	19,011		526		30	9
10	Medical Social Services	16,371		694	18,939	168,863	10
11	Home Health Aide	94,036		21,703	2,867	2,502	11
12	Supplies (see instructions)						12
13	Drugs						13
14	DME						14
	<b>HHA NONREIMBURSABLE SERVICES</b>						
15	Home Dialysis Aide Services						15
16	Respiratory Therapy						16
17	Private Duty Nursing						17
18	Clinic						18
19	Health Promotion Activities						19
20	Day Care Program						20
21	Home Delivered Meals Program						21
22	Homemaker Service						22
23	All Others						23
23.50	Telemedicine						23.50
24	Total (sum of lines 1-23)	3,766,882		183,666	82,830	604,835	24

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS**

**HHA CCN: 14-7257**

**WORKSHEET H**

	COST CENTER DESCRIPTIONS (omit cents)	TOTAL (sum of cols. 1 thru 5)	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE (col. 6 + col. 7)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 8 + col. 9)	
		6	7	8	9	10	
	<b>GENERAL SERVICE COST CENTERS</b>						
1	Capital Related-Bldgs and Fixtures						1
2	Capital Related-Movable Equipment						2
3	Plant Operation & Maintenance						3
4	Transportation (see instructions)						4
5	Administrative and General	1,159,454	-153,704	1,005,750		1,005,750	5
	<b>HHA REIMBURSABLE SERVICES</b>						
6	Skilled Nursing Care	2,252,942		2,252,942		2,252,942	6
7	Physical Therapy	706,435		706,435		706,435	7
8	Occupational Therapy	173,840		173,840		173,840	8
9	Speech Pathology	19,567		19,567		19,567	9
10	Medical Social Services	204,867		204,867		204,867	10
11	Home Health Aide	121,108		121,108		121,108	11
12	Supplies (see instructions)						12
13	Drugs						13
14	DME						14
	<b>HHA NONREIMBURSABLE SERVICES</b>						
15	Home Dialysis Aide Services						15
16	Respiratory Therapy						16
17	Private Duty Nursing						17
18	Clinic						18
19	Health Promotion Activities						19
20	Day Care Program						20
21	Home Delivered Meals Program						21
22	Homemaker Service						22
23	All Others						23
23.50	Telemedicine						23.50
24	Total (sum of lines 1-23)	4,638,213	-153,704	4,484,509		4,484,509	24

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

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7257

WORKSHEET H-1  
PART I

		CAPITAL RELATED COSTS			
		NET EXPENSES FOR COST ALLOCATION (from Wkst. H, col. 10)	BLDGS. & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINTENANCE
		0	1	2	3
<b>GENERAL SERVICE COST CENTERS</b>					
1	Capital Related-Bldgs. and Fixtures				1
2	Capital Related-Movable Equipment				2
3	Plant Operation & Maintenance				3
4	Transportation (see instructions)				4
5	Administrative and General	1,005,750			5
<b>HHA REIMBURSABLE SERVICES</b>					
6	Skilled Nursing Care	2,252,942			6
7	Physical Therapy	706,435			7
8	Occupational Therapy	173,840			8
9	Speech Pathology	19,567			9
10	Medical Social Services	204,867			10
11	Home Health Aide	121,108			11
12	Supplies (see instructions)				12
13	Drugs				13
14	DME				14
<b>HHA NONREIMBURSABLE SERVICES</b>					
15	Home Dialysis Aide Services				15
16	Respiratory Therapy				16
17	Private Duty Nursing				17
18	Clinic				18
19	Health Promotion Activities				19
20	Day Care Program				20
21	Home Delivered Means Program				21
22	Homemaker Service				22
23	All Others				23
23.50	Telemedicine				23.50
24	Totals (sum of lines 1-23)	4,484,509			24

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS**

**HHA CCN: 14-7257**

**WORKSHEET H-1  
PART I**

		TRANSPORT- ATION	SUBTOTAL (cols. 0-4)	ADMINI- STRATIVE & GENERAL	TOTAL (col. 4A + 5)	
		4	4A	5	6	
	<b>GENERAL SERVICE COST CENTERS</b>					
1	Capital Related-Bldgs. and Fixtures					1
2	Capital Related-Movable Equipment					2
3	Plant Operation & Maintenance					3
4	Transportation (see instructions)					4
5	Administrative and General		1,005,750	1,005,750		5
	<b>HHA REIMBURSABLE SERVICES</b>					
6	Skilled Nursing Care		2,252,942	703,706	2,956,648	6
7	Physical Therapy		706,435	186,192	892,627	7
8	Occupational Therapy		173,840	47,914	221,754	8
9	Speech Pathology		19,567	3,863	23,430	9
10	Medical Social Services		204,867	25,892	230,759	10
11	Home Health Aide		121,108	38,183	159,291	11
12	Supplies (see instructions)					12
13	Drugs					13
14	DME					14
	<b>HHA NONREIMBURSABLE SERVICES</b>					
15	Home Dialysis Aide Services					15
16	Respiratory Therapy					16
17	Private Duty Nursing					17
18	Clinic					18
19	Health Promotion Activities					19
20	Day Care Program					20
21	Home Delivered Means Program					21
22	Homemaker Service					22
23	All Others					23
23.50	Telemedicine					23.50
24	Totals (sum of lines 1-23)		4,484,509		4,484,509	24

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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COST ALLOCATION - HHA STATISTICAL BASIS

HHA CCN: 14-7257

**WORKSHEET H-1  
PART II**

		CAPITAL RELATED COSTS						
		BLDGS. & FIXTURES (Square Feet)	MOVABLE EQUIPMENT (Dollar Value)	PLANT OPERATION & MAINTENANCE (Square Feet)	TRANSPORTATION (Mileage)	RECONCILIATION	ADMINISTRATIVE & GENERAL (Accum. Cost)	
		1	2	3	4	5A	5	
<b>GENERAL SERVICE COST CENTERS</b>								
1	Capital Related-Bldgs. and Fixtures							1
2	Capital Related-Movable Equipment							2
3	Plant Operation & Maintenance							3
4	Transportation (see instructions)							4
5	Administrative and General					-1,005,750	12,323,563	5
<b>HHA REIMBURSABLE SERVICES</b>								
6	Skilled Nursing Care					6,369,636	8,622,578	6
7	Physical Therapy					1,574,997	2,281,432	7
8	Occupational Therapy					413,250	587,090	8
9	Speech Pathology					27,768	47,335	9
10	Medical Social Services					112,395	317,262	10
11	Home Health Aide					346,758	467,866	11
12	Supplies (see instructions)							12
13	Drugs							13
14	DME							14
<b>HHA NONREIMBURSABLE SERVICES</b>								
15	Home Dialysis Aide Services							15
16	Respiratory Therapy							16
17	Private Duty Nursing							17
18	Clinic							18
19	Health Promotion Activities							19
20	Day Care Program							20
21	Home Delivered Means Program							21
22	Homemaker Service							22
23	All Others							23
23.50	Telemedicine							23.50
24	Totals (sum of lines 1-23)					7,839,054	12,323,563	24
25	Cost To Be Allocated (per Worksheet H-1, Part I)						1,005,750	25
26	Unit Cost Multiplier						0.081612	26

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS**

**HHA CCN: 14-7257**

**WORKSHEET H-2  
PART I**

	HHA COST CENTER (omit cents)	HHA TRIAL BALANCE(1)	CAP BLDGS & FIXTURES	NEW CPTL BLG INTRST	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICTN	
		0	1	1.01	2	4	5.01	
1	Administrative and General		3,273			141,178		1
2	Skilled Nursing Care	2,956,648		534		367,818	29,921	2
3	Physical Therapy	892,627		267		112,714	15,063	3
4	Occupational Therapy	221,754		4		24,369	261	4
5	Speech Pathology	23,430		26		3,377	1,527	5
6	Medical Social Services	230,759		4		2,908	223	6
7	Home Health Aide	159,291		70		16,702	3,817	7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)	4,484,509	3,273	905		669,066	50,812	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

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

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS**

**HHA CCN: 14-7257**

**WORKSHEET H-2  
PART I**

	HHA COST CENTER (omit cents)	SYSTEM + COMPUTERS	PURCHASING	OPC STORES	PATIENT AFFAIRS	PATIENT ADMITTING	PATIENT ACCOUNTS	
		5.02	5.03	5.04	5.05	5.06	5.07	
1	Administrative and General						5,695	1
2	Skilled Nursing Care	19,546	564				14,836	2
3	Physical Therapy	7,148	286				4,547	3
4	Occupational Therapy	2,131	4				983	4
5	Speech Pathology	165	32				136	5
6	Medical Social Services	143	4				117	6
7	Home Health Aide	1,152	72				674	7
8	Supplies	718						8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)	31,003	962				26,988	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS**

**HHA CCN: 14-7257**

**WORKSHEET H-2  
PART I**

	HHA COST CENTER (omit cents)	SUBTOTAL (cols.0-4)	ACCOUNTING	SUBTOTAL (cols.0-4)	EMPLOYEE HEALTH SERVICES	SUBTOTAL (cols.0-4)	PASTORAL CARE	
		4A	5.08		5.09		5.10	
1	Administrative and General	150,146	544	150,690	102	150,792	192	1
2	Skilled Nursing Care	3,389,867	12,278	3,402,145	2,310	3,404,455	4,344	2
3	Physical Therapy	1,032,652	3,740	1,036,392	704	1,037,096	1,323	3
4	Occupational Therapy	249,506	904	250,410	170	250,580	320	4
5	Speech Pathology	28,693	104	28,797	20	28,817	37	5
6	Medical Social Services	234,158	848	235,006	160	235,166	300	6
7	Home Health Aide	181,778	658	182,436	124	182,560	233	7
8	Supplies	718	3	721		721	1	8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)	5,267,518	19,079	5,286,597	3,590	5,290,187	6,750	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS**

**HHA CCN: 14-7257**

**WORKSHEET H-2  
PART I**

	HHA COST CENTER (omit cents)	SUBTOTAL (cols.0-4)	HOSPITAL ADMINSTRTN	SUBTOTAL (cols.0-4)	AMBULATORY ADMIN	SUBTOTAL (cols.0-4)	PRIMARY CARE ADMIN	
			5.11		5.12		5.14	
1	Administrative and General	150,984	32,201	183,185	737	183,922	1,739	1
2	Skilled Nursing Care	3,408,799	727,008	4,135,807	16,642	4,152,449	39,258	2
3	Physical Therapy	1,038,419	221,468	1,259,887	5,070	1,264,957	11,959	3
4	Occupational Therapy	250,900	53,510	304,410	1,225	305,635	2,889	4
5	Speech Pathology	28,854	6,154	35,008	141	35,149	332	5
6	Medical Social Services	235,466	50,219	285,685	1,150	286,835	2,712	6
7	Home Health Aide	182,793	38,985	221,778	892	222,670	2,105	7
8	Supplies	722	154	876	4	880	8	8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)	5,296,937	1,129,699	6,426,636	25,861	6,452,497	61,002	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS**

**HHA CCN: 14-7257**

**WORKSHEET H-2  
PART I**

	HHA COST CENTER (omit cents)	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	SAFETY & SECURITY	LAUNDRY + LINEN SERVICE	HOUSE- KEEPING	DIETARY	
		6	7	7.01	8	9	10	
1	Administrative and General	2,594	3,357	547				1
2	Skilled Nursing Care					7,436		2
3	Physical Therapy					3,751		3
4	Occupational Therapy					67		4
5	Speech Pathology					402		5
6	Medical Social Services					67		6
7	Home Health Aide					938		7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)	2,594	3,357	547		12,661		20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

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

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS**

**HHA CCN: 14-7257**

**WORKSHEET H-2  
PART I**

	HHA COST CENTER (omit cents)	CAFETERIA	MAIN- TENANCE OF PERSONNEL	PATIENT TRANSPORT	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	CENTRAL PROCESSING	
		11	12	12.01	13	14	14.01	
1	Administrative and General							1
2	Skilled Nursing Care	18,396			39,321	145		2
3	Physical Therapy	12,511			23,092	72		3
4	Occupational Therapy	217			402	1		4
5	Speech Pathology	1,269			2,318	7		5
6	Medical Social Services	188			340	1		6
7	Home Health Aide	3,166			5,843	18		7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)	35,747			71,316	244		20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS**

**HHA CCN: 14-7257**

**WORKSHEET H-2  
PART I**

	HHA COST CENTER (omit cents)	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	HOSPITAL MEDICAL ADMIN	NONPHYSIC. ANESTHET.	NURSING SCHOOL	
		15	16	17	17.01	19	20	
1	Administrative and General							1
2	Skilled Nursing Care	621						2
3	Physical Therapy	312						3
4	Occupational Therapy	5						4
5	Speech Pathology	32						5
6	Medical Social Services	5						6
7	Home Health Aide	79						7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)	1,054						20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS**

**HHA CCN: 14-7257**

**WORKSHEET H-2  
PART I**

	HHA COST CENTER (omit cents)	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	PARAMED ED-MICU	PARAMED ED-SOCIAL WORK	SUBTOTAL (sum of col.4A-23)	
		21	22	23	23.01	23.02	24	
1	Administrative and General						192,159	1
2	Skilled Nursing Care						4,257,626	2
3	Physical Therapy						1,316,654	3
4	Occupational Therapy						309,216	4
5	Speech Pathology						39,509	5
6	Medical Social Services						290,148	6
7	Home Health Aide						234,819	7
8	Supplies						888	8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)						6,641,019	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

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

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS**

**HHA CCN: 14-7257**

**WORKSHEET H-2  
PART I**

	HHA COST CENTER (omit cents)	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL (cols 23 +/- 24)	ALLOCATED HHA A&G (see PtII)	TOTAL HHA COSTS		
		25	26	27	28		
1	Administrative and General		192,159				1
2	Skilled Nursing Care		4,257,626	126,867	4,384,493		2
3	Physical Therapy		1,316,654	39,232	1,355,886		3
4	Occupational Therapy		309,216	9,214	318,430		4
5	Speech Pathology		39,509	1,177	40,686		5
6	Medical Social Services		290,148	8,646	298,794		6
7	Home Health Aide		234,819	6,997	241,816		7
8	Supplies		888	26	914		8
9	Drugs						9
10	DME						10
11	Home Dialysis Aide Services						11
12	Respiratory Therapy						12
13	Private Duty Nursing						13
14	Clinic						14
15	Health Promotion Activities						15
16	Day Care Program						16
17	Home Delivered Meals Program						17
18	Homemaker Service						18
19	All Others						19
20	Totals (sum of lines 1-19)(2)		6,641,019	192,159	6,641,019		20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.029797			21

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

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7257

WORKSHEET H-2  
PART II

	HHA COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	NEW CPTL BLG INTRST SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	COMMUNICTN PHONE COST	SYSTEM + COMPUTERS GROSS REVENUE	
		1	1.01	2	4	5.01	5.02	
1	Administrative and General	207			794,838			1
2	Skilled Nursing Care		122		2,070,837	1,607	3,744,270	2
3	Physical Therapy		61		634,589	809	1,369,254	3
4	Occupational Therapy		1		137,200	14	408,222	4
5	Speech Pathology		6		19,010	82	31,683	5
6	Medical Social Services		1		16,371	12	27,490	6
7	Home Health Aide		16		94,036	205	220,770	7
8	Supplies						137,530	8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)	207	207		3,766,881	2,729	5,939,219	20
21	Total cost to be allocated	3,273	905		669,066	50,812	31,003	21
22	Unit Cost Multiplier	15.811594				18.619274		22
22	Unit Cost Multiplier		4.371981		0.177618		0.005220	22

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7257

WORKSHEET H-2  
PART II

	HHA COST CENTER	PURCHASING NUMBER OF ISSUES	OPC STORES NUMBER OF ISSUES	PATIENT AFFAIRS NUMBER OF VISITS	PATIENT ADMITTING INPATIENT REVENUE	PATIENT ACCOUNTS GROSS REVENUE	RECON- CILIATION	
		5.03	5.04	5.05	5.06	5.07	4A.08	
1	Administrative and General					1,253,216		1
2	Skilled Nursing Care	142				3,265,076		2
3	Physical Therapy	72				1,000,552		3
4	Occupational Therapy	1				216,322		4
5	Speech Pathology	8				29,975		5
6	Medical Social Services	1				25,812		6
7	Home Health Aide	18				148,266		7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)	242				5,939,219		20
22	Unit Cost Multiplier	3.975207				0.004544		22
22	Unit Cost Multiplier							22

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7257

WORKSHEET H-2  
PART II

	HHA COST CENTER	ACCOUNTING ACCUM COST	RECON- CILIATION	EMPLOYEE HEALTH SERVICES ACCUM COST	RECON- CILIATION	PASTORAL CARE ACCUM COST	RECON- CILIATION	
		5.08		5.09		5.10		
1	Administrative and General	150,146		150,690		150,792		1
2	Skilled Nursing Care	3,389,867		3,402,145		3,404,455		2
3	Physical Therapy	1,032,652		1,036,392		1,037,096		3
4	Occupational Therapy	249,506		250,410		250,580		4
5	Speech Pathology	28,693		28,797		28,817		5
6	Medical Social Services	234,158		235,006		235,166		6
7	Home Health Aide	181,778		182,436		182,560		7
8	Supplies	718		721		721		8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)	5,267,518		5,286,597		5,290,187		20
22	Unit Cost Multiplier	0.003622		0.000679		0.001276		22
22	Unit Cost Multiplier							22

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7257

WORKSHEET H-2  
PART II

	HHA COST CENTER	HOSPITAL ADMINSTRTN  ACCUM COST	RECON- CILIATION	AMBULATORY ADMIN  ACCUM COST	RECON- CILIATION	PRIMARY CARE ADMIN ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	
		5.11		5.12		5.14	6	
1	Administrative and General	150,984		183,185		183,922	207	1
2	Skilled Nursing Care	3,408,799		4,135,807		4,152,449		2
3	Physical Therapy	1,038,419		1,259,887		1,264,957		3
4	Occupational Therapy	250,900		304,410		305,635		4
5	Speech Pathology	28,854		35,008		35,149		5
6	Medical Social Services	235,466		285,685		286,835		6
7	Home Health Aide	182,793		221,778		222,670		7
8	Supplies	722		876		880		8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)	5,296,937		6,426,636		6,452,497	207	20
21	Total cost to be allocated	1,129,699		25,861		61,002	2,594	21
22	Unit Cost Multiplier	0.213274		0.004024		0.009454		22
22	Unit Cost Multiplier						12.531401	22

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7257

WORKSHEET H-2  
PART II

	HHA COST CENTER	OPERATION OF PLANT SQUARE FEET	SAFETY & SECURITY SQUARE FEET	LAUNDRY + LINEN SERVICE LAUNDRY COST	HOUSE-KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	CAFETERIA PAID HOURS	
		7	7.01	8	9	10	11	
1	Administrative and General	207	207					1
2	Skilled Nursing Care				222		51,718	2
3	Physical Therapy				112		35,173	3
4	Occupational Therapy				2		610	4
5	Speech Pathology				12		3,568	5
6	Medical Social Services				2		528	6
7	Home Health Aide				28		8,902	7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)	207	207		378		100,499	20
21	Total cost to be allocated	3,357	547		12,661		35,747	21
22	Unit Cost Multiplier	16.217391						22
22	Unit Cost Multiplier		2.642512		33.494709		0.355695	22

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7257

WORKSHEET H-2  
PART II

	HHA COST CENTER	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED	PATIENT TRANSPORT  NUMBER OF TRIPS	NURSING ADMINIS- TRATION RN FTES	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	CENTRAL PROCESSING  NUMBER OF INSTRUMENT	PHARMACY  COSTED REQUIS.	
		12	12.01	13	14	14.01	15	
1	Administrative and General							1
2	Skilled Nursing Care			1,272	2,072		2,991	2
3	Physical Therapy			747	1,043		1,504	3
4	Occupational Therapy			13	18		26	4
5	Speech Pathology			75	106		153	5
6	Medical Social Services			11	16		23	6
7	Home Health Aide			189	264		381	7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)			2,307	3,519		5,078	20
21	Total cost to be allocated			71,316	244		1,054	21
22	Unit Cost Multiplier			30.912874				22
22	Unit Cost Multiplier				0.069338		0.207562	22

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7257

WORKSHEET H-2  
PART II

	HHA COST CENTER	MEDICAL RECORDS + LIBRARY INPATIENT REVENUE	SOCIAL SERVICE TIME SPENT	HOSPITAL MEDICAL ADMIN MED ADMIN COMPENSATI	NONPHYSIC. ANESTHET. ASSIGNED TIME	NURSING SCHOOL PATIENT DAYS	I&R SALARY & FRINGES PATIENT DAYS	
		16	17	17.01	19	20	21	
1	Administrative and General							1
2	Skilled Nursing Care							2
3	Physical Therapy							3
4	Occupational Therapy							4
5	Speech Pathology							5
6	Medical Social Services							6
7	Home Health Aide							7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)							20
21	Total cost to be allocated							21
22	Unit Cost Multiplier							22
22	Unit Cost Multiplier							22

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7257

WORKSHEET H-2  
PART II

	HHA COST CENTER	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED EDUCATION ASSIGNED TIME	PARAMED ED-MICU TIME SPENT	PARAMED ED-SOCIAL WORK TIME SPENT			
		22	23	23.01	23.02			
1	Administrative and General							1
2	Skilled Nursing Care							2
3	Physical Therapy							3
4	Occupational Therapy							4
5	Speech Pathology							5
6	Medical Social Services							6
7	Home Health Aide							7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)							20
21	Total cost to be allocated							21
22	Unit Cost Multiplier							22
22	Unit Cost Multiplier							22

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**APPORTIONMENT OF PATIENT SERVICE COSTS**

**HHA CCN: 14-7257**

**WORKSHEET H-3  
PARTS I & II**

Check applicable box:      [ ] Title V      [XX] Title XVIII      [ ] Title XIX

**PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST**

Cost Per Visit Computation								
	Patient Services	From Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA COSTS (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		1	2	3	4	5		
1	Skilled Nursing Care	2	4,384,493		4,384,493	16,124	271.92	1
2	Physical Therapy	3	1,355,886	391,253	1,747,139	5,923	294.98	2
3	Occupational Therapy	4	318,430	11,466	329,896	1,626	202.89	3
4	Speech Pathology	5	40,686	758	41,444	112	370.04	4
5	Medical Social Services	6	298,794		298,794	70	4,268.49	5
6	Home Health Aide	7	241,816		241,816	1,511	160.04	6
7	Total (sum of lines 1-6)		6,640,105	403,477	7,043,582	25,366		7

Limitation Cost Comoputation				Program Visits	
	Patient Services	CBSA No.	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1	2	3	4
8	Skilled Nursing Care	16974		7,110	
9	Physical Therapy	16974		3,314	
10	Occupational Therapy	16974		923	
11	Speech Pathology	16974		61	
12	Medical Social Services	16974		36	
13	Home Health Aide	16974		1,362	
14	Total (sum of lines 8-13)			12,806	

Supplies and Drugs Cost Computations							
	Other Patient Services	From Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)
		1	2	3	4	5	
15	Cost of Medical Supplies	8	914	34,366	35,280		15
16	Cost of Drugs	9					16

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

		From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charges (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated
		1	2	3	4	
1	Physical Therapy	66	0.302871	1,291,813	391,253	col. 2, line 2
2	Occupational Therapy	67	0.358909	31,947	11,466	col. 2, line 3
3	Speech Pathology	68	0.451062	1,680	758	col. 2, line 4
4	Medical Supplies Charged to Pat	71	0.543379	63,245	34,366	col. 2, line 15
5	Drugs Charged to Patients	73	0.189746			col. 2, line 16

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 14-7257

WORKSHEET H-3  
PARTS I & II

Check applicable box:         Title V         Title XVIII         Title XIX

**PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST**

Cost Per Visit Computation		Program Visits			Cost of Services				
		Part B			Part B				
	Patient Services	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Total Program Cost (sum of cols 9-10)	
		6	7	8	9	10	11	12	
1	Skilled Nursing Care		7,110			1,933,351		1,933,351	1
2	Physical Therapy		3,314			977,564		977,564	2
3	Occupational Therapy		923			187,267		187,267	3
4	Speech Pathology		61			22,572		22,572	4
5	Medical Social Services		36			153,666		153,666	5
6	Home Health Aide		1,362			217,974		217,974	6
7	Total (sum of lines 1-6)		12,806			3,492,394		3,492,394	7

Supplies and Drugs Cost Computations		Program Covered Charges			Cost of Services			
		Part B			Part B			
	Other Patient Services	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6	7	8	9	10	11	
15	Cost of Medical Supplies							15
16	Cost of Drugs							16

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**CALCULATION OF HHA REIMBURSEMENT SETTLEMENT**

**HHA CCN: 14-7257**

**WORKSHEET H-4  
PARTS I & II**

Check applicable box:        [ ] Title V        [XX] Title XVIII        [ ] Title XIX

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

	Description	Part B		
		Part A 1	Not Subject to Deductibles & Coinsurance 2	Subject to Deductibles & Coinsurance 3
	Reasonable Cost of Part A & Part B Services			
1	Reasonable cost of services (see instructions)			1
2	Total charges			2
	Customary Charges			
3	Amount actually collected from patients liable for payment for services on a charge basis (from your records)			3
4	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)			4
5	Ratio of line 3 to line 4 (not to exceed 1.000000)			5
6	Total customary charges (see instructions)			6
7	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)			7
8	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)			8
9	Primary payer amounts		2,451	9

**PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT**

	Description	Part A Services	Part B Services	
		1	2	
10	Total reasonable cost (see instructions)		-2,451	10
11	Total PPS Reimbursement - Full Episodes without Outliers		2,111,825	11
12	Total PPS Reimbursement - Full Episodes with Outliers		61,432	12
13	Total PPS Reimbursement - LUPA Episodes		84,859	13
14	Total PPS Reimbursement - PEP Episodes		27,528	14
15	Total PPS Outlier Reimbursement - Full Episodes with Outliers		26,164	15
16	Total PPS Outlier Reimbursement - PSP Episodes		2,140	16
17	Total Other Payments			17
18	DME Payments			18
19	Oxygen Payments			19
20	Prosthetic and Orthotic Payments			20
21	Part B deductibles billed to Medicare patients (exclude coinsurance)			21
22	Subtotal (sum of lines 10 thru 20 minus line 8)		2,311,497	22
23	Excess reasonable cost (from line 8)			23
24	Subtotal (line 22 minus line 23)		2,311,497	24
25	Coinsurance billed to program patients (from your records)			25
26	Net cost (line 24 minus line 25)		2,311,497	26
27	Reimbursable bad debts (from your records)			27
28	Reimbursable bad debts for dual eligible (see instructions)			28
29	Total costs - current cost reporting period (line 26 plus line 27)		2,311,497	29
30	Other adjustments (see instructions) (specify)			30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			30.50
31	Subtotal (see instructions)		2,311,497	31
31.01	Sequestration adjustment (see instructions)		46,231	31.01
32	Interim payments (see instructions)		2,265,265	32
33	Tentative settlement (for contractor use only)			33
34	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)		1	34
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115-2			35

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES**

HHa CCN: 14-7257

WORKSHEET H-5

	DESCRIPTION	Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1	2	3	4	
1	Total interim payments paid to provider				2,265,265	1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero.					2
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
		.01				3.01
		.02				3.02
	Program	.03				3.03
	To	.04				3.04
	Provider	.05				3.05
		.06				3.06
		.07				3.07
		.08				3.08
		.09				3.09
		.10				3.10
		.50				3.50
		.51				3.51
	Provider	.52				3.52
	To	.53				3.53
	Program	.54				3.54
		.55				3.55
		.56				3.56
		.57				3.57
		.58				3.58
		.59				3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99				3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)				2,265,265	4
<b>TO BE COMPLETED BY CONTRACTOR</b>						
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
		.01				5.01
		.02				5.02
	Program	.03				5.03
	To	.04				5.04
	Provider	.05				5.05
		.06				5.06
		.07				5.07
		.08				5.08
		.09				5.09
		.10				5.10
		.50				5.50
		.51				5.51
	Provider	.52				5.52
	To	.53				5.53
	Program	.54				5.54
		.55				5.55
		.56				5.56
		.57				5.57
		.58				5.58
		.59				5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99				5.99
6	Determine net settlement amount (balance due) based on the cost report (see instructions)	.01				1 6.01
		.02				6.02
7	<b>TOTAL MEDICARE PROGRAM LIABILITY (see instructions)</b>				2,265,266	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.

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS**

**WORKSHEET I-1**

Check applicable box:       Renal Dialysis Department       Home Program Dialysis

		TOTAL COSTS	BASIS	STATISTICS	FTEs per 2080 Hours	
		1	2	3	4	
1	Registered Nurses	1,332,118	Hours of Service	34,901.00	16.78	1
2	Licensed Practical Nurses		Hours of Service			2
3	Nurses Aides		Hours of Service			3
4	Technicians	1,116,374	Hours of Service	51,501.00	24.76	4
5	Social Workers		Hours of Service			5
6	Dieticians		Hours of Service			6
7	Physicians		Accumulated Cost			7
8	Non-patient Care Salary	258,245	Accumulated Cost			8
9	Subtotal (sum of lines 1-8)	2,706,737				9
10	Employee Benefits		Salary			10
11	Capital Related Costs-Bldgs. & Fixtures		Square Feet			11
12	Capital Related Costs-Mov. Equip.		Percentage of Time			12
13	Machine Costs & Repairs		Percentage of Time			13
14	Supplies	1,419,412	Requisitions			14
15	Drugs		Requisitions			15
16	Other	644,879	Accumulated Cost			16
17	Subtotal (sum of lines 9-16)*	4,771,028				17
18	Capital Related Costs-Bldgs. & Fixtures	204,974	Square Feet			18
19	Capital Related Costs-Mov. Equip.	33,538	Percentage of Time			19
20	Employee Benefits Department	480,765	Salary			20
21	Administrative and General	1,682,052	Accumulated Cost			21
22	Maint./Repairs-Operation-Housekeeping	333,785	Square Feet			22
23	Medical Educatino Program Costs					23
24	Central Services & Supplies	102,822	Requisitions			24
25	Pharmacy	-556,375	Requisitions			25
26	Other Allocated Costs	443,221	Accumulated Cost			26
27	Subtotal (sum of lines 17-26)*	7,495,810				27
28	Laboratory		Charges			28
28.01	LABORATORY-SURGICAL PATHOLOGY		Charges			28.01
28.02	LABORATORY-NEUROSURGICAL		Charges			28.02
28.03	LABORATORY-HLA		Charges			28.03
29	Respiratory Therapy		Charges			29
30	PULMONARY LABS		Charges			30
30.01	OCCUPATIONAL HEALTH		Charges			30.01
30.03	HYPERALIMENTATION		Charges			30.03
30.04	PERIPHERAL VASCULAR		Charges			30.04
30.05	PEDIATRIC ENDO NUTRITION		Charges			30.05
30.07	GASTROINTESTINAL SERVICE		Charges			30.07
30.09	BONE MARROW PROCUREMENT		Charges			30.09
30.10	BARIATRICS		Charges			30.10
30.11	HEPATOLOGY		Charges			30.11
30.97	CARDIAC REHABILITATION		Charges			30.97
30.98	HYPERBARIC OXYGEN THERAPY		Charges			30.98
30.99	LITHOTRIPSY		Charges			30.99
31	Total costs (sum of lines 27-30)	7,495,810				31

\* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 26 for line 74 or line 94 as appropriate.

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES**

**WORKSHEET I-2**

Check applicable box:       Renal Dialysis Department       Home Program Dialysis

	OUTPATIENT SERVICES COMPOSITE PAYMENT RATE	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS DEPARTMENT	DRUGS	
		BUILDING	EQUIPMENT	RNs	OTHER			
		1	2	3	4	5	6	
1	Total Renal Department Costs	538,759	33,538	1,332,118	1,116,374	480,765	-556,375	1
	MAINTENANCE							
2	Hemodialysis	342,972	21,350	848,089	710,765	306,082	-354,220	2
3	Intermittent Peritoneal							3
	TRAINING							
4	Hemodialysis							4
5	Intermittent Peritoneal							5
6	CAPD	637	40	1,527	1,289	557	-644	6
7	CCPD	318	20	725	608	264	-306	7
	HOME							
8	Hemodialysis							8
9	Intermittent Peritoneal							9
10	CAPD	4,510	281	11,184	9,364	4,029	-4,663	10
11	CCPD	126,174	7,854	311,922	261,399	112,572	-130,277	11
	OTHER BILLABLE SERVICES							
12	Inpatient Dialysis	64,148	3,993	158,671	132,949	57,261	-66,265	12
13	Method II Home Patient							13
14	EPO (included in renal department)							14
15	ARANESP (included in renal department)						654,697	15
16	Other							16
17	Total (sum of lines 2 through 16)	538,759	33,538	1,332,118	1,116,374	480,765	-556,375	17
18	Medical Educational Program Costs							18
19	Total Renal Costs (line 17 + line 18)							19

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES**

**WORKSHEET I-2**

Check applicable box:       Renal Dialysis Department       Home Program Dialysis

	OUTPATIENT SERVICES COMPOSITE PAYMENT RATE	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (sum of cols. 1-8)	OVERHEAD	TOTAL (col. 9 + col. 10)	
		7	8	9	10	11	
1	Total Renal Department Costs	1,522,234		4,467,413	3,028,397	7,495,810	1
	<b>MAINTENANCE</b>						
2	Hemodialysis	969,141		2,844,179	1,928,029	4,772,208	2
3	Intermittent Peritoneal						3
	<b>TRAINING</b>						
4	Hemodialysis						4
5	Intermittent Peritoneal						5
6	CAPD	1,763		5,169	3,504	8,673	6
7	CCPD	835		2,464	1,670	4,134	7
	<b>HOME</b>						
8	Hemodialysis						8
9	Intermittent Peritoneal						9
10	CAPD	12,758		37,463	25,396	62,859	10
11	CCPD	356,434		1,046,078	709,122	1,755,200	11
	<b>OTHER BILLABLE SERVICES</b>						
12	Inpatient Dialysis	181,303		532,060	360,676	892,736	12
13	Method II Home Patient						13
14	EPO (included in renal department)						14
15	ARANESP (included in renal department)						15
16	Other						16
17	Total (sum of lines 2 through 16)	1,522,234		4,467,413	3,028,397	7,495,810	17
18	Medical Educational Program Costs						18
19	Total Renal Costs (line 17 + line 18)					7,495,810	19

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET I-3**

Check applicable box:       Renal Dialysis Department       Home Program Dialysis

	COMPOSITE PAYMENT SERVICES	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS DEPARTMENT (Salary)	
		BUILDING (Square Feet)	EQUIPMENT (% of Time)	RNs (Hours)	OTHERS (Hours)		
		1	2	3	4	5	
1	Total Renal Department Costs	538,759	33,538	1,332,118	1,116,374	480,765	1
	<b>MAINTENANCE</b>						
2	Hemodialysis	6,464	6,464.00	22,219.00	29,222.00	1,707,584	2
3	Intermittent Peritoneal						3
	<b>TRAINING</b>						
4	Hemodialysis						4
5	Intermittent Peritoneal						5
6	CAPD	12	12.00	40.00	53.00	3,106	6
7	CCPD	6	6.00	19.00	25.00	1,471	7
	<b>HOME</b>						
8	Hemodialysis						8
9	Intermittent Peritoneal						9
10	CAPD	85	85.00	293.00	385.00	22,479	10
11	CCPD	2,378	2,378.00	8,172.00	10,747.00	628,021	11
	<b>OTHER BILLABLE SERVICES</b>						
12	Inpatient Dialysis Treatments	1,209	1,209.00	4,157.00	5,466.00	319,447	12
13	Method II Home Patient						13
14	EPO						14
15	ARANESP						15
16	Other						16
17	Total Statistical Basis	10,154	10,154.00	34,900.00	45,898.00	2,682,108	17
18	Unit Cost Multiplier (line 1 ÷ line 17)	53.058795	3.302935	38.169570	24.322933	0.179249	18

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET I-3**

Check applicable box:       Renal Dialysis Department       Home Program Dialysis

	COMPOSITE PAYMENT SERVICES	DRUGS (Requist.)	MEDICAL SUPPLIES (Requist.)	ROUTINE ANCILLARY SERVICES (Charges)	SUBTOTAL	OVERHEAD (Accum. Cost)	
		6	7	8	9	10	
1	Total Renal Department Costs	-556,375	1,522,234				1
	MAINTENANCE						
2	Hemodialysis	301,446	931,131				2
3	Intermittent Peritoneal						3
	TRAINING						
4	Hemodialysis						4
5	Intermittent Peritoneal						5
6	CAPD	548	1,694				6
7	CCPD	260	802				7
	HOME						
8	Hemodialysis						8
9	Intermittent Peritoneal						9
10	CAPD	3,968	12,258				10
11	CCPD	110,867	342,454				11
	OTHER BILLABLE SERVICES						
12	Inpatient Dialysis Treatments	56,392	174,192				12
13	Method II Home Patient						13
14	EPO						14
15	ARANESP						15
16	Other						16
17	Total Statistical Basis	473,481	1,462,531			4,467,413	17
18	Unit Cost Multiplier (line 1 ÷ line 17)	-1.175074	1.040822			0.677886	18

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

WORKSHEET I-4

Check applicable box:       Renal Dialysis Department       Home Program Dialysis

		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Number of Program Treatments	Number of Program Treatments	Total Program Expenses (see instructions)	
		1	2	3	4	4.01	4.02	5	
1	Maintenance - Hemodialysis	24,469	4,772,208	195.03	14,027			2,735,686	1
2	Maintenance - Peritoneal Dialysis								2
3	Training - Hemodialysis								3
4	Training - Peritoneal Dialysis								4
5	Training - Continuous Ambulatory Peritoneal Dialysis	38	8,673	228.24					5
6	Training - Continuous Cycling Peritoneal Dialysis	18	4,134	229.67					6
7	Home Program - Hemodialysis								7
8	Home Program - Peritoneal Dialysis								8
		Patient Weeks			Patient Weeks	Patient Weeks	Patient Weeks		
9	Home Program - Continuous Ambulatory Peritoneal Dialysis	92	62,859	683.25	15			10,249	9
10	Home Program - COntinuous Cycling Peritoneal Dialysis	2,671	1,755,200	657.13	1,497			983,724	10
11	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5 and 6) (see instructions)	24,525	6,603,074		14,027			3,729,659	11
12	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instructions)	32,814							12

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

WORKSHEET I-4

Check applicable box:       Renal Dialysis Department       Home Program Dialysis

		Total Program Payment	Total Program Payment	Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)	Average Payment Rate (col. 6.01 ÷ col. 4.01)	Average Payment Rate (col. 6.02 ÷ col. 4.02)	
		6	6.01	6.02	7	7.01	7.02	
1	Maintenance - Hemodialysis	3,230,476			230.30			1
2	Maintenance - Peritoneal Dialysis							2
3	Training - Hemodialysis							3
4	Training - Peritoneal Dialysis							4
5	Training - Continuous Ambulatory Peritoneal Dialysis							5
6	Training - Continuous Cycling Peritoneal Dialysis							6
7	Home Program - Hemodialysis							7
8	Home Program - Peritoneal Dialysis							8
9	Home Program - Continuous Ambulatory Peritoneal Dialysis							9
10	Home Program - COntinuous Cycling Peritoneal Dialysis							10
11	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5 and 6) (see instructions)	3,230,476						11
12	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instructions)							12

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B**

**WORKSHEET I-5**

DESCRIPTION				
1	Total expenses related to care of program beneficiaries (see instructions)		3,729,659	1
		1	2	
2	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)	3,230,476	2,939,068	2
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. I-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	3,230,476	2,939,068	2.03
2.04	Outlier payments			2.04
3	Deductibles billed to Medicare (Part B) patients (see instructions)	315		3
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	315		3.03
4	Coinsurance billed to Medicare (Part B) patients (see instructions)	826,080		4
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	826,080		4.03
5	Bad debts for deductibles and coinsurance, net of bad debt recoveries	366,607	366,607	5
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014			5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	366,607	366,607	5.05
6	Allowable bad debts (see instructions)	278,621		6
7	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	187,104		7
8	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)		-366,607	8
9	Program payment (see instructions)		2,351,254	9
10	Unrecovered from Medicare (Part B) patients (see instructions)			10
11	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	278,621		11

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

12	Total allowable expenses (see instructions)		7,257,771	12
13	Total composite costs (from Wkst. I-4, col. 2, line 11)		6,603,074	13
14	Facility specific composite cost percentage (line 13 divided by line 12)		0.909794	14

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**ANALYSIS OF PROVIDER-BASED HOSPICE COSTS**

**HOSPICE CCN: 14-1566**

**WORKSHEET K**

	COST CENTER DESCRIPTIONS	SALARIES (from Wkst. K-1)	EMPLOYEE BENEFITS (from Wkst. K-2)	TRANSPOR- TATION (see inst.)	CONTRACTED SERVICES (from Wkst. K-3)	OTHER	
		1	2	3	4	5	
	<b>GENERAL SERVICE COST CENTER</b>						
1	Capital Related Costs-Bldg and Fixt.						1
2	Capital Related Costs-Movable Equip.						2
3	Plant Operation and Maintenance						3
4	Transportation - Staff						4
5	Volunteer Service Coordination						5
6	Administrative and General	95,857				261,368	6
	<b>INPATIENT CARE SERVICE</b>						
7	Inpatient - General Care						7
8	Inpatient - Respite Care						8
	<b>VISITING SERVICES</b>						
9	Physician Services						9
10	Nursing Care	392,034		35,574		205,359	10
11	Nursing Care-Continuous Home Care	16,293					11
12	Physical Therapy						12
13	Occupational Therapy						13
14	Speech / Language Pathology						14
15	Medical Social Services			1,479			15
16	Spiritual Counseling	63,538					16
17	Dietary Counseling						17
18	Counseling - Other						18
19	Home Health Aide and Homemaker	66,383		6,024			19
20	HH Aide & Homemaker - Cont. Home Care						20
21	Other						21
	<b>OTHER HOSPICE SERVICE COSTS</b>						
22	Drugs, Biological and Infusion Therapy						22
23	Analgesics						23
24	Sedatives / Hypnotics						24
25	Other - Specify						25
26	Durable Medical Equipment/Oxygen						26
27	Patient Transportation						27
28	Imaging Services						28
29	Labs and Diagnostics						29
30	Medical Supplies						30
31	Outpatient Services (including E/R Dept.)						31
32	Radiation Therapy						32
33	Chemotherapy						33
34	Other						34
	<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35	Bereavement Program Costs						35
36	volunteer Program Costs						36
37	Fundraising						37
38	Other Program Costs						38
39	Total (sum of lines 1-38)	634,105		43,077		466,727	39

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**ANALYSIS OF PROVIDER-BASED HOSPICE COSTS**

**HOSPICE CCN: 14-1566**

**WORKSHEET K**

	TOTAL (cols. 1-5) 6	RECLASSI- FICATION 7	SUBTOTAL (col. 6 ± col. 7) 8	ADJUST- MENTS 9	TOTAL (col. 8 ± col. 9) 10	
<b>GENERAL SERVICE COST CENTER</b>						
1						1
2						2
3						3
4						4
5						5
6	357,225	-6,769	350,456	-12,415	338,041	6
<b>INPATIENT CARE SERVICE</b>						
7						7
8						8
<b>VISITING SERVICES</b>						
9						9
10	632,967		632,967		632,967	10
11	16,293		16,293		16,293	11
12						12
13						13
14						14
15	1,479		1,479		1,479	15
16	63,538		63,538		63,538	16
17						17
18						18
19	72,407		72,407		72,407	19
20						20
21						21
<b>OTHER HOSPICE SERVICE COSTS</b>						
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35						35
36						36
37						37
38						38
39	1,143,909	-13,538	1,137,140	-24,830	1,124,725	39

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES**

**HOSPICE CCN: 14-1566**

**WORKSHEET K-1**

	COST CENTER DESCRIPTIONS (omit cents)	ADMINIS- TRATOR	DIRECTOR	MEDICAL SOCIAL WORKERS	SUPERVISORS	NURSES	
		1	2	3	4	5	
	<b>GENERAL SERVICE COST CENTER</b>						
1	Capital Related Costs-Bldg and Fix						1
2	Capital Related Costs-Movable Eqiu						2
3	Plant Operation and Maintenance						3
4	Transportation - Staff						4
5	Volunteer Service Coordination						5
6	Administrative and General	35,596					6
	<b>INPATIENT CARE SERVICE</b>						
7	Inpatient - General Care						7
8	Inpatient - Respite Care						8
	<b>VISITING SERVICES</b>						
9	Physician Services						9
10	Nursing Care					392,034	10
11	Nursing Care-Continuous Home Care			16,293			11
12	Physical Therapy						12
13	Occupational Therapy						13
14	Speech / Language Pathology						14
15	Medical Social Services						15
16	Spiritual Counseling						16
17	Dietary Counseling						17
18	Counseling - Other						18
19	Home Health Aide and Homemaker						19
20	HH Aide & Homemaker - Cont. Home C						20
21	Other						21
	<b>OTHER HOSPICE SERVICE COSTS</b>						
22	Drugs, Biological and Infusion The						22
23	Analgesics						23
24	Sedatives / Hypnotics						24
25	Other - Specify						25
26	Durable Medical Equipment/Oxygen						26
27	Patient Transportation						27
28	Imaging Services						28
29	Labs and Diagnostics						29
30	Medical Supplies						30
31	Outpatient Services (including E/R						31
32	Radiation Therapy						32
33	Chemotherapy						33
34	Other						34
	<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35	Bereavement Program Costs						35
36	volunteer Program Costs						36
37	Fundraising						37
38	Other Program Costs						38
39	Total (sum of lines 1-38)	35,596		16,293		392,034	39

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

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES**

**HOSPICE CCN: 14-1566**

**WORKSHEET K-1**

	TOTAL THERAPISTS	AIDES	ALL OTHER	TOTAL (1)	
	6	7	8	9	
<b>GENERAL SERVICE COST CENTER</b>					
1					1
2					2
3					3
4					4
5					5
6			60,261	95,857	6
<b>INPATIENT CARE SERVICE</b>					
7					7
8					8
<b>VISITING SERVICES</b>					
9					9
10				392,034	10
11				16,293	11
12					12
13					13
14					14
15					15
16			63,538	63,538	16
17					17
18					18
19		66,383		66,383	19
20					20
21					21
<b>OTHER HOSPICE SERVICE COSTS</b>					
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
<b>HOSPICE NONREIMBURSABLE SERVICE</b>					
35					35
36					36
37					37
38					38
39		66,383	123,799	634,105	39

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

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

HOSPICE CCN: 14-1566

WORKSHEET K-2

	COST CENTER DESCRIPTIONS (omit cents)	ADMINIS- TRATOR	DIRECTOR	MEDICAL SOCIAL WORKERS	SUPERVISORS	NURSES	
		1	2	3	4	5	
	<b>GENERAL SERVICE COST CENTER</b>						
1	Capital Related Costs-Bldg and Fix						1
2	Capital Related Costs-Movable Eqiu						2
3	Plant Operation and Maintenance						3
4	Transportation - Staff						4
5	Volunteer Service Coordination						5
6	Administrative and General						6
	<b>INPATIENT CARE SERVICE</b>						
7	Inpatient - General Care						7
8	Inpatient - Respite Care						8
	<b>VISITING SERVICES</b>						
9	Physician Services						9
10	Nursing Care						10
11	Nursing Care-Continuous Home Care						11
12	Physical Therapy						12
13	Occupational Therapy						13
14	Speech / Language Pathology						14
15	Medical Social Services						15
16	Spiritual Counseling						16
17	Dietary Counseling						17
18	Counseling - Other						18
19	Home Health Aide and Homemaker						19
20	HH Aide & Homemaker - Cont. Home C						20
21	Other						21
	<b>OTHER HOSPICE SERVICE COSTS</b>						
22	Drugs, Biological and Infusion The						22
23	Analgesics						23
24	Sedatives / Hypnotics						24
25	Other - Specify						25
26	Durable Medical Equipment/Oxygen						26
27	Patient Transportation						27
28	Imaging Services						28
29	Labs and Diagnostics						29
30	Medical Supplies						30
31	Outpatient Services (including E/R						31
32	Radiation Therapy						32
33	Chemotherapy						33
34	Other						34
	<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35	Bereavement Program Costs						35
36	volunteer Program Costs						36
37	Fundraising						37
38	Other Program Costs						38
39	Total (sum of lines 1-38)						39

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

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

HOSPICE CCN: 14-1566

WORKSHEET K-2

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

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

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES

HOSPICE CCN: 14-1566

WORKSHEET K-3

	COST CENTER DESCRIPTIONS (omit cents)	ADMINIS- TRATOR	DIRECTOR	MEDICAL SOCIAL WORKERS	SUPERVISORS	NURSES	
		1	2	3	4	5	
	<b>GENERAL SERVICE COST CENTER</b>						
1	Capital Related Costs-Bldg and Fix						1
2	Capital Related Costs-Movable Eqiu						2
3	Plant Operation and Maintenance						3
4	Transportation - Staff						4
5	Volunteer Service Coordination						5
6	Administrative and General						6
	<b>INPATIENT CARE SERVICE</b>						
7	Inpatient - General Care						7
8	Inpatient - Respite Care						8
	<b>VISITING SERVICES</b>						
9	Physician Services						9
10	Nursing Care						10
11	Nursing Care-Continuous Home Care						11
12	Physical Therapy						12
13	Occupational Therapy						13
14	Speech / Language Pathology						14
15	Medical Social Services						15
16	Spiritual Counseling						16
17	Dietary Counseling						17
18	Counseling - Other						18
19	Home Health Aide and Homemaker						19
20	HH Aide & Homemaker - Cont. Home C						20
21	Other						21
	<b>OTHER HOSPICE SERVICE COSTS</b>						
22	Drugs, Biological and Infusion The						22
23	Analgesics						23
24	Sedatives / Hypnotics						24
25	Other - Specify						25
26	Durable Medical Equipment/Oxygen						26
27	Patient Transportation						27
28	Imaging Services						28
29	Labs and Diagnostics						29
30	Medical Supplies						30
31	Outpatient Services (including E/R						31
32	Radiation Therapy						32
33	Chemotherapy						33
34	Other						34
	<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35	Bereavement Program Costs						35
36	volunteer Program Costs						36
37	Fundraising						37
38	Other Program Costs						38
39	Total (sum of lines 1-38)						39

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

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES

HOSPICE CCN: 14-1566

WORKSHEET K-3

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

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

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**COST ALLOCATION - HOSPICE GENERAL SERVICE COST**

**HOSPICE CCN: 14-1566**

**WORKSHEET K-4  
PART I**

	COST CENTER DESCRIPTIONS	CAPITAL RELATED COSTS				
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	
		0	1	2	3	4
	<b>GENERAL SERVICE COST CENTER</b>					
1	Capital Related Costs-Bldg and Fix					1
2	Capital Related Costs-Movable Equi					2
3	Plant Operation and Maintenance					3
4	Transportation - Staff					4
5	Volunteer Service Coordination					5
6	Administrative and General	338,041				6
	<b>INPATIENT CARE SERVICE</b>					
7	Inpatient - General Care					7
8	Inpatient - Respite Care					8
	<b>VISITING SERVICES</b>					
9	Physician Services					9
10	Nursing Care	632,967				10
11	Nursing Care-Continuous Home Care	16,293				11
12	Physical Therapy					12
13	Occupational Therapy					13
14	Speech / Language Pathology					14
15	Medical Social Services	1,479				15
16	Spiritual Counseling	63,538				16
17	Dietary Counseling					17
18	Counseling - Other					18
19	Home Health Aide and Homemaker	72,407				19
20	HH Aide & Homemaker - Cont. Home C					20
21	Other					21
	<b>OTHER HOSPICE SERVICE COSTS</b>					
22	Drugs, Biological and Infusion The					22
23	Analgesics					23
24	Sedatives / Hypnotics					24
25	Other - Specify					25
26	Durable Medical Equipment/Oxygen					26
27	Patient Transportation					27
28	Imaging Services					28
29	Labs and Diagnostics					29
30	Medical Supplies					30
31	Outpatient Services (including E/R					31
32	Radiation Therapy					32
33	Chemotherapy					33
34	Other					34
	<b>HOSPICE NONREIMBURSABLE SERVICE</b>					
35	Bereavement Program Costs					35
36	volunteer Program Costs					36
37	Fundraising					37
38	Other Program Costs					38
39	Total (sum of lines 1-38)	1,124,725				39

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE CCN: 14-1566

WORKSHEET K-4  
PART I

	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (cols. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5 ± col. 6)	
	5	5A	6	7	
<b>GENERAL SERVICE COST CENTER</b>					
1	Capital Related Costs-Bldg and Fix				1
2	Capital Related Costs-Movable Equi				2
3	Plant Operation and Maintenance				3
4	Transportation - Staff				4
5	Volunteer Service Coordination				5
6	Administrative and General		338,041	338,041	6
<b>INPATIENT CARE SERVICE</b>					
7	Inpatient - General Care				7
8	Inpatient - Respite Care				8
<b>VISITING SERVICES</b>					
9	Physician Services				9
10	Nursing Care		632,967	271,987	10
11	Nursing Care-Continuous Home Care		16,293	7,001	11
12	Physical Therapy				12
13	Occupational Therapy				13
14	Speech / Language Pathology				14
15	Medical Social Services		1,479	636	15
16	Spiritual Counseling		63,538	27,303	16
17	Dietary Counseling				17
18	Counseling - Other				18
19	Home Health Aide and Homemaker		72,407	31,114	19
20	HH Aide & Homemaker - Cont. Home C				20
21	Other				21
<b>OTHER HOSPICE SERVICE COSTS</b>					
22	Drugs, Biological and Infusion The				22
23	Analgesics				23
24	Sedatives / Hypnotics				24
25	Other - Specify				25
26	Durable Medical Equipment/Oxygen				26
27	Patient Transportation				27
28	Imaging Services				28
29	Labs and Diagnostics				29
30	Medical Supplies				30
31	Outpatient Services (including E/R				31
32	Radiation Therapy				32
33	Chemotherapy				33
34	Other				34
<b>HOSPICE NONREIMBURSABLE SERVICE</b>					
35	Bereavement Program Costs				35
36	volunteer Program Costs				36
37	Fundraising				37
38	Other Program Costs				38
39	Total (sum of lines 1-38)		1,124,725		39

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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COST ALLOCATION - HOSPICE STATISTICAL BASIS

HOSPICE CCN: 14-1566

WORKSHEET K-4  
PART II

	COST CENTER DESCRIPTIONS	CAPITAL RELATED COSTS				VOLUNTEER SERVICES COORDINATOR (Hours)	RECONCILIATION	ADMINISTRATIVE & GENERAL (Acc. Cost)	
		BUILDINGS & FIXTURES (Sq. Ft.)	MOVABLE EQUIPMENT (\$ Value)	PLANT OPERATION & MAINT. (Sq. Ft.)	TRANSPORTATION (Mileage)				
		1	2	3	4	5	6A	6	
	<b>GENERAL SERVICE COST CENTER</b>								
1	Capital Related Costs-Bldg and Fix								1
2	Capital Related Costs-Movable Equi								2
3	Plant Operation and Maintenance								3
4	Transportation - Staff								4
5	Volunteer Service Coordination								5
6	Administrative and General						-338,041	786,684	6
	<b>INPATIENT CARE SERVICE</b>								
7	Inpatient - General Care								7
8	Inpatient - Respite Care								8
	<b>VISITING SERVICES</b>								
9	Physician Services								9
10	Nursing Care							632,967	10
11	Nursing Care-Continuous Home Care							16,293	11
12	Physical Therapy								12
13	Occupational Therapy								13
14	Speech / Language Pathology								14
15	Medical Social Services							1,479	15
16	Spiritual Counseling							63,538	16
17	Dietary Counseling								17
18	Counseling - Other								18
19	Home Health Aide and Homemaker							72,407	19
20	HH Aide & Homemaker - Cont. Home C								20
21	Other								21
	<b>OTHER HOSPICE SERVICE COSTS</b>								
22	Drugs, Biological and Infusion The								22
23	Analgesics								23
24	Sedatives / Hypnotics								24
25	Other - Specify								25
26	Durable Medical Equipment/Oxygen								26
27	Patient Transportation								27
28	Imaging Services								28
29	Labs and Diagnostics								29
30	Medical Supplies								30
31	Outpatient Services (including E/R								31
32	Radiation Therapy								32
33	Chemotherapy								33
34	Other								34
	<b>HOSPICE NONREIMBURSABLE SERVICE</b>								
35	Bereavement Program Costs								35
36	volunteer Program Costs								36
37	Fundraising								37
38	Other Program Costs								38
39	Cost to be Allocated (per Wskt K-4, Part I)							338,041	39
40	Unit Cost Multiplier							0.429704	40

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 14-1566

WORKSHEET K-5  
PART I

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

	HOSPICE COST CENTER (omit cents)	HOSPICE TRIAL BALANCE(1)	CAP BLDGS & FIXTURES	NEW CPTL BLG INTRST	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICTN	
		0	1	1.01	2	4	5.01	
1	Administrative and General							1
2	Inpatient - General Care					17,026	37	2
3	Inpatient - Respite Care							3
4	Physician Services							4
5	Nursing Care	904,954				69,632	4,376	5
6	Nursing Care-Continuous Home Care	23,294						6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services	2,115				2,894		10
11	Spiritual Counseling	90,841						11
12	Dietary Counseling							12
13	Counseling - Other					11,286		13
14	Home Health Aide and Homemaker	103,521				11,791		14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33) (2)	1,124,725				112,629	4,413	34
35	Unit Cost Multiplier (see instructions)							35

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

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

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 14-1566

WORKSHEET K-5  
PART I

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

	HOSPICE COST CENTER (omit cents)	SYSTEM + COMPUTERS	PURCHASING	OPC STORES	PATIENT AFFAIRS	PATIENT ADMITTING	PATIENT ACCOUNTS	
		5.02	5.03	5.04	5.05	5.06	5.07	
1	Administrative and General	88	4				77	1
2	Inpatient - General Care							2
3	Inpatient - Respite Care							3
4	Physician Services							4
5	Nursing Care	13,246	52				11,530	5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services	17					15	10
11	Spiritual Counseling							11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker	6					5	14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33) (2)	13,357	56				11,627	34
35	Unit Cost Multiplier (see instructions)							35

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

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

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 14-1566

WORKSHEET K-5  
PART I

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

	HOSPICE COST CENTER (omit cents)	SUBTOTAL	ACCOUNTING	SUBTOTAL	EMPLOYEE HEALTH SERVICES	SUBTOTAL	PASTORAL CARE	
		4A	5.08		5.09		5.10	
1	Administrative and General	169	1	170		170		1
2	Inpatient - General Care	17,063	62	17,125	12	17,137	22	2
3	Inpatient - Respite Care							3
4	Physician Services							4
5	Nursing Care	1,003,790	3,635	1,007,425	683	1,008,108	1,287	5
6	Nursing Care-Continuous Home Care	23,294	84	23,378	16	23,394	30	6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services	5,041	18	5,059	3	5,062	6	10
11	Spiritual Counseling	90,841	329	91,170	62	91,232	116	11
12	Dietary Counseling							12
13	Counseling - Other	11,286	41	11,327	8	11,335	14	13
14	Home Health Aide and Homemaker	115,323	418	115,741	79	115,820	148	14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33) (2)	1,266,807	4,588	1,271,395	863	1,272,258	1,623	34
35	Unit Cost Multiplier (see instructions)							35

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

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

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 14-1566

WORKSHEET K-5  
PART I

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

	HOSPICE COST CENTER (omit cents)	SUBTOTAL	HOSPITAL ADMINSTRN	SUBTOTAL	AMBULATORY ADMIN	SUBTOTAL	PRIMARY CARE ADMIN	
			5.11		5.12		5.14	
1	Administrative and General	170	36	206	1	207	2	1
2	Inpatient - General Care	17,159	3,660	20,819	84	20,903	198	2
3	Inpatient - Respite Care							3
4	Physician Services							4
5	Nursing Care	1,009,395	215,278	1,224,673	4,928	1,229,601	11,624	5
6	Nursing Care-Continuous Home Care	23,424	4,996	28,420	114	28,534	270	6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services	5,068	1,081	6,149	25	6,174	58	10
11	Spiritual Counseling	91,348	19,482	110,830	446	111,276	1,052	11
12	Dietary Counseling							12
13	Counseling - Other	11,349	2,420	13,769	55	13,824	131	13
14	Home Health Aide and Homemaker	115,968	24,733	140,701	566	141,267	1,336	14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33) (2)	1,273,881	271,686	1,545,567	6,219	1,551,786	14,671	34
35	Unit Cost Multiplier (see instructions)							35

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

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

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS**

**HOSPICE CCN: 14-1566**

**WORKSHEET K-5  
PART I**

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

	HOSPICE COST CENTER (omit cents)	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	SAFETY & SECURITY	LAUNDRY + LINEN SERVICE	HOUSE- KEEPING	DIETARY	
		6	7	7.01	8	9	10	
1	Administrative and General							1
2	Inpatient - General Care							2
3	Inpatient - Respite Care							3
4	Physician Services							4
5	Nursing Care							5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services							10
11	Spiritual Counseling							11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker							14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33) (2)							34
35	Unit Cost Multiplier (see instructions)							35

- (1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.
- (2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 14-1566

WORKSHEET K-5  
PART I

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

	HOSPICE COST CENTER (omit cents)	CAFETERIA	MAIN- TENANCE OF PERSONNEL	PATIENT TRANSPORT	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	CENTRAL PROCESSING	
		11	12	12.01	13	14	14.01	
1	Administrative and General							1
2	Inpatient - General Care	44			93	1		2
3	Inpatient - Respite Care							3
4	Physician Services							4
5	Nursing Care	6,948			13,694	180		5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services	9			31			10
11	Spiritual Counseling							11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker							14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33) (2)	7,001			13,818	181		34
35	Unit Cost Multiplier (see instructions)							35

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

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

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 14-1566

WORKSHEET K-5  
PART I

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

	HOSPICE COST CENTER (omit cents)	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	HOSPITAL MEDICAL ADMIN	NONPHYSIC. ANESTHET.	NURSING SCHOOL	
		15	16	17	17.01	19	20	
1	Administrative and General							1
2	Inpatient - General Care	98						2
3	Inpatient - Respite Care							3
4	Physician Services							4
5	Nursing Care	14,651						5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services	19						10
11	Spiritual Counseling							11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker	6						14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33) (2)	14,774						34
35	Unit Cost Multiplier (see instructions)							35

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

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

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 14-1566

WORKSHEET K-5  
PART I

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

	HOSPICE COST CENTER (omit cents)	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	PARAMED ED-MICU	PARAMED ED-SOCIAL WORK	SUBTOTAL (cols. 4A-23)	
		21	22	23	23.01	23.02	24	
1	Administrative and General						209	1
2	Inpatient - General Care						21,337	2
3	Inpatient - Respite Care							3
4	Physician Services							4
5	Nursing Care						1,276,698	5
6	Nursing Care-Continuous Home Care						28,804	6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services						6,291	10
11	Spiritual Counseling						112,328	11
12	Dietary Counseling							12
13	Counseling - Other						13,955	13
14	Home Health Aide and Homemaker						142,609	14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33) (2)						1,602,231	34
35	Unit Cost Multiplier (see instructions)							35

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

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

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 14-1566

WORKSHEET K-5  
PART I

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

	HOSPICE COST CENTER (omit cents)	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL (cols. 24 ± 25)	ALLOC HOSP A&G (See Part II)	TOTAL HOSP COSTS (col 26 ± 27)		
		25	26	27	28		
1	Administrative and General		209				1
2	Inpatient - General Care		21,337	3	21,340		2
3	Inpatient - Respite Care						3
4	Physician Services						4
5	Nursing Care		1,276,698	165	1,276,863		5
6	Nursing Care-Continuous Home Care		28,804	4	28,808		6
7	Physical Therapy						7
8	Occupational Therapy						8
9	Speech / Language Pathology						9
10	Medical Social Services		6,291	1	6,292		10
11	Spiritual Counseling		112,328	15	112,343		11
12	Dietary Counseling						12
13	Counseling - Other		13,955	2	13,957		13
14	Home Health Aide and Homemaker		142,609	19	142,628		14
15	HH Aide & Homemaker - Cont. Home Care						15
16	Other						16
17	Drugs, Biological and Infusion Therapy						17
18	Analgesics						18
19	Sedatives / Hypnotics						19
20	Other - Specify						20
21	Durable Medical Equipment/Oxygen						21
22	Patient Transportation						22
23	Imaging Services						23
24	Labs and Diagnostics						24
25	Medical Supplies						25
26	Outpatient Services (including E/R Dept.)						26
27	Radiation Therapy						27
28	Chemotherapy						28
29	Other						29
30	Bereavement Program Costs						30
31	Volunteer Program Costs						31
32	Fundraising						32
33	Other Program Costs						33
34	Totals (sum of lines 1-33) (2)		1,602,231		1,602,231		34
35	Unit Cost Multiplier (see instructions)			0.000130			35

- (1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.
- (2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 14-1566

WORKSHEET K-5  
PART II

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

	HOSPICE COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	NEW CPTL BLG INTRST SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	COMMUNICTN PHONE COST	SYSTEM + COMPUTERS GROSS REVENUE	
		1	1.01	2	4	5.01	5.02	
1	Administrative and General						17,176	1
2	Inpatient - General Care	3	3		95,857	2		2
3	Inpatient - Respite Care							3
4	Physician Services							4
5	Nursing Care	441	441		392,034	235	2,584,300	5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services	1	1		16,293		3,360	10
11	Spiritual Counseling							11
12	Dietary Counseling							12
13	Counseling - Other				63,538			13
14	Home Health Aide and Homemaker				66,383		1,120	14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33)	445	445		634,105	237	2,605,956	34
35	Total cost to be allocated				112,629	4,413	13,357	35
36	Unit Cost Multiplier (see instructions)					18.620253		36
36	Unit Cost Multiplier (see instructions)				0.177619		0.005126	36

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 14-1566

WORKSHEET K-5  
PART II

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

	HOSPICE COST CENTER	PURCHASING NUMBER OF ISSUES	OPC STORES NUMBER OF ISSUES	PATIENT AFFAIRS NUMBER OF VISITS	PATIENT ADMITTING INPATIENT REVENUE	PATIENT ACCOUNTS GROSS REVENUE	RECON- CILIATION 4A.08	
1	Administrative and General	5.03	5.04	5.05	5.06	5.07	4A.08	1
2	Inpatient - General Care	1				17,176		2
3	Inpatient - Respite Care							3
4	Physician Services							4
5	Nursing Care	13				2,584,300		5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services					3,360		10
11	Spiritual Counseling							11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker					1,120		14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33)	14				2,605,956		34
35	Total cost to be allocated	56				11,627		35
36	Unit Cost Multiplier (see instructions)	4.000000				0.004462		36
36	Unit Cost Multiplier (see instructions)							36

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 14-1566

WORKSHEET K-5  
PART II

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

	HOSPICE COST CENTER	ACCOUNTING ACCUM COST	RECON- CILIATION	EMPLOYEE HEALTH SERVICES ACCUM COST	RECON- CILIATION	PASTORAL CARE ACCUM COST	RECON- CILIATION	
		5.08		5.09		5.10		
1	Administrative and General	169		170		170		1
2	Inpatient - General Care	17,063		17,125		17,137		2
3	Inpatient - Respite Care							3
4	Physician Services							4
5	Nursing Care	1,003,790		1,007,425		1,008,108		5
6	Nursing Care-Continuous Home Care	23,294		23,378		23,394		6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services	5,041		5,059		5,062		10
11	Spiritual Counseling	90,841		91,170		91,232		11
12	Dietary Counseling							12
13	Counseling - Other	11,286		11,327		11,335		13
14	Home Health Aide and Homemaker	115,323		115,741		115,820		14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33)	1,266,807		1,271,395		1,272,258		34
35	Total cost to be allocated	4,588		863		1,623		35
36	Unit Cost Multiplier (see instructions)	0.003622		0.000679		0.001276		36
36	Unit Cost Multiplier (see instructions)							36

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 14-1566

WORKSHEET K-5  
PART II

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

	HOSPICE COST CENTER	HOSPITAL ADMINSTRTN ACCUM COST	RECON-CILIATION	AMBULATORY ADMIN ACCUM COST	RECON-CILIATION	PRIMARY CARE ADMIN ACCUM COST	MAIN-TENANCE & REPAIRS SQUARE FEET	
		5.11		5.12		5.14	6	
1	Administrative and General	170		206		207		1
2	Inpatient - General Care	17,159		20,819		20,903	3	2
3	Inpatient - Respite Care							3
4	Physician Services							4
5	Nursing Care	1,009,395		1,224,673		1,229,601	441	5
6	Nursing Care-Continuous Home Care	23,424		28,420		28,534		6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services	5,068		6,149		6,174	1	10
11	Spiritual Counseling	91,348		110,830		111,276		11
12	Dietary Counseling							12
13	Counseling - Other	11,349		13,769		13,824		13
14	Home Health Aide and Homemaker	115,968		140,701		141,267		14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33)	1,273,881		1,545,567		1,551,786	445	34
35	Total cost to be allocated	271,686		6,219		14,671		35
36	Unit Cost Multiplier (see instructions)	0.213274		0.004024		0.009454		36
36	Unit Cost Multiplier (see instructions)							36

**KPMG LLP Compu-Max 2552-10**

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

WORKSHEET K-5  
PART II

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

	HOSPICE COST CENTER	OPERATION OF PLANT	SAFETY & SECURITY	LAUNDRY + LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	
		SQUARE FEET	SQUARE FEET	LAUNDRY COST	HOURS OF SERVICE	MEALS SERVED	PAID HOURS	
		7	7.01	8	9	10	11	
1	Administrative and General							1
2	Inpatient - General Care	3	3				125	2
3	Inpatient - Respite Care							3
4	Physician Services							4
5	Nursing Care	441	441				19,531	5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services	1	1				26	10
11	Spiritual Counseling							11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker							14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33)	445	445				19,682	34
35	Total cost to be allocated						7,001	35
36	Unit Cost Multiplier (see instructions)							36
36	Unit Cost Multiplier (see instructions)						0.355706	36

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 14-1566

WORKSHEET K-5  
PART II

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

	HOSPICE COST CENTER	MAIN-TENANCE OF PERSONNEL NUMBER HOUSED	PATIENT TRANSPORT NUMBER OF TRIPS	NURSING ADMINISTRATION RN FTES	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	CENTRAL PROCESSING NUMBER OF INSTRUMENT	PHARMACY COSTED REQUIS.	
		12	12.01	13	14	14.01	15	
1	Administrative and General							1
2	Inpatient - General Care			3	19		470	2
3	Inpatient - Respite Care							3
4	Physician Services							4
5	Nursing Care			443	2,594		70,555	5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services			1	1		91	10
11	Spiritual Counseling							11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker					1	30	14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33)			447	2,615		71,146	34
35	Total cost to be allocated			13,818	181		14,774	35
36	Unit Cost Multiplier (see instructions)			30.912752				36
36	Unit Cost Multiplier (see instructions)				0.069216		0.207657	36

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 14-1566

WORKSHEET K-5  
PART II

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

	HOSPICE COST CENTER	MEDICAL RECORDS + LIBRARY INPATIENT REVENUE	SOCIAL SERVICE TIME SPENT	HOSPITAL MEDICAL ADMIN MED ADMIN COMPENSATI	NONPHYSIC. ANESTHET. ASSIGNED TIME	NURSING SCHOOL PATIENT DAYS	I&R SALARY & FRINGES PATIENT DAYS	
		16	17	17.01	19	20	21	
1	Administrative and General							1
2	Inpatient - General Care			168				2
3	Inpatient - Respite Care							3
4	Physician Services							4
5	Nursing Care			25,388				5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services			33				10
11	Spiritual Counseling							11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker			11				14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33)			25,600				34
35	Total cost to be allocated							35
36	Unit Cost Multiplier (see instructions)							36
36	Unit Cost Multiplier (see instructions)							36

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 14-1566

WORKSHEET K-5  
PART II

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

	HOSPICE COST CENTER	I&R PROGRAM COSTS ASSIGNED TIME 22	PARAMED EDUCATION ASSIGNED TIME 23	PARAMED ED-MICU TIME SPENT 23.01	PARAMED ED-SOCIAL WORK TIME SPENT 23.02			
1	Administrative and General							1
2	Inpatient - General Care							2
3	Inpatient - Respite Care							3
4	Physician Services							4
5	Nursing Care							5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services							10
11	Spiritual Counseling							11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker							14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33)							34
35	Total cost to be allocated							35
36	Unit Cost Multiplier (see instructions)							36
36	Unit Cost Multiplier (see instructions)							36

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE CCN: 14-1566

WORKSHEET K-5  
PART III

**PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS**

	COST CENTER	Wkst C, Part I, col. 9, line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)	
		0	1	2	3	
	<b>ANCILLARY SERVICE COST CENTERS</b>					
1	Physical Therapy	66	0.302871			1
2	Occupational Therapy	67	0.358909			2
3	Speech / Language Pathology	68	0.451062			3
4	Drugs, Biological and Infusion Therapy	73	0.189746			4
5	Durable Medical Equipment/Oxygen	96				5
6	Labs and Diagnostics	60	0.086918			6
6.01	LABORATORY-SURGICAL PATHOLOGY	60.01	0.153920			6.01
6.02	LABORATORY-NEUROSURGICAL	60.02				6.02
6.03	LABORATORY-HLA	60.03				6.03
7	Medical Supplies	71	0.543379			7
8	Outpatient Services (including E/R Dept.)	93				8
9	Radiation Therapy	55				9
10	PULMONARY LABS	76	0.344466			10
10.01	OCCUPATIONAL HEALTH	76.01	2.521503			10.01
10.03	HYPERALIMENTATION	76.03				10.03
10.04	PERIPHERAL VASCULAR	76.04	0.125726			10.04
10.05	PEDIATRIC ENDO NUTRITION	76.05				10.05
10.07	GASTROINTESTINAL SERVICE	76.07	0.193011			10.07
10.09	BONE MARROW PROCUREMENT	76.09	1.030319			10.09
10.10	BARIATRICS	76.10	2.679376			10.10
10.11	HEPATOLOGY	76.11	1.175396			10.11
10.97	CARDIAC REHABILITATION	76.97	0.907419			10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98				10.98
10.99	LITHOTRIPSY	76.99				10.99
11	Totals (sum of lines 1-10)					11

**KPMG LLP Compu-Max 2552-10**

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**CALCULATION OF HOSPICE PER DIEM COST**

**HOSPICE CCN: 14-1566**

**WORKSHEET K-6**

COMPUTATION OF PER DIEM COST		TITLE XVIII	TITLE XIX	OTHER	TOTAL	
		1	2	3	4	
1	Total cost (see instructions)				1,602,231	1
2	Total unduplicated days (Worksheet S-9, column 6, line 5)				7,113	2
3	Average cost per diem (line 1 divided by line 2)				225.25	3
4	Unduplicated Medicare days (Worksheet S-9, column 1, line 5)	6,174				4
5	Aggregate Medicare cost (line 3 times line 4)	1,390,694				5
6	Unduplicated Medicaid days (Worksheet S-9, column 2, line 5)		431			6
7	Aggregate Medicaid cost (line 3 times line 6)		97,083			7
8	Unduplicated SNF days (Worksheet S-9, column 3, line 5)					8
9	Aggregate SNF cost (line 3 times line 8)					9
10	Unduplicated NF days (Worksheet S-9, column 4, line 5)					10
11	Aggregate NF cost (line 3 times line 10)					11
12	Other Unduplicated days (Worksheet S-9, column 5, line 5)			508		12
13	Aggregate cost for other days (line 3 times line 12)			114,427		13

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

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**CALCULATION OF CAPITAL PAYMENT**

**COMPONENT CCN: 14-0276**

**WORKSHEET L**

Check  Title V  Hospital  PPS  
 Applicable  Title XVIII, Part A  SUB (Other)  Cost Method  
 Boxes:  Title XIX

**PART I - FULLY PROSPECTIVE METHOD**

CAPITAL FEDERAL AMOUNT		
1	Capital DRG other than outlier	6,948,388 1
1.01	Model 4 BPCI Capital DRG other than outlier	
2	Capital DRG outlier payments	506,953 2
2.01	Model 4 BPCI Capital DRG outlier payments	
3	Total inpatient days divided by number of days in the cost reporting period (see instructions)	365.02 3
4	Number of interns & residents (see instructions)	320.88 4
5	Indirect medical education percentage (see instructions)	28.16 5
6	Indirect medical education adjustment (see instructions)	1,956,666 6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.0462 7
8	Percentage of Medicaid patient days to total days (see instructions)	0.2636 8
9	Sum of lines 7 and 8	0.3098 9
10	Allowable disproportionate share percentage (see instructions)	0.0647 10
11	Disproportionate share adjustment (see instructions)	449,561 11
12	Total prospective capital payments (see instructions)	9,861,568 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

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**CALCULATION OF CAPITAL PAYMENT**

**COMPONENT CCN: 14-0276**

**WORKSHEET L**

Check  Title V  Hospital  PPS  
 Applicable  Title XVIII, Part A  SUB (Other)  Cost Method  
 Boxes:  Title XIX

**PART I - FULLY PROSPECTIVE METHOD**

CAPITAL FEDERAL AMOUNT		
1	Capital DRG other than outlier	1
1.01	Model 4 BPCI Capital DRG other than outlier	1.01
2	Capital DRG outlier payments	2
2.01	Model 4 BPCI Capital DRG outlier payments	2.01
3	Total inpatient days divided by number of days in the cost reporting period (see instructions)	3
4	Number of interns & residents (see instructions)	4
5	Indirect medical education percentage (see instructions)	5
6	Indirect medical education adjustment (see instructions)	6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	7
8	Percentage of Medicaid patient days to total days (see instructions)	8
9	Sum of lines 7 and 8	9
10	Allowable disproportionate share percentage (see instructions)	10
11	Disproportionate share adjustment (see instructions)	11
12	Total prospective capital payments (see instructions)	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

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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**ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES**

**WORKSHEET L-1  
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL		
		0	2A	24	25	26		
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	COMMUNICATION							5.01
5.02	SYSTEM & COMPUTERS							5.02
5.03	PURCHASING							5.03
5.04	OPC STORES							5.04
5.05	PATIENT AFFAIRS							5.05
5.06	PATIENT ADMITTING							5.06
5.07	PATIENT ACCOUNTS							5.07
5.08	ACCOUNTING							5.08
5.09	EMPLOYEE HEALTH SERVICES							5.09
5.10	PASTORAL CARE							5.10
5.11	HOSPITAL ADMINISTRATION							5.11
5.12	AMBULATORY ADMINISTRATION							5.12
5.14	PRIMARY CARE ADMINISTRATION							5.14
6	Maintenance & Repairs							6
7	Operation of Plant							7
7.01	SAFETY AND SECURITY							7.01
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
12.01	PATIENT TRANSPORTATION							12.01
13	Nursing Administration							13
14	Central Services & Supply							14
14.01	CENTRAL PROCESSING							14.01
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service							17
17.01	HOSPITAL MEDICAL ADMIN							17.01
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMEDICAL ED-MICU							23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30	Adults & Pediatrics							30
31	Intensive Care Unit							31
33	Burn Intensive Care Unit							33
35	NEONATAL INTENSIVE CARE							35
35.01	PEDIATRIC ICU							35.01
35.03	HEART TRANSPLANT ICU							35.03
35.04	BONE INTENSIVE CARE							35.04
41	Subprovider - IRF							41
43	Nursery							43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room							50
50.01	AMBULATORY SURGERY CENTER							50.01
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	RADIOLOGY-ULTRASOUND							54.01
55	Radiology-Therapeutic							55
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
60.01	LABORATORY-SURGICAL PATHOLOGY							60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA							60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.							63
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68

**KPMG LLP Compu-Max 2552-10**

LOYOLA UNIVERSITY MEDICAL CENTER Provider CCN: 14-0276	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 12:29 Version: 2015.10 (11/29/2015)
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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		
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76	PULMONARY LABS							76
76.01	OCCUPATIONAL HEALTH							76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR							76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE							76.07
76.09	BONE MARROW PROCUREMENT							76.09
76.10	BIARIATRICS							76.10
76.11	HEPATOLOGY							76.11
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic							90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER							90.02
90.03	PSYCH SOCIAL REHAB							90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER							90.07
90.08	OBT OUTPATIENT CENTER							90.08
90.09	ELMHURST IMMEDIATE CARE							90.09
90.10	LAGRANGE FAMILY PCC							90.10
90.12	NORTH RIVERSIDE PCC							90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC							90.14
90.15	OBT II PCC							90.15
90.16	HICKORY HILLS PCC							90.16
90.18	DARIEN PCC							90.18
90.20	ORLANAD PARK - FP							90.20
90.21	FAMILY PRACTICE MAYWOOD PCC							90.21
90.22	HOMER GLEN PCC							90.22
90.23	OAK PARK PCC							90.23
90.24	PARK RIDGE PCC							90.24
90.25	LOYOLA CLINIC AT GOTTLIEB							90.25
90.26	WOODRIDGE PCC							90.26
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER							90.28
90.29	BURR RIDGE PCC							90.29
90.30	RIVER FOREST							90.30
90.31	NORRIDGE							90.31
90.32	ELMWOOD PARK							90.32
91	Emergency							91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	Ambulance Services							95
97	Durable Medical Equip-Sold							97
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency							101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	Kidney Acquisition							105
106	Heart Acquisition							106
107	Liver Acquisition							107
108	Lung Acquisition							108
109	Pancreas Acquisition							109
110	Intestinal Acquisition							110
111	Islet Acquisition							111
112	OTHER ORGAN ACQUISITION (SPECIFY)							112
116	Hospice							116
118	SUBTOTALS (sum of lines 1-117)							118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen							190
190.0	HINES RADIATION THERAPY							190.0
1								1

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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		
190.0 2	HOME INFUSION THERAPY							190.0 2
190.0 3	OP HOSPITAL PHARMACY							190.0 3
190.0 4	HOSPITALIST							190.0 4
190.0 5	STUDENT HEALTH							190.0 5
192	Physicians' Private Offices							192
192.0 1	FACULTY CLINICAL OPERATIONS							192.0 1
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)							202