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. [X] Electronically filed cost report Date: 11/29/2016 Time: 16:31 2. [ ] Manually submitted cost report 3. [ ] If this is an amended report enter the number of times the provider resubmitted the cost report 4. [F] Medicare Utilization. Enter 'F' for full or 'L' for low.		
Contractor use only	5. [ ] 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. [ ] Initial Report for this Provider CCN 9. [ ] Final Report for this Provider CCN	10. NPR Date: _____ 11. Contractor's Vendor Code: ___ 12. [ ] 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 LOYOLA UNIVERSITY MEDICAL CENTER (14-0276) {(Provider Name(s) and Number(s)} for the cost reporting period beginning 07/01/2015 and ending 06/30/2016, and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) _____
Officer or Administrator of Provider(s)

_____
Title

_____
Date

PART III - SETTLEMENT SUMMARY

			TITLE XVIII				
		TITLE V	PART A	PART B	HIT	TITLE XIX	
		1	2	3	4	5	
1	HOSPITAL		-408,075	444,994			1
2	SUBPROVIDER - IPF						2
3	SUBPROVIDER - IRF		160,147	3			3
4	SUBPROVIDER (OTHER)						4
5	SWING BED - SNF						5
6	SWING BED - NF						6
7	SKILLED NURSING FACILITY						7
8	NURSING FACILITY						8
9	HOME HEALTH AGENCY						9
10	HEALTH CLINIC - RHC						10
11	HEALTH CLINIC - FQHC						11
12	OUTPATIENT REHABILITATION PROVIDER						12
200	TOTAL		-247,928	444,997			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 resopnd 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 appilcations, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any corresponence 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.

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	O	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									12
13	Separately Certified ASC									13
14	Hospital-Based Hospice									14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis	INPATIENT RENAL UNIT	14-2329	16974		03 / 31 / 2004				18
19	Other									19

20	Cost Reporting Period (mm/dd/yyyy)	From: 07 / 01 / 2015	To: 06 / 30 / 2016	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.	8,308	8,455	261	270	16,737	248	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.	208	167			361		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
37.01	Is this hospital a former MDH that is eilgible for the MDH transitional payment in accordance with the FY 2016 OPPS final rule? Enter 'Y' for yes or 'N' for no. (see instructions)	N		37.01
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

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

		V	XVIII	XIX	
Prospective Payment System (PPS)-Capital		1	2	3	
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	Y	N	45
46	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete 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 ad 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 osteopathci 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 reseived 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

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 oolumn 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)		283.15		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		FAMILY MEDICINE	1350		3.55		67
67.01		INTERNAL MEDICINE	1400		69.70		67.01
67.02		INTERNAL MEDICINE-PEDIATRICS	1450		13.81		67.02
67.03		PEDIATRICS	2000		30.12		67.03

Inpatient Psychiatric Faciltiy 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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA **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	Y	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 elinination 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
		Physical	Occupational	Speech	Respiratory	
109	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter 'Y' for yes or 'N' for each therapy.		N	N	N	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-I, 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
		Premiums	Paid Losses	Self Insurance	
118.01	List amounts of malpractice premiums and paid losses:	11,111,173			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
122	Does the cost report contain state health or similar taxes? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y', enter in column 2 the Worksheet A line number where these taxes are included.		Y	5.11	122

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 cetfified 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 cetfified islet transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			132
133	If this is a Medicare certified other transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			133
134	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable in column 2.			134

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA **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	HB1432	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?	Y		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	N	N	156
157	Subprovider - IRF	N	N	N	N	157
158	Subprovider - Other					158
159	SNF	N	N	N	N	159
160	HHA	N	N	N	N	160
161	CMHC		N	N	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 transition factor. (see instructions)	9.99			169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		07 / 01 / 2015	06 / 30 / 2016	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE **WORKSHEET S-2 PART II**

General Instruction: Enter Y for all YES responses. Enter N for all NO responses.
Enter all dates in the mm/dd/yyyy format.

COMPLETED BY ALL HOSPITALS

		Y/N	Date		
Provider Organization and Operation		1	2		
1	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1
		Y/N	Date	V/I	
		1	2	3	
2	Has the provider terminated participation in the Medicare program? If yes, enter in column 2 the date of termination and in column 3, 'V' for voluntary or 'I' for involuntary.	N			2
3	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3

		Y/N	Type	Date	
Financial Data and Reports		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	09/21/2016	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	
Approved Educational Activities		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 instructinos.	N		10
11	Are GME costs directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11

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

Bed Complement			
15	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y	15

		Part A		Part B		
		Y/N	Date	Y/N	Date	
PS&R Report Data		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	09/30/2016	Y	09/30/2016	17
18	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file the cost report? If yes, see instructions.	N		N		18
19	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19
20	If line 16 or 17 is yes, were adjustments made to PS&R Reoprt data for Other? Describe the other adjustments:	N		N		20
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21

HOSPITAL AND 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

		Y/N	Date	
Home Office Costs		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 services to other chain components? If yes, see instructions.			39
40	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40

Cost Report Preparer Contact Information				
41	First name: DAVID	Last name: PALUCK	Title: REGIONAL DIR OF REIMBURSEM	41
42	Employer: LOYOLA UNIVERSITY HEALTH SYSTEM			42
43	Phone number: 708-216-6719	E-mail Address: DAVID.PALUCK@TRINITY-HEALTH.ORG		43

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA **WORKSHEET S-3 PART I**

						Inpatient Days / Outpatient Visits / Trips				
	Component	Wkst A Line No.	No. of Beds	Bed Days Available	CAH Hours	Title V	Title XVIII	Title XIX	Total All Patients	
		1	2	3	4	5	6	7	8	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	330	120,780			30,380	5,471	88,518	1
2	HMO and other (see instructions)						7,554	25,463		2
3	HMO IPF Subprovider									3
4	HMO IRF Subprovider						253	528		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)		330	120,780			30,380	5,471	88,518	7
8	Intensive Care Unit	31	74	27,084			7,242	901	20,084	8
9	Coronary Care Unit	32								9
10	Burn Intensive Care Unit	33	10	3,660			1,147	136	1,469	10
11	Surgical Intensive Care Unit	34								11
12	NEONATAL INTENSIVE CARE	35	50	18,300				1,490	9,262	12
12.01	PEDIATRIC ICU	35.01	14	5,124			2	378	2,115	12.01
12.03	HEART TRANSPLANT ICU	35.03	10	3,660			1,596	88	2,969	12.03
12.04	BONE INTENSIVE CARE	35.04	10	3,660			1,544	60	2,783	12.04
13	Nursery	43						292	2,370	13
14	Total (see instructions)		498	182,268			41,911	8,816	129,570	14
15	CAH Visits									15
16	Subprovider - IPF	40								16
17	Subprovider - IRF	41	32	11,712			3,463	208	6,337	17
18	Subprovider I	42								18
19	Skilled Nursing Facility	44								19
20	Nursing Facility	45								20
21	Other Long Term Care	46								21
22	Home Health Agency	101								22
23	ASC (Distinct Part)	115								23
24	Hospice (Distinct Part)	116								24
24.10	Hospice (non-distinct part)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	Total (sum of lines 14-26)		530							27
28	Observation Bed Days							1,923	6,537	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)								1,494	30
31	Employee discount days-IRF								132	31
32	Labor & delivery (see instructions)		13	4,758				248	565	32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								70	32.01
33	LTCH non-covered days									33

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA **WORKSHEET S-3 PART I**

		Full Time Equivalents			DISCHARGES				
	Component	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)					7,303	4,782	21,951	1
2	HMO and other (see instructions)					1,260			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)	413.53	5,832.52			7,303	4,782	21,951	14
15	CAH Visits								15
16	Subprovider - IPF								16
17	Subprovider - IRF	4.31	42.74			312	46	584	17
18	Subprovider I								18
19	Skilled Nursing Facility								19
20	Nursing Facility								20
21	Other Long Term Care								21
22	Home Health Agency								22
23	ASC (Distinct Part)								23
24	Hospice (Distinct Part)								24
24.10	Hospice (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	Total (sum of lines 14-26)	417.84	5,875.26						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PARTS II-III

Part II - Wage Data

		Wkst A Line No.	Amount Reported	Reclassif-ication of Salaries (from Worksheet A-6)	Adjusted Salaries (column 2 ± column 3)	Paid Hours Related to Salaries in Column 4	Average Hourly wage (column 4 ± column 5)	
		1	2	3	4	5	6	
	SALARIES							
1	Total salaries (see instructions)	200	575,209,091		575,209,091	12,220,525.74	47.07	1
2	Non-physician anesthetist Part A							2
3	Non-physician anesthetest Part B		3,846,659		3,846,659	48,350.35	79.56	3
4	Physician-Part A - Administrative		1,862,910		1,862,910	11,114.84	167.61	4
4.01	Physician-Part A - Teaching							4.01
5	Physician-Part B		44,940,476		44,940,476	295,352.93	152.16	5
6	Non-physician-Part B							6
7	Interns & residents (in an approved program)	21	36,311,197	3,423,731	39,734,928	1,340,809.43	29.64	7
7.01	Contracted interns & residents (in an approved program)							7.01
8	Home office personnel							8
9	SNF	44						9
10	Excluded area salaries (see instructions)		165,674,311	-3,987,886	161,686,425	1,005,764.79	160.76	10
	OTHER WAGES & RELATED COSTS							
11	Contract labor (see instructions)		1,369,198		1,369,198	24,734.32	55.36	11
12	Contract management and administrative services							12
13	Contract labor: Physician-Part A - Administrative							13
14	Home office salaries & wage-related costs		29,666,212		29,666,212	354,413.00	83.71	14
15	Home office: Physician Part A - Administrative							15
16	Home office & Contract Physicians Part A - Teaching							16
	WAGE-RELATED COSTS							
17	Wage-related costs (core)(see instructions)		85,908,976		85,908,976			17
18	Wage-related costs (other)(see instructions)							18
19	Excluded areas		21,341,857		21,341,857			19
20	Non-physician anesthetist Part A							20
21	Non-physician anesthetist Part B		1,324,514		1,324,514			21
22	Physician Part A - Administrative		381,013		381,013			22
22.01	Physician Part A - Teaching							22.01
23	Physician Part B		5,484,633		5,484,633			23
24	Wage-related costs (RHC/FQHC)							24
25	Interns & residents (in an approved program)		8,192,027		8,192,027			25
	OVERHEAD COSTS - DIRECT SALARIES							
26	Employee Benefits Department		5,026,177		5,026,177	35,709.84	140.75	26
27	Administrative & General		83,180,221	581,723	83,761,944	1,877,831.86	44.61	27
28	Administrative & General under contract (see instructions)		1,732,428		1,732,428	57,727.67	30.01	28
29	Maintenance & Repairs							29
30	Operation of Plant		10,496,892		10,496,892	389,250.77	26.97	30
31	Laundry & Linen Service							31
32	Housekeeping		3,509,499		3,509,499	268,777.06	13.06	32
33	Housekeeping under contract (see instructions)		8,199,989		8,199,989	387,386.52	21.17	33
34	Dietary		3,378,369	-771,602	2,606,767	148,189.19	17.59	34
35	Dietary under contract (see instructions)		898,463		898,463	47,636.09	18.86	35
36	Cafeteria			769,309	769,309	58,525.90	13.14	36
37	Maintenance of Personnel		1,115,578		1,115,578	86,542.18	12.89	37
38	Nursing Administration		2,798,789		2,798,789	58,733.78	47.65	38
39	Central Services and Supply		2,400,009		2,400,009	102,388.42	23.44	39
40	Pharmacy		8,373,569	-169,683	8,203,886	199,145.66	41.20	40
41	Medical Records & Medical Records Library		8,318,874		8,318,874	252,081.96	33.00	41
42	Social Service		3,343,089		3,343,089	84,849.51	39.40	42
43	Other General Service							43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)		500,941,639	-3,423,731	497,517,908	11,028,763.31	45.11	1
2	Excluded area salaries (see instructions)		165,674,311	-3,987,886	161,686,425	1,005,764.79	160.76	2
3	Subtotal salarles (line 1 minus line 2)		335,267,328	564,155	335,831,483	10,022,998.52	33.51	3
4	Subtotal other wages & related costs (see instructions)		31,035,410		31,035,410	379,147.32	81.86	4
5	Subtotal wage-related costs (see instructions)		86,289,989		86,289,989		25.69%	5
6	Total (sum of lines 3 through 5)		452,592,727	564,155	453,156,882	10,402,145.84	43.56	6
7	Total overhead cost (see instructions)		142,771,946	409,747	143,181,693	4,054,776.41	35.31	7

HOSPITAL WAGE RELATED COSTS **WORKSHEET S-3 PART IV**

Part IV - Wage Related Cost

Part A - Core List

		Amount Reported	
	RETIREMENT COST		
1	401K Employer Contributions	22,823,990	1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Nonqualified Defined Benefit Plan Cost (see instructions)	4,243,716	3
4	Qualified Defined Benefit Plan Cost (see instructions)	9,853,800	4
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization):		
5	401k/TSA Plan Administration Fees		5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees		7
	HEALTH AND INSURANCE COST		
8	Health Insurance (Purchased or Self Funded)	40,808,860	8
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan	1,101,884	10
11	Life Insurance (If employee is owner or beneficiary)	778,264	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)	1,476,970	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	2,741,654	15
16	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		16
	TAXES		
17	FICA-Employers Portion Only	29,983,184	17
18	Medicare Taxes - Employers Portion Only	7,012,197	18
19	Unemployment Insurance	308,000	19
20	State or Federal Unemployment Taxes		20
	OTHER		
21	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)		21
22	Day Care Costs and Allowances		22
23	Tuition Reimbursement	1,500,503	23
24	Total Wage Related cost (Sum of lines 1-23)	122,633,022	24

Part B - Other Than Core Related Cost

25	OTHER WAGE RELATED COSTs (SPECIFY)		25

HOSPITAL CONTRACT LABOR AND BENEFIT COST **WORKSHEET S-3 PART V**

Part V - Contract Labor and Benefit Cost

Hospital and Hospital-Based Component Identification:

	Component	Contract Labor	Benefit Cost	
	0	1	2	
1	Total facility contract labor and benefit cost			1
2	Hospital			2
3	Subprovider - IPF			3
4	Subprovider - IRF			4
5	Subprovider - (OTHER)			5
6	Swing Beds - SNF			6
7	Swing Beds - NF			7
8	Hospital-Based SNF			8
9	Hospital-Based NF			9
10	Hospital-Based OLTC			10
11	Hospital-Based HHA			11
12	Separately Certified ASC			12
13	Hospital-Based Hospice			13
14	Hospital-Based Health Clinic - RHC			14
15	Hospital-Based Health Clinic - FQHC			15
16	Hospital-Based - CMHC			16
17	Renal Dialysis			17
18	Other			18

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA **WORKSHEET S-5**

RENAL DIALYSIS STATISTICS

		Outpatient		Training		Home		
	DESCRIPTION	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		1,728		14		293	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		313					5
6	Number of stations		31					6
7	Treatment capacity per day per station		3					7
8	Utilization (see instructions)							8
9	Average times dialyzers re-used							9
10	Percentage of patients re-using dialyzers							10

ESRD PPS

		1	2	
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter 'Y' for yes or 'N' for no. (see instructions)	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

11	Number of patients on transplant list	27	11
12	Number of patients transplanted during the cost reporting period	11	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 mrthod(s))

21	MCP X	INITIAL METHOD	

	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)	EPOTEIN	483,441		82,569,000		22

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)	0.262676	1

Medicaid (see instructions for each line)

2	Net revenue from Medicaid	160,106,878	2
3	Did you receive DSH or supplemental payments from Medicaid?		3
4	If line 3 is yes, does line 2 include all DSH or supplemental payments from Medicaid?		4
5	If line 4 is no, enter DSH or supplemental payments from Medicaid		5
6	Medicaid charges	528,302,670	6
7	Medicaid cost (line 1 times line 6)	138,772,432	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 fundnig 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	18,281,796	5,664,280	23,946,076	20
21	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	4,802,189	1,487,870	6,290,059	21
22	Partial payment by patients approved for charity care	11,982	404,068	416,050	22
23	Cost of charity care (line 21 minus line 22)	4,790,207	1,083,802	5,874,009	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?		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)	36,040,448	26
27	Medicare bad debts for the entire hospital complex (see instructions)	2,763,900	27
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	33,276,548	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	8,740,951	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)	14,614,960	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	14,614,960	31

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	
		GENERAL SERVICE COST CENTERS								
1	00100	Cap Rel Costs-Bldg & Fixt				26,781,127	26,781,127	1,232,686	28,013,813	1
1.01	00101	NEW CAPITAL-BLDG INTEREST				16,918,237	16,918,237	-4,294,038	12,624,199	1.01
2	00200	Cap Rel Costs-Mvble Equip				16,908,049	16,908,049	-35,786	16,872,263	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	5,026,177	97,139,434	102,165,611	4,274,508	106,440,119	13,121,310	119,561,429	4
5.01	01160	COMMUNICATION	720,970	2,533,571	3,254,541		3,254,541	-251,767	3,002,774	5.01
5.02	00550	SYSTEM & COMPUTERS	8,955,260	5,378,167	14,333,427		14,333,427	-71	14,333,356	5.02
5.03	00560	PURCHASING	1,672,003	1,033,544	2,705,547	-9,365	2,696,182		2,696,182	5.03
5.04	00597	OPC STORES		525	525		525		525	5.04
5.05	00594	PATIENT AFFAIRS	4,378,819	1,266,727	5,645,546		5,645,546		5,645,546	5.05
5.06	00570	PATIENT ADMITTING	2,690,971	228,884	2,919,855		2,919,855		2,919,855	5.06
5.07	00580	PATIENT ACCOUNTS	6,035,058	5,577,242	11,612,300	-80	11,612,220	39,750	11,651,970	5.07
5.08	00590	ACCOUNTING	2,596,744	2,387,089	4,983,833		4,983,833		4,983,833	5.08
5.10	00596	PASTORAL CARE	871,868	53,712	925,580	-100,934	824,646	-1,500	823,146	5.10
5.11	00592	HOSPITAL ADMINSTRATION	50,630,139	211,617,038	262,247,177	-62,220,026	200,027,151	-72,343,285	127,683,866	5.11
5.12	00593	AMBULATORY ADMINISTRATION	4,463,490	248,362	4,711,852	-1,779,632	2,932,220		2,932,220	5.12
5.14	00595	PRIMARY CARE ADMINISTRATION	164,899	279,285	444,184		444,184		444,184	5.14
6	00600	Maintenance & Repairs		13,111,326	13,111,326		13,111,326		13,111,326	6
7	00700	Operation of Plant	7,991,566	9,950,323	17,941,889	-264	17,941,625	-4,466,775	13,474,850	7
7.01	00701	SAFETY AND SECURITY	2,505,326	664,910	3,170,236		3,170,236		3,170,236	7.01
8	00800	Laundry & Linen Service		3,605,926	3,605,926		3,605,926		3,605,926	8
9	00900	Housekeeping	3,509,499	8,732,710	12,242,209		12,242,209		12,242,209	9
10	01000	Dietary	3,378,369	4,144,647	7,523,016	-2,235,558	5,287,458	-2,146,412	3,141,046	10
11	01100	Cafeteria				2,233,020	2,233,020	-471,689	1,761,331	11
12	01200	Maintenance of Personnel								12
12.01	01201	PATIENT TRANSPORTATION	1,115,578	289,561	1,405,139		1,405,139		1,405,139	12.01
13	01300	Nursing Administration	2,798,789	567,965	3,366,754		3,366,754	-21,701	3,345,053	13
14	01400	Central Services & Supply	1,444,401	3,446,375	4,890,776	-128,198	4,762,578		4,762,578	14
14.01	01401	CENTRAL PROCESSING	955,608	650,497	1,606,105		1,606,105		1,606,105	14.01
15	01500	Pharmacy	8,373,569	37,237,641	45,611,210	-28,926,952	16,684,258	-66,025	16,618,233	15
16	01600	Medical Records & Library	8,318,874	4,670,597	12,989,471		12,989,471	-39,133	12,950,338	16
17	01700	Social Service	3,343,089	126,087	3,469,176	-262	3,468,914	-2,900	3,466,014	17
17.01	01701	HOSPITAL MEDICAL ADMIN								17.01
19	01900	Nonphysician Anesthetists								19
20	02000	Nursing School								20
21	02100	I&R Services-Salary & Fringes Apprvd	36,311,197	598,687	36,909,884	4,774,350	41,684,234	-137	41,684,097	21
22	02200	I&R Services-Other Prgm Costs Apprvd								22
23	02300	Paramed Ed Prgm-(specify)								23
23.01	02301	PARAMEDICAL ED-MICU	581,433	186,977	768,410	-14,441	753,969	-248,975	504,994	23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK								23.02
23.03	02303	CLINICAL PASTORAL EDUCATION		9,264	9,264	100,934	110,198	-6,200	103,998	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	193,368	30,683	224,051	118,818	342,869		342,869	23.04
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	42,948,568	5,229,352	48,177,920	-765,954	47,411,966	-7,105,872	40,306,094	30
31	03100	Intensive Care Unit	13,135,949	3,315,361	16,451,310	494	16,451,804		16,451,804	31
33	03300	Burn Intensive Care Unit	3,629,067	921,533	4,550,600	107	4,550,707		4,550,707	33
35	02060	NEONATAL INTENSIVE CARE	6,635,055	849,547	7,484,602	-688,702	6,795,900	-38,791	6,757,109	35
35.01	02080	PEDIATRIC ICU	2,067,139	302,767	2,369,906	-160	2,369,746		2,369,746	35.01
35.03	02400	HEART TRANSPLANT ICU	2,405,939	550,994	2,956,933	-1,282	2,955,651		2,955,651	35.03
35.04	02401	BONE INTENSIVE CARE	3,161,061	637,859	3,798,920	72	3,798,992		3,798,992	35.04
41	04100	Subprovider - IRF	3,216,575	479,295	3,695,870	-5,500	3,690,370	-247,099	3,443,271	41
43	04300	Nursery				761,996	761,996		761,996	43
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	12,758,828	44,569,179	57,328,007	-35,854,856	21,473,151		21,473,151	50
50.01	05001	AMBULATORY SURGERY CENTER	2,829,333	4,499,744	7,329,077	-3,669,665	3,659,412		3,659,412	50.01
51	05100	Recovery Room	2,747,445	656,748	3,404,193	-1	3,404,192		3,404,192	51
52	05200	Delivery Room & Labor Room	2,225,164	558,211	2,783,375		2,783,375		2,783,375	52
53	05300	Anesthesiology	584,691	2,180,917	2,765,608	-1,234,247	1,531,361		1,531,361	53
54	05400	Radiology-Diagnostic	6,537,714	2,739,071	9,276,785	-2,751,849	6,524,936	-16,725	6,508,211	54
54.01	03630	RADIOLOGY-ULTRASOUND	1,015,480	30,010	1,045,490	57,146	1,102,636		1,102,636	54.01
56	05600	Radioisotope	1,288,017	2,871,839	4,159,856	-42,645	4,117,211		4,117,211	56
57	05700	CT Scan	2,395,625	1,969,743	4,365,368	9,873	4,375,241		4,375,241	57
58	05800	MRI	1,637,702	556,610	2,194,312	-321,309	1,873,003		1,873,003	58
59	05900	Cardiac Catheterization	6,104,259	18,032,930	24,137,189	-16,561,047	7,576,142	-10,416	7,565,726	59
60	06000	Laboratory	7,646,653	13,142,346	20,788,999	-9,025	20,779,974	-1,413,189	19,366,785	60
60.01	03420	LABORATORY-SURGICAL PATHOLOGY								60.01
60.02	03956	LABORATORY-NEUROSURGICAL								60.02
60.03	03957	LABORATORY-HLA	272,690	1,041,000	1,313,690	-1,313,690				60.03
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	06300	Blood Storing, Processing & Trans.	1,213,487	6,697,443	7,910,930	-37,889	7,873,041		7,873,041	63
65	06500	Respiratory Therapy	5,794,042	1,124,952	6,918,994	-301,596	6,617,398		6,617,398	65

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	
66	06600	Physical Therapy	1,509,256	56,753	1,566,009	-32,474	1,533,535	-6,472	1,527,063	66
67	06700	Occupational Therapy	710,514	13,915	724,429		724,429		724,429	67
68	06800	Speech Pathology	313,823	53,265	367,088	-1,807	365,281		365,281	68
69	06900	Electrocardiology	2,361,849	472,003	2,833,852	-347,832	2,486,020		2,486,020	69
70	07000	Electroencephalography	1,068,860	408,781	1,477,641	-19,175	1,458,466		1,458,466	70
71	07100	Medical Supplies Charged to Patients				28,838,304	28,838,304		28,838,304	71
72	07200	Impl. Dev. Charged to Patients				34,450,615	34,450,615		34,450,615	72
73	07300	Drugs Charged to Patients				59,865,389	59,865,389		59,865,389	73
74	07400	Renal Dialysis	2,914,404	2,473,490	5,387,894	-467,302	4,920,592		4,920,592	74
76	03560	PULMONARY LABS	381,458	196,619	578,077	-3,760	574,317		574,317	76
76.01	03950	OCCUPATIONAL HEALTH								76.01
76.03	03951	HYPERALIMENTATION								76.03
76.04	03650	PERIPHERAL VASCULAR	829,754	21,387	851,141		851,141		851,141	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION								76.05
76.07	03340	GASTROINTESTINAL SERVICE	2,471,341	2,828,826	5,300,167	-2,442,050	2,858,117		2,858,117	76.07
76.09	03953	BONE MARROW PROCUREMENT	180,756	1,823,678	2,004,434		2,004,434		2,004,434	76.09
76.10	03954	BARIATRICS	437,779	297,258	735,037	-780	734,257		734,257	76.10
76.11	03955	HEPATOLOGY	606,794	12,660	619,454		619,454	-31,850	587,604	76.11
76.97	07697	CARDIAC REHABILITATION	189,624	921	190,545		190,545		190,545	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
		OUTPATIENT SERVICE COST CENTERS								
90	09000	Clinic	226,840	30,431	257,271	-4,014	253,257		253,257	90
90.01	09001	CARDIAC REHABILITATION								90.01
90.02	09002	CANCER CENTER	5,751,619	21,053,078	26,804,697	-15,326,517	11,478,180	-19,354	11,458,826	90.02
90.03	09003	PSYCH SOCIAL REHAB	391,958	25,930	417,888	-7,566	410,322		410,322	90.03
90.04	09004	WELLNESS ASSESSMENT								90.04
90.06	09005	HEART FAILURE CLINIC								90.06
90.07	09006	LOC OUTPATIENT CENTER	22,352,566	8,382,433	30,734,999	-5,223,628	25,511,371	-1,800,363	23,711,008	90.07
90.08	09007	OBT OUTPATIENT CENTER	5,778,058	2,128,977	7,907,035	274,869	8,181,904	-1,512,948	6,668,956	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	933,925	889,559	1,823,484	-323,820	1,499,664	-99,568	1,400,096	90.09
90.10	09009	LAGRANGE FAMILY PCC	2,120,919	1,004,839	3,125,758	-212,095	2,913,663	-612,890	2,300,773	90.10
90.12	09010	NORTH RIVERSIDE PCC	2,808,711	1,321,590	4,130,301	-793,743	3,336,558	-1,716,926	1,619,632	90.12
90.13	09011	GLENDALE HEIGHTS PCC								90.13
90.14	09012	WHEATON PCC	1,384,059	966,276	2,350,335	-373,415	1,976,920	-667,989	1,308,931	90.14
90.15	09013	OBT II PCC	1,198,602	850,659	2,049,261	-725,884	1,323,377		1,323,377	90.15
90.16	09014	HICKORY HILLS PCC	3,418,743	1,029,805	4,448,548	-222,898	4,225,650	-1,516,122	2,709,528	90.16
90.18	09015	DARIEN PCC	707,102	1,445,762	2,152,864	-369,281	1,783,583	-35,000	1,748,583	90.18
90.20	09016	ORLAND PARK - FP	3,018,152	1,262,246	4,280,398	-748,644	3,531,754	-1,753,751	1,778,003	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	3,294,822	653,476	3,948,298	-236,760	3,711,538	-61	3,711,477	90.21
90.22	09018	HOMER GLEN PCC	3,627,564	2,255,293	5,882,857	-1,006,350	4,876,507	-1,048,937	3,827,570	90.22
90.23	09019	OAK PARK PCC	2,488,784	448,445	2,937,229	-230,923	2,706,306	-1,956,861	749,445	90.23
90.24	09020	PARK RIDGE PCC	1,126,309	475,141	1,601,450	-53,813	1,547,637	-413,543	1,134,094	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	2,737,631	875,802	3,613,433	-190,639	3,422,794	-29,135	3,393,659	90.25
90.26	09022	WOODRIDGE PCC	103,268	108,069	211,337	-869	210,468		210,468	90.26
90.27	09023	NEUROLOGY - NILES								90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	677,904	4,346,551	5,024,455	-2,305,499	2,718,956		2,718,956	90.28
90.29	09025	BURR RIDGE PCC	10,138,926	8,065,028	18,203,954	-328,713	17,875,241	-2,424,353	15,450,888	90.29
90.30	09026	RIVER FOREST	2,697,141	867,873	3,565,014	-363,215	3,201,799	-1,197,736	2,004,063	90.30
90.31	09027	NORRIDGE	153,775	69,704	223,479	-12,118	211,361	-38	211,323	90.31
90.32	09028	ELMWOOD PARK	519,615	592,790	1,112,405	-285,799	826,606		826,606	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	663,292	219,515	882,807	-26,747	856,060		856,060	90.33
90.34	09034	CHICAGO AND BELMONT	160,026	138,377	298,403	-41,127	257,276		257,276	90.34
91	09100	Emergency	17,146,281	2,176,890	19,323,171	-9,567	19,313,604	-10,628,956	8,684,648	91
92	09200	Observation Beds (Non-Distinct Part)								92
92.01	09201	OBSERVATION BEDS-DISTINCT	2,233,304	299,981	2,533,285	-5,840	2,527,445		2,527,445	92.01
		OTHER REIMBURSABLE COST CENTERS								
95	09500	Ambulance Services		361,554	361,554		361,554		361,554	95
97	09700	Durable Medical Equip-Sold	412,501	4,783	417,284		417,284		417,284	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
		SPECIAL PURPOSE COST CENTERS								
105	10500	Kidney Acquisition	294,107	1,287,535	1,581,642	879,501	2,461,143	-81,523	2,379,620	105
106	10600	Heart Acquisition	209,298	1,095,698	1,304,996	522,845	1,827,841	-72,090	1,755,751	106
107	10700	Liver Acquisition	539,935	2,452,259	2,992,194	912,692	3,904,886	-76,080	3,828,806	107
108	10800	Lung Acquisition	116,055	1,710,674	1,826,729	557,441	2,384,170	-69,351	2,314,819	108
110	11000	Intestinal Acquisition	491,261	127	491,388	-491,388				110
112	08600	OTHER ORGAN ACQUISITION (SPECIFY)	1,077,352	136,730	1,214,082	-1,214,082				112
118		SUBTOTALS (sum of lines 1-117)	416,254,164	606,418,643	1,022,672,807	5,815,124	1,028,487,931	-106,606,637	921,881,294	118
		NONREIMBURSABLE COST CENTERS								
190	19000	Gift, Flower, Coffee Shop & Canteen	213,282	119,492	332,774		332,774		332,774	190

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

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI-FICATIONS	RECLASSI-FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST-MENTS	NET EXPENSES FOR ALLOC-ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
190.01	19001	HINES RADIATION THERAPY								190.01
190.02	19002	HOME INFUSION THERAPY	851,841	1,528,441	2,380,282		2,380,282		2,380,282	190.02
190.03	19003	OP HOSPITAL PHARMACY	406,210	14,495,013	14,901,223		14,901,223		14,901,223	190.03
190.04	19004	HOSPITALIST								190.04
190.05	19005	STUDENT HEALTH		14,531	14,531		14,531		14,531	190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	78,670	229,493	308,163		308,163		308,163	190.06
192	19200	Physicians' Private Offices								192
192.01	19202	FACULTY CLINICAL OPERATIONS	157,298,135	19,454,051	176,752,186	-5,815,124	170,937,062		170,937,062	192.01
193	19300	Nonpaid Workers	106,789	20,598	127,387		127,387		127,387	193
200		TOTAL (sum of lines 118-199)	575,209,091	642,280,262	1,217,489,353		1,217,489,353	-106,606,637	1,110,882,716	200

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		26,781,127	1
2	DEPRECIATION EXPENSE	A	Cap Rel Costs-Mvble Equip	2		16,908,049	2
3	DEPRECIATION EXPENSE	A	NORRIDGE	90.31		1,375	3
500	Total reclassifications					43,690,551	500
	Code Letter - A						
1	PENSION EMPLOYEE BENEFIT	E	Employee Benefits Department	4		4,274,508	1
500	Total reclassifications					4,274,508	500
	Code Letter - E						
1	DIETARY SHARED COST	K	Cafeteria	11	769,309	1,463,760	1
500	Total reclassifications				769,309	1,463,760	500
	Code Letter - K						
1	MEDICAL SUPPLIES CHARGED TO PATIENTS	L	Medical Supplies Charged to P	71		28,838,305	1
2	MEDICAL SUPPLIES CHARGED TO PATIENTS	L	OTHER ORGAN ACQUISITION (SPEC	112		8	2
3	MEDICAL SUPPLIES CHARGED TO PATIENTS	L					3
4	MEDICAL SUPPLIES CHARGED TO PATIENTS	L					4
5	MEDICAL SUPPLIES CHARGED TO PATIENTS	L					5
6	MEDICAL SUPPLIES CHARGED TO PATIENTS	L					6
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	L					7
8	MEDICAL SUPPLIES CHARGED TO PATIENTS	L					8
9	MEDICAL SUPPLIES CHARGED TO PATIENTS	L					9
10	MEDICAL SUPPLIES CHARGED TO PATIENTS	L					10
11	MEDICAL SUPPLIES CHARGED TO PATIENTS	L					11
500	Total reclassifications					28,838,313	500
	Code Letter - L						
1	DRUGS CHARGED TO PATIENTS	M	Drugs Charged to Patients	73		59,865,389	1
2	DRUGS CHARGED TO PATIENTS	M	Intensive Care Unit	31		494	2
3	DRUGS CHARGED TO PATIENTS	M	Burn Intensive Care Unit	33		107	3
4	DRUGS CHARGED TO PATIENTS	M	BONE INTENSIVE CARE	35.04		72	4
5	DRUGS CHARGED TO PATIENTS	M					5
6	DRUGS CHARGED TO PATIENTS	M					6
7	DRUGS CHARGED TO PATIENTS	M					7
8	DRUGS CHARGED TO PATIENTS	M					8
9	DRUGS CHARGED TO PATIENTS	M					9
10	DRUGS CHARGED TO PATIENTS	M					10
11	DRUGS CHARGED TO PATIENTS	M					11
12	DRUGS CHARGED TO PATIENTS	M					12
13	DRUGS CHARGED TO PATIENTS	M					13
14	DRUGS CHARGED TO PATIENTS	M					14
15	DRUGS CHARGED TO PATIENTS	M					15
16	DRUGS CHARGED TO PATIENTS	M					16
17	DRUGS CHARGED TO PATIENTS	M					17
18	DRUGS CHARGED TO PATIENTS	M					18
19	DRUGS CHARGED TO PATIENTS	M					19
20	DRUGS CHARGED TO PATIENTS	M					20
21	DRUGS CHARGED TO PATIENTS	M					21
22	DRUGS CHARGED TO PATIENTS	M					22
23	DRUGS CHARGED TO PATIENTS	M					23
24	DRUGS CHARGED TO PATIENTS	M					24
25	DRUGS CHARGED TO PATIENTS	M					25
26	DRUGS CHARGED TO PATIENTS	M					26
27	DRUGS CHARGED TO PATIENTS	M					27
28	DRUGS CHARGED TO PATIENTS	M					28
29	DRUGS CHARGED TO PATIENTS	M					29
30	DRUGS CHARGED TO PATIENTS	M					30
31	DRUGS CHARGED TO PATIENTS	M					31
32	DRUGS CHARGED TO PATIENTS	M					32
33	DRUGS CHARGED TO PATIENTS	M					33
34	DRUGS CHARGED TO PATIENTS	M					34
35	DRUGS CHARGED TO PATIENTS	M					35
36	DRUGS CHARGED TO PATIENTS	M					36
37	DRUGS CHARGED TO PATIENTS	M					37
38	DRUGS CHARGED TO PATIENTS	M					38
39	DRUGS CHARGED TO PATIENTS	M					39
40	DRUGS CHARGED TO PATIENTS	M					40
41	DRUGS CHARGED TO PATIENTS	M					41
42	DRUGS CHARGED TO PATIENTS	M					42
43	DRUGS CHARGED TO PATIENTS	M					43
44	DRUGS CHARGED TO PATIENTS	M					44
45	DRUGS CHARGED TO PATIENTS	M					45
46	DRUGS CHARGED TO PATIENTS	M					46
47	DRUGS CHARGED TO PATIENTS	M					47
48	DRUGS CHARGED TO PATIENTS	M					48

RECLASSIFICATIONS **WORKSHEET A-6**

			INCREASES				
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
49	DRUGS CHARGED TO PATIENTS	M					49
50	DRUGS CHARGED TO PATIENTS	M					50
51	DRUGS CHARGED TO PATIENTS	M					51
52	DRUGS CHARGED TO PATIENTS	M					52
53	DRUGS CHARGED TO PATIENTS	M					53
54	DRUGS CHARGED TO PATIENTS	M					54
500	Total reclassifications					59,866,062	500
	Code Letter - M						
1	IMPLANTABLE DEVICES	N	Impl. Dev. Charged to Patient	72		34,450,615	1
2	IMPLANTABLE DEVICES	N					2
3	IMPLANTABLE DEVICES	N					3
4	IMPLANTABLE DEVICES	N					4
5	IMPLANTABLE DEVICES	N					5
6	IMPLANTABLE DEVICES	N					6
7	IMPLANTABLE DEVICES	N					7
8	IMPLANTABLE DEVICES	N					8
9	IMPLANTABLE DEVICES	N					9
10	IMPLANTABLE DEVICES	N					10
11	IMPLANTABLE DEVICES	N					11
12	IMPLANTABLE DEVICES	N					12
13	IMPLANTABLE DEVICES	N					13
14	IMPLANTABLE DEVICES	N					14
15	IMPLANTABLE DEVICES	N					15
16	IMPLANTABLE DEVICES	N					16
17	IMPLANTABLE DEVICES	N					17
18	IMPLANTABLE DEVICES	N					18
19	IMPLANTABLE DEVICES	N					19
20	IMPLANTABLE DEVICES	N					20
21	IMPLANTABLE DEVICES	N					21
22	IMPLANTABLE DEVICES	N					22
500	Total reclassifications					34,450,615	500
	Code Letter - N						
1	NURSERY	T	Nursery	43	679,487	82,509	1
500	Total reclassifications				679,487	82,509	500
	Code Letter - T						
1	INTEREST EXPENSE	U	NEW CAPITAL-BLDG INTEREST	1.01		16,918,237	1
2	INTEREST EXPENSE	U					2
3	INTEREST EXPENSE	U					3
500	Total reclassifications					16,918,237	500
	Code Letter - U						
1	TRANSPLANT PRE VS POST SALARY	AB	Kidney Acquisition	105	172,341		1
2	TRANSPLANT PRE VS POST SALARY	AB	Heart Acquisition	106	138,559		2
3	TRANSPLANT PRE VS POST SALARY	AB	Liver Acquisition	107	107,436		3
4	TRANSPLANT PRE VS POST SALARY	AB	Lung Acquisition	108	192,633		4
5	TRANSPLANT PRE VS POST SALARY	AB					5
6	TRANSPLANT PRE VS POST SALARY	AB					6
7	TRANSPLANT PRE VS POST SALARY	AB					7
500	Total reclassifications				610,969		500
	Code Letter - AB						
1	TRANSPLANT ORGAN ACQUISTION PHYSICIA	AC	Kidney Acquisition	105	230,192		1
2	TRANSPLANT ORGAN ACQUISTION PHYSICIA	AC	Heart Acquisition	106	149,564		2
3	TRANSPLANT ORGAN ACQUISTION PHYSICIA	AC	Liver Acquisition	107	320,348		3
4	TRANSPLANT ORGAN ACQUISTION PHYSICIA	AC	Lung Acquisition	108	150,734		4
500	Total reclassifications				850,838		500
	Code Letter - AC						
1	HOSPITAL MEDICAL ADMIN 50993	AK	HOSPITAL ADMINSTRATION	5.11	1,944,229		1
2	HOSPITAL MEDICAL ADMIN 50993	AK					2
3	HOSPITAL MEDICAL ADMIN 50993	AK					3
4	HOSPITAL MEDICAL ADMIN 50993	AK					4
5	HOSPITAL MEDICAL ADMIN 50993	AK					5
6	HOSPITAL MEDICAL ADMIN 50993	AK					6
7	HOSPITAL MEDICAL ADMIN 50993	AK					7
8	HOSPITAL MEDICAL ADMIN 50993	AK					8
500	Total reclassifications				1,944,229		500
	Code Letter - AK						
1	RADIOLOGY NURSING	AO	RADIOLOGY-ULTRASOUND	54.01	58,326	80	1
2	RADIOLOGY NURSING	AO	Radioisotope	56	92,988	128	2
3	RADIOLOGY NURSING	AO	CT Scan	57	309,439	425	3
4	RADIOLOGY NURSING	AO	MRI	58	175,901	241	4

RECLASSIFICATIONS **WORKSHEET A-6**

			INCREASES				
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
5	RADIOLOGY NURSING	AO	OBSERVATION BEDS-DISTINCT	92.01	12		5
500	Total reclassifications				636,666	874	500
	Code Letter - AO						
1	MEDICAL EDUCATION	AP	I&R Services-Salary & Fringes	21	3,423,731	1,350,619	1
500	Total reclassifications				3,423,731	1,350,619	500
	Code Letter - AP						
1	PHARMACY RESIDENT PROGRAM PRECEPTOR	AQ	PHARMACY RESIDENCY PROGRAM	23.04	118,818		1
500	Total reclassifications				118,818		500
	Code Letter - AQ						
1	CLINICAL PASTORAL EDUCATION PROGRAM	AR	CLINICAL PASTORAL EDUCATION	23.03	100,934		1
500	Total reclassifications				100,934		500
	Code Letter - AR						
1	HLA TO TRANSPLANT	AS	Kidney Acquisition	105	78,754	300,642	1
2	HLA TO TRANSPLANT	AS	Heart Acquisition	106	48,752	186,112	2
3	HLA TO TRANSPLANT	AS	Liver Acquisition	107	100,718	384,495	3
4	HLA TO TRANSPLANT	AS	Lung Acquisition	108	44,466	169,751	4
500	Total reclassifications				272,690	1,041,000	500
	Code Letter - AS						
1	LIVING DONORS TO TRANSPLANT	AT	Kidney Acquisition	105	97,292	499	1
500	Total reclassifications				97,292	499	500
	Code Letter - AT						
1	TRANSPLANT ADMINISTRATIVE COSTS	AU	HOSPITAL ADMINSTRATION	5.11	563,871	136,239	1
500	Total reclassifications				563,871	136,239	500
	Code Letter - AU						
1	POST TRANSPLANT ABDOMINAL COSTS	AV	OBT OUTPATIENT CENTER	90.08	449,577	127	1
500	Total reclassifications				449,577	127	500
	Code Letter - AV						
	GRAND TOTAL (Increases)				10,518,411	192,113,913	

(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.

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		43,690,551	9	1
2	DEPRECIATION EXPENSE	A					9	2
3	DEPRECIATION EXPENSE	A						3
500	Total reclassifications					43,690,551		500
	Code letter - A							
1	PENSION EMPLOYEE BENEFIT	E	HOSPITAL ADMINSTRATION	5.11		4,274,508		1
500	Total reclassifications					4,274,508		500
	Code letter - E							
1	DIETARY SHARED COST	K	Dietary	10	769,309	1,463,760		1
500	Total reclassifications				769,309	1,463,760		500
	Code letter - K							
1	MEDICAL SUPPLIES CHARGED TO PATIENTS	L	Central Services & Supply	14		128,198		1
2	MEDICAL SUPPLIES CHARGED TO PATIENTS	L	NEONATAL INTENSIVE CARE	35		473,693		2
3	MEDICAL SUPPLIES CHARGED TO PATIENTS	L	Operating Room	50		11,652,184		3
4	MEDICAL SUPPLIES CHARGED TO PATIENTS	L	AMBULATORY SURGERY CENTER	50.01		1,593,067		4
5	MEDICAL SUPPLIES CHARGED TO PATIENTS	L	Anesthesiology	53		1,234,247		5
6	MEDICAL SUPPLIES CHARGED TO PATIENTS	L	Radiology-Diagnostic	54		1,795,125		6
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	L	MRI	58		219,467		7
8	MEDICAL SUPPLIES CHARGED TO PATIENTS	L	Cardiac Catheterization	59		9,278,627		8
9	MEDICAL SUPPLIES CHARGED TO PATIENTS	L	Respiratory Therapy	65		296,570		9
10	MEDICAL SUPPLIES CHARGED TO PATIENTS	L	Electrocardiology	69		76,025		10
11	MEDICAL SUPPLIES CHARGED TO PATIENTS	L	GASTROINTESTINAL SERVICE	76.07		2,091,110		11
500	Total reclassifications					28,838,313		500
	Code letter - L							
1	DRUGS CHARGED TO PATIENTS	M	PURCHASING	5.03		20		1
2	DRUGS CHARGED TO PATIENTS	M	PATIENT ACCOUNTS	5.07		80		2
3	DRUGS CHARGED TO PATIENTS	M	HOSPITAL ADMINSTRATION	5.11		154,084		3
4	DRUGS CHARGED TO PATIENTS	M	Pharmacy	15		28,757,269		4
5	DRUGS CHARGED TO PATIENTS	M	Social Service	17		262		5
6	DRUGS CHARGED TO PATIENTS	M	PARAMEDICAL ED-MICU	23.01		14,441		6
7	DRUGS CHARGED TO PATIENTS	M	Adults & Pediatrics	30		3,788		7
8	DRUGS CHARGED TO PATIENTS	M	NEONATAL INTENSIVE CARE	35		215,009		8
9	DRUGS CHARGED TO PATIENTS	M	PEDIATRIC ICU	35.01		160		9
10	DRUGS CHARGED TO PATIENTS	M	HEART TRANSPLANT ICU	35.03		1,140		10
11	DRUGS CHARGED TO PATIENTS	M	Operating Room	50		480		11
12	DRUGS CHARGED TO PATIENTS	M	AMBULATORY SURGERY CENTER	50.01		8,345		12
13	DRUGS CHARGED TO PATIENTS	M	Recovery Room	51		1		13
14	DRUGS CHARGED TO PATIENTS	M	Radiology-Diagnostic	54		57,590		14
15	DRUGS CHARGED TO PATIENTS	M	RADIOLOGY-ULTRASOUND	54.01		1,260		15
16	DRUGS CHARGED TO PATIENTS	M	Radioisotope	56		135,761		16
17	DRUGS CHARGED TO PATIENTS	M	CT Scan	57		299,991		17
18	DRUGS CHARGED TO PATIENTS	M	MRI	58		277,984		18
19	DRUGS CHARGED TO PATIENTS	M	Cardiac Catheterization	59		111,979		19
20	DRUGS CHARGED TO PATIENTS	M	Laboratory	60		7,610		20
21	DRUGS CHARGED TO PATIENTS	M	Blood Storing, Processing & T	63		37,889		21
22	DRUGS CHARGED TO PATIENTS	M	Electrocardiology	69		271,807		22
23	DRUGS CHARGED TO PATIENTS	M	Electroencephalography	70		17,625		23
24	DRUGS CHARGED TO PATIENTS	M	Renal Dialysis	74		467,302		24
25	DRUGS CHARGED TO PATIENTS	M	PULMONARY LABS	76		3,433		25
26	DRUGS CHARGED TO PATIENTS	M	GASTROINTESTINAL SERVICE	76.07		17,847		26
27	DRUGS CHARGED TO PATIENTS	M	BARIATRICS	76.10		780		27
28	DRUGS CHARGED TO PATIENTS	M	Clinic	90		4,014		28
29	DRUGS CHARGED TO PATIENTS	M	CANCER CENTER	90.02		15,326,517		29
30	DRUGS CHARGED TO PATIENTS	M	PSYCH SOCIAL REHAB	90.03		7,566		30
31	DRUGS CHARGED TO PATIENTS	M	LOC OUTPATIENT CENTER	90.07		4,849,046		31
32	DRUGS CHARGED TO PATIENTS	M	OBT OUTPATIENT CENTER	90.08		174,835		32
33	DRUGS CHARGED TO PATIENTS	M	ELMHURST IMMEDIATE CARE	90.09		323,744		33
34	DRUGS CHARGED TO PATIENTS	M	LAGRANGE FAMILY PCC	90.10		212,006		34
35	DRUGS CHARGED TO PATIENTS	M	NORTH RIVERSIDE PCC	90.12		793,743		35
36	DRUGS CHARGED TO PATIENTS	M	WHEATON PCC	90.14		373,415		36
37	DRUGS CHARGED TO PATIENTS	M	OBT II PCC	90.15		725,884		37
38	DRUGS CHARGED TO PATIENTS	M	HICKORY HILLS PCC	90.16		222,898		38
39	DRUGS CHARGED TO PATIENTS	M	DARIEN PCC	90.18		369,281		39
40	DRUGS CHARGED TO PATIENTS	M	ORLAND PARK - FP	90.20		748,644		40
41	DRUGS CHARGED TO PATIENTS	M	FAMILY PRACTICE MAYWOOD PCC	90.21		236,760		41
42	DRUGS CHARGED TO PATIENTS	M	HOMER GLEN PCC	90.22		1,006,350		42
43	DRUGS CHARGED TO PATIENTS	M	OAK PARK PCC	90.23		230,923		43
44	DRUGS CHARGED TO PATIENTS	M	PARK RIDGE PCC	90.24		53,813		44
45	DRUGS CHARGED TO PATIENTS	M	LOYOLA CLINIC AT GOTTLIEB	90.25		190,639		45
46	DRUGS CHARGED TO PATIENTS	M	WOODRIDGE PCC	90.26		869		46
47	DRUGS CHARGED TO PATIENTS	M	MARJORIE WEINBERG CANCER CENT	90.28		2,305,499		47

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	
48	DRUGS CHARGED TO PATIENTS	M	BURR RIDGE PCC	90.29		328,579		48
49	DRUGS CHARGED TO PATIENTS	M	RIVER FOREST	90.30		144,651		49
50	DRUGS CHARGED TO PATIENTS	M	NORRIDGE	90.31		13,493		50
51	DRUGS CHARGED TO PATIENTS	M	ELMWOOD PARK	90.32		285,799		51
52	DRUGS CHARGED TO PATIENTS	M	OCCUPATIONAL HEALTH CLINIC	90.33		26,178		52
53	DRUGS CHARGED TO PATIENTS	M	CHICAGO AND BELMONT	90.34		41,127		53
54	DRUGS CHARGED TO PATIENTS	M	OBSERVATION BEDS-DISTINCT	92.01		5,852		54
500	Total reclassifications					59,866,062		500
	Code letter - M							
1	IMPLANTABLE DEVICES	N	PURCHASING	5.03		9,345		1
2	IMPLANTABLE DEVICES	N	HOSPITAL ADMINSTRATION	5.11		2		2
3	IMPLANTABLE DEVICES	N	Dietary	10		196		3
4	IMPLANTABLE DEVICES	N	Cafeteria	11		49		4
5	IMPLANTABLE DEVICES	N	Adults & Pediatrics	30		170		5
6	IMPLANTABLE DEVICES	N	HEART TRANSPLANT ICU	35.03		142		6
7	IMPLANTABLE DEVICES	N	Operating Room	50		24,189,280		7
8	IMPLANTABLE DEVICES	N	AMBULATORY SURGERY CENTER	50.01		2,068,253		8
9	IMPLANTABLE DEVICES	N	Radiology-Diagnostic	54		261,595		9
10	IMPLANTABLE DEVICES	N	Cardiac Catheterization	59		7,170,441		10
11	IMPLANTABLE DEVICES	N	Laboratory	60		1,415		11
12	IMPLANTABLE DEVICES	N	Respiratory Therapy	65		5,026		12
13	IMPLANTABLE DEVICES	N	Physical Therapy	66		32,474		13
14	IMPLANTABLE DEVICES	N	Speech Pathology	68		1,807		14
15	IMPLANTABLE DEVICES	N	Electroencephalography	70		1,550		15
16	IMPLANTABLE DEVICES	N	PULMONARY LABS	76		327		16
17	IMPLANTABLE DEVICES	N	GASTROINTESTINAL SERVICE	76.07		333,093		17
18	IMPLANTABLE DEVICES	N	LOC OUTPATIENT CENTER	90.07		374,582		18
19	IMPLANTABLE DEVICES	N	ELMHURST IMMEDIATE CARE	90.09		76		19
20	IMPLANTABLE DEVICES	N	LAGRANGE FAMILY PCC	90.10		89		20
21	IMPLANTABLE DEVICES	N	BURR RIDGE PCC	90.29		134		21
22	IMPLANTABLE DEVICES	N	OCCUPATIONAL HEALTH CLINIC	90.33		569		22
500	Total reclassifications					34,450,615		500
	Code letter - N							
1	NURSERY	T	Adults & Pediatrics	30	679,487	82,509		1
500	Total reclassifications				679,487	82,509		500
	Code letter - T							
1	INTEREST EXPENSE	U	HOSPITAL ADMINSTRATION	5.11		16,699,409	11	1
2	INTEREST EXPENSE	U	Operation of Plant	7		264		2
3	INTEREST EXPENSE	U	RIVER FOREST	90.30		218,564		3
500	Total reclassifications					16,918,237		500
	Code letter - U							
1	TRANSPLANT PRE VS POST SALARY	AB	HOSPITAL ADMINSTRATION	5.11	45,811			1
2	TRANSPLANT PRE VS POST SALARY	AB	Dietary	10	2,293			2
3	TRANSPLANT PRE VS POST SALARY	AB	Pharmacy	15	50,865			3
4	TRANSPLANT PRE VS POST SALARY	AB	Operating Room	50	12,912			4
5	TRANSPLANT PRE VS POST SALARY	AB	Intestinal Acquisition	110	41,684			5
6	TRANSPLANT PRE VS POST SALARY	AB	OTHER ORGAN ACQUISITION (SPEC	112	416,189			6
7	TRANSPLANT PRE VS POST SALARY	AB	FACULTY CLINICAL OPERATIONS	192.01	41,215			7
500	Total reclassifications				610,969			500
	Code letter - AB							
1	TRANSPLANT ORGAN ACQUISTION PHYSICIA	AC	FACULTY CLINICAL OPERATIONS	192.01	850,838			1
2	TRANSPLANT ORGAN ACQUISTION PHYSICIA	AC						2
3	TRANSPLANT ORGAN ACQUISTION PHYSICIA	AC						3
4	TRANSPLANT ORGAN ACQUISTION PHYSICIA	AC						4
500	Total reclassifications				850,838			500
	Code letter - AC							
1	HOSPITAL MEDICAL ADMIN 50993	AK	AMBULATORY ADMINISTRATION	5.12	1,779,632			1
2	HOSPITAL MEDICAL ADMIN 50993	AK	Subprovider - IRF	41	5,500			2
3	HOSPITAL MEDICAL ADMIN 50993	AK	Emergency	91	9,567			3
4	HOSPITAL MEDICAL ADMIN 50993	AK	Kidney Acquisition	105	219			4
5	HOSPITAL MEDICAL ADMIN 50993	AK	Heart Acquisition	106	142			5
6	HOSPITAL MEDICAL ADMIN 50993	AK	Liver Acquisition	107	305			6
7	HOSPITAL MEDICAL ADMIN 50993	AK	Lung Acquisition	108	143			7
8	HOSPITAL MEDICAL ADMIN 50993	AK	FACULTY CLINICAL OPERATIONS	192.01	148,721			8
500	Total reclassifications				1,944,229			500
	Code letter - AK							
1	RADIOLOGY NURSING	AO	Radiology-Diagnostic	54	636,666	873		1
2	RADIOLOGY NURSING	AO	Medical Supplies Charged to P	71		1		2

RECLASSIFICATIONS **WORKSHEET A-6**

			DECREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
3	RADIOLOGY NURSING	AO						3
4	RADIOLOGY NURSING	AO						4
5	RADIOLOGY NURSING	AO						5
500	Total reclassifications				636,666	874		500
	Code letter - AO							
1	MEDICAL EDUCATION	AP	FACULTY CLINICAL OPERATIONS	192.01	3,423,731	1,350,619		1
500	Total reclassifications				3,423,731	1,350,619		500
	Code letter - AP							
1	PHARMACY RESIDENT PROGRAM PRECEPTOR	AQ	Pharmacy	15	118,818			1
500	Total reclassifications				118,818			500
	Code letter - AQ							
1	CLINICAL PASTORAL EDUCATION PROGRAM	AR	PASTORAL CARE	5.10	100,934			1
500	Total reclassifications				100,934			500
	Code letter - AR							
1	HLA TO TRANSPLANT	AS	LABORATORY-HLA	60.03	272,690	1,041,000		1
2	HLA TO TRANSPLANT	AS						2
3	HLA TO TRANSPLANT	AS						3
4	HLA TO TRANSPLANT	AS						4
500	Total reclassifications				272,690	1,041,000		500
	Code letter - AS							
1	LIVING DONORS TO TRANSPLANT	AT	OTHER ORGAN ACQUISITION (SPEC	112	97,292	499		1
500	Total reclassifications				97,292	499		500
	Code letter - AT							
1	TRANSPLANT ADMINISTRATIVE COSTS	AU	OTHER ORGAN ACQUISITION (SPEC	112	563,871	136,239		1
500	Total reclassifications				563,871	136,239		500
	Code letter - AU							
1	POST TRANSPLANT ABDOMINAL COSTS	AV	Intestinal Acquisition	110	449,577	127		1
500	Total reclassifications				449,577	127		500
	Code letter - AV							
	GRAND TOTAL (Decreases)				10,518,411	192,113,913		

(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.

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES

			Acquisitions						
	Description	Beginning Balances	Purchases	Donation	Total	Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
		1	2	3	4	5	6	7	
1	Land	8,850,000					8,850,000		1
2	Land Improvements	140,126	144,800		144,800		284,926		2
3	Buildings and Fixtures	339,259,832	23,925,708		23,925,708	30,719	363,154,821		3
4	Building Improvements	31,844,379	678,013		678,013	137,258	32,385,134		4
5	Fixed Equipment								5
6	Movable Equipment	205,173,435	29,578,743		29,578,743	1,437,403	233,314,775		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	585,267,772	54,327,264		54,327,264	1,605,380	637,989,656		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	585,267,772	54,327,264		54,327,264	1,605,380	637,989,656		10

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

		SUMMARY OF CAPITAL							
	Description	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

		COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
	Description	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	404,674,881		404,674,881	0.679206					1
1.01	NEW CAPITAL-BLDG INTERE				0.000000					1.01
2	Cap Rel Costs-Mvble Equ	233,314,774	42,183,699	191,131,075	0.320794					2
3	Total (sum of lines 1-2)	637,989,655	42,183,699	595,805,956	1.000000					3

		SUMMARY OF CAPITAL							
	Description	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	28,013,813						28,013,813	1
1.01	NEW CAPITAL-BLDG INTEREST			12,624,199				12,624,199	1.01
2	Cap Rel Costs-Mvble Equip	16,872,263						16,872,263	2
3	Total (sum of lines 1-2)	44,886,076		12,624,199				57,510,275	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.)

ADJUSTMENTS TO EXPENSES **WORKSHEET A-8**

				EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			
	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	COST CENTER	LINE#	Wkst. A-7 Ref.	
		1	2	3	4	5	
1	Investment income-buildings & fixtures (chapter 2)	B	-140	Cap Rel Costs-Bldg & Fixt	1	9	1
2	Investment income-movable equipment (chapter 2)			Cap Rel Costs-Mvble Equip	2		2
3	Investment income-other (chapter 2)	B	-4,294,038	NEW CAPITAL-BLDG INTEREST	1.01	11	3
4	Trade, quantity, and time discounts (chapter 8)						4
5	Refunds and rebates of expenses (chapter 8)						5
6	Rental of provider space by suppliers (chapter 8)						6
7	Telephone services (pay stations excl) (chapter 21)	A	-251,767	COMMUNICATION	5.01		7
8	Television and radio service (chapter 21)	A	-18,119	Operation of Plant	7		8
9	Parking lot (chapter 21)	B	-4,447,956	Operation of Plant	7		9
10	Provider-based physician adjustment	Wkst A-8-2	-45,968,603				10
11	Sale of scrap, waste, etc. (chapter 23)						11
12	Related organization transactions (chapter 10)	Wkst A-8-1	1,906,552				12
13	Laundry and linen service						13
14	Cafeteria - employees and guests	B	-2,087,424	Dietary	10		14
15	Rental of quarters to employees & others						15
16	Sale of medical and surgical supplies to other than patients						16
17	Sale of drugs to other than patients						17
18	Sale of medical records and abstracts						18
19	Nursing school (tuition,fees,books,etc.)						19
20	Vending machines						20
21	Income from imposition of interest, finance or penalty charges (chapter 21)						21
22	Interest exp on Medicare overpayments & borrowings to repay Medicare overpayments						22
23	Adj for respiratory therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Respiratory Therapy	65		23
24	Adj for physical therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Physical Therapy	66		24
25	Util review-physicians' compensation (chapter 21)			Utilization Review-SNF	114		25
26	Depreciation--buildings & fixtures			Cap Rel Costs-Bldg & Fixt	1		26
27	Depreciation--movable equipment			Cap Rel Costs-Mvble Equip	2		27
28	Non-physician anesthetist			Nonphysician Anesthetists	19		28
29	Physicians' assistant						29
30	Adj for occupational therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Occupational Therapy	67		30
31	Adj for speech pathology costs in excess of limitation (chapter 14)	Wkst A-8-3		Speech Pathology	68		31
32	CAH HIT Adj for Depreciation						32
33							33
33.03	PATIENT TELEVISION	A	-35,786	Cap Rel Costs-Mvble Equip	2	9	33.03
34							34
35	LOBBYING EXPENSE	A	-35,201	HOSPITAL ADMINSTRATION	5.11		35
35.02	BOARD OF DIRECTORS	A	-17,264	HOSPITAL ADMINSTRATION	5.11		35.02
35.03	DONATIONS	A	-364,220	HOSPITAL ADMINSTRATION	5.11		35.03
35.04	DONATIONS	A	-2,900	Social Service	17		35.04
35.05	DONATIONS	A	-137	I&R Services-Salary & Fringes Apprvd	21		35.05
35.06	FLOWERS AND GIFTS	A	-4,251	HOSPITAL ADMINSTRATION	5.11		35.06
35.07	ADVERTISING	A	-4,694,132	HOSPITAL ADMINSTRATION	5.11		35.07
36							36
37							37
38							38
38.44	GRANTS	B	-21,080	HOSPITAL ADMINSTRATION	5.11		38.44
38.45	OUTSIDE PROGRAM EXPENSE	A	-212,901	HOSPITAL ADMINSTRATION	5.11		38.45
38.74	APN	A	-4,603,029	HOSPITAL ADMINSTRATION	5.11		38.74
38.75	APN	A	-174	Nursing Administration	13		38.75
38.76	APN	A	-122,216	Adults & Pediatrics	30		38.76
38.77	APN	A	-38,791	NEONATAL INTENSIVE CARE	35		38.77
38.78	APN	A	-1,104	Radiology-Diagnostic	54		38.78
39	APN	A	-10,416	Cardiac Catheterization	59		39
39.01	APN	A	-31,850	HEPATOLOGY	76.11		39.01
39.02	APN	A	-8,326	OAK PARK PCC	90.23		39.02
39.04	APN	A	-29,086	LOYOLA CLINIC AT GOTTLIEB	90.25		39.04
39.06	APN	A	-314	Emergency	91		39.06
39.24	OTHER OPERATING REVENUE	B	-20,488	Employee Benefits Department	4		39.24
39.25	OTHER OPERATING REVENUE	B	-6,200	CLINICAL PASTORAL EDUCATION	23.03		39.25
39.26	OTHER OPERATING REVENUE	B	-3,085,888	HOSPITAL ADMINSTRATION	5.11		39.26
39.27	OTHER OPERATING REVENUE	B	-700	Operation of Plant	7		39.27
39.28	OTHER OPERATING REVENUE	B	-58,988	Dietary	10		39.28
39.29	OTHER OPERATING REVENUE	B	-471,689	Cafeteria	11		39.29
40	OTHER OPERATING REVENUE	B	-21,527	Nursing Administration	13		40
41							41

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	
42	OTHER OPERATING REVENUE	B	-66,025	Pharmacy	15		42
43	OTHER OPERATING REVENUE	B	-39,133	Medical Records & Library	16		43
44	EMS	B	-248,975	PARAMEDICAL ED-MICU	23.01		44
45	OTHER OPERATING REVENUE	B	-665,818	Adults & Pediatrics	30		45
46							46
47							47
48	OTHER OPERATING REVENUE	B	-15,621	Radiology-Diagnostic	54		48
49							49
49.01	OTHER OPERATING REVENUE	B	-967,062	Laboratory	60		49.01
49.02	OTHER OPERATING REVENUE	B	-445,647	Laboratory	60		49.02
49.03	OTHER OPERATING REVENUE	B	-6,472	Physical Therapy	66		49.03
49.04	OTHER OPERATING REVENUE	B	-19,354	CANCER CENTER	90.02		49.04
49.05	OTHER OPERATING REVENUE	B	-105,929	LOC OUTPATIENT CENTER	90.07		49.05
49.06	OTHER OPERATING REVENUE	B	-5,912	OBT OUTPATIENT CENTER	90.08		49.06
49.07	OTHER OPERATING REVENUE	B	-99,568	ELMHURST IMMEDIATE CARE	90.09		49.07
49.08	OTHER OPERATING REVENUE	B	-2,069	LAGRANGE FAMILY PCC	90.10		49.08
49.09	OTHER OPERATING REVENUE	B	-35,000	DARIEN PCC	90.18		49.09
49.11	LASCO MGMT FEE	A	-81,244	HOSPITAL ADMINSTRATION	5.11		49.11
49.12	DEVELOPMENT	A	-1,110,046	HOSPITAL ADMINSTRATION	5.11		49.12
49.14	OTHER OPERATING REVENUE	B	-222	HOMER GLEN PCC	90.22		49.14
49.15	OTHER OPERATING REVENUE	B	-49	LOYOLA CLINIC AT GOTTLIEB	90.25		49.15
49.16	OTHER OPERATING REVENUE	B	-38	NORRIDGE	90.31		49.16
49.17	OTHER OPERATING REVENUE	B	-1,500	PASTORAL CARE	5.10		49.17
49.19	OTHER OPERATING REVENUE	B	-147	BURR RIDGE PCC	90.29		49.19
49.20	OTHER OPERATING REVENUE	B	-250	PATIENT ACCOUNTS	5.07		49.20
49.21	RADIATION ONCOLOGY - LOYOLA	B	-125	LOC OUTPATIENT CENTER	90.07		49.21
49.22	OTHER OPERATING REVENUE	B	-480	Laboratory	60		49.22
49.23	OTHER OPERATING REVENUE	B	-61	FAMILY PRACTICE MAYWOOD PCC	90.21		49.23
49.24	OTHER OPERATING REVENUE	B	-691	Emergency	91		49.24
49.25	OTHER OPERATING REVENUE	B	-8,885,430	HOSPITAL ADMINSTRATION	5.11		49.25
49.26	OTHER OPERATING REVENUE	B	-71	SYSTEM & COMPUTERS	5.02		49.26
49.27	HAIP NET BENEFIT OFFSET	B	-24,743,545	HOSPITAL ADMINSTRATION	5.11		49.27
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-106,606,637				50

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

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

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	HOME OFFICE NEW CAPITAL	1,172,713		1,172,713	9	1
2	1.01	NEW CAPITAL-BLDG INTEREST	INTERCOMPANY LOAN AND CAP EXP	14,265,584	14,265,584		11	2
3	5.11	HOSPITAL ADMINSTRATION	ADMIN OTHER OPERATING EXPENSE	38,237,040	24,196,630	14,040,410	9	3
3.01	5.11	HOSPITAL ADMINSTRATION	TIS OPERATING EXPENSE	4,963,320	9,529,740	-4,566,420		3.01
3.02	5.07	PATIENT ACCOUNTS	IC HO PAYROLL		-40,000	40,000		3.02
3.03	5.11	HOSPITAL ADMINSTRATION	MALPRACTICE INSURANCE	11,111,173	32,858,935	-21,747,762		3.03
3.04	5.11	HOSPITAL ADMINSTRATION	WORKERS COMPENSATION	2,741,654	5,022,036	-2,280,382		3.04
3.05	4	Employee Benefits Department	DEFINED BENEFIT PENSION	13,073,980	-1,105,000	14,178,980		3.05
3.06	4	Employee Benefits Department	EMP HEALTH STOP LOSS PREMIUM		1,037,182	-1,037,182		3.06
3.07	5.11	HOSPITAL ADMINSTRATION	INTEGRATED RISK INSURANCE	1,232,161		1,232,161		3.07
3.08	1	Cap Rel Costs-Bldg & Fixt	TIS CAPITAL EXPENSE	60,113		60,113	9	3.08
3.09	5.11	HOSPITAL ADMINSTRATION	PROPERTY INSURANCE	813,921		813,921		3.09
4								4
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12			87,671,659	85,765,107	1,906,552		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.

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

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

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

PROVIDER-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	5.11	HOSPITAL ADMINSTRATI HOSPITAL ADMINS	11,976,982	11,976,982						1
2	30	Adults & Pediatrics ADULTS & PEDIAT	6,317,838	6,317,838						2
3	41	Subprovider - IRF SUBPROVIDER - I	247,099	247,099						3
4	90.07	LOC OUTPATIENT CENTE LOC OUTPATIENT	1,694,309	1,694,309						4
5	90.08	OBT OUTPATIENT CENTE OBT OUTPATIENT	1,507,036	1,507,036						5
6	90.10	LAGRANGE FAMILY PCC LAGRANGE FAMILY	610,821	610,821						6
7	90.12	NORTH RIVERSIDE PCC NORTH RIVERSIDE	1,716,926	1,716,926						7
8	90.14	WHEATON PCC WHEATON PCC	667,989	667,989						8
9	90.16	HICKORY HILLS PCC HICKORY HILLS P	1,516,122	1,516,122						9
10	90.20	ORLAND PARK - FP ORLAND PARK - F	1,753,751	1,753,751						10
11	90.22	HOMER GLEN PCC HOMER GLEN PCC	1,048,715	1,048,715						11
12	90.23	OAK PARK PCC OAK PARK PCC	1,948,535	1,948,535						12
13	90.24	PARK RIDGE PCC PARK RIDGE PCC	413,543	413,543						13
14	90.29	BURR RIDGE PCC BURR RIDGE PCC	2,424,206	2,424,206						14
15	90.30	RIVER FOREST RIVER FOREST	1,197,736	1,197,736						15
16	91	Emergency EMERGENCY	10,627,951	10,627,951						16
17	105	Kidney Acquisition KIDNEY ACQUISIT	230,192		230,192	246,400	1,255	148,669	7,433	17
18	106	Heart Acquisition HEART ACQUISITI	149,564		149,564	246,400	654	77,474	3,874	18
19	107	Liver Acquisition LIVER ACQUISITI	320,348		320,348	246,400	2,062	244,268	12,213	19
20	108	Lung Acquisition LUNG ACQUISITIO	150,734		150,734	246,400	687	81,383	4,069	20
200		TOTAL	46,520,397	45,669,559	850,838		4,658	551,794	27,589	200

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	5.11	HOSPITAL ADMINSTRATI HOSPITAL ADMINS							11,976,982	1
2	30	Adults & Pediatrics ADULTS & PEDIAT							6,317,838	2
3	41	Subprovider - IRF SUBPROVIDER - I							247,099	3
4	90.07	LOC OUTPATIENT CENTE LOC OUTPATIENT							1,694,309	4
5	90.08	OBT OUTPATIENT CENTE OBT OUTPATIENT							1,507,036	5
6	90.10	LAGRANGE FAMILY PCC LAGRANGE FAMILY							610,821	6
7	90.12	NORTH RIVERSIDE PCC NORTH RIVERSIDE							1,716,926	7
8	90.14	WHEATON PCC WHEATON PCC							667,989	8
9	90.16	HICKORY HILLS PCC HICKORY HILLS P							1,516,122	9
10	90.20	ORLAND PARK - FP ORLAND PARK - F							1,753,751	10
11	90.22	HOMER GLEN PCC HOMER GLEN PCC							1,048,715	11
12	90.23	OAK PARK PCC OAK PARK PCC							1,948,535	12
13	90.24	PARK RIDGE PCC PARK RIDGE PCC							413,543	13
14	90.29	BURR RIDGE PCC BURR RIDGE PCC							2,424,206	14
15	90.30	RIVER FOREST RIVER FOREST							1,197,736	15
16	91	Emergency EMERGENCY							10,627,951	16
17	105	Kidney Acquisition KIDNEY ACQUISIT					148,669	81,523	81,523	17
18	106	Heart Acquisition HEART ACQUISITI					77,474	72,090	72,090	18
19	107	Liver Acquisition LIVER ACQUISITI					244,268	76,080	76,080	19
20	108	Lung Acquisition LUNG ACQUISITIO					81,383	69,351	69,351	20
200		TOTAL					551,794	299,044	45,968,603	200

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	CAPITAL RE LATED COST S NEW CAPI	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICAT ION	
		0	1	1.01	2	4	5.01	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	28,013,813	28,013,813					1
1.01	NEW CAPITAL-BLDG INTEREST	12,624,199		12,624,199				1.01
2	Cap Rel Costs-Mvble Equip	16,872,263			16,872,263			2
4	Employee Benefits Department	119,561,429	9,796	4,415		119,575,640		4
5.01	COMMUNICATION	3,002,774	75,294	33,931	25,632	151,198	3,288,829	5.01
5.02	SYSTEM & COMPUTERS	14,333,356	322,901	145,513	44,755	1,878,052	63,573	5.02
5.03	PURCHASING	2,696,182	107,956	48,650	68,426	350,644	33,757	5.03
5.04	OPC STORES	525	61,443	27,689			319	5.04
5.05	PATIENT AFFAIRS	5,645,546	6,386	2,878	24,697	918,304	15,730	5.05
5.06	PATIENT ADMITTING	2,919,855	5,853	2,638	12,956	564,337	21,724	5.06
5.07	PATIENT ACCOUNTS	11,651,970	247,656	111,604	658	1,265,642	115,083	5.07
5.08	ACCOUNTING	4,983,833	50,134	22,592	2,215	544,576	35,993	5.08
5.10	PASTORAL CARE	823,146	150,625	67,878	6,976	161,676		5.10
5.11	HOSPITAL ADMINSTRATION	127,683,866	711,163	320,480	1,957,119	11,134,279	368,084	5.11
5.12	AMBULATORY ADMINISTRATION	2,932,220	21,800	9,824	30,785	562,845	6,678	5.12
5.14	PRIMARY CARE ADMINISTRATION	444,184				34,582		5.14
6	Maintenance & Repairs	13,111,326						6
7	Operation of Plant	13,474,850	11,289,539	5,087,530	993,563	1,675,951	53,548	7
7.01	SAFETY AND SECURITY	3,170,236	42,991	19,374	21,186	525,404	16,475	7.01
8	Laundry & Linen Service	3,605,926	57,896	26,091	404			8
9	Housekeeping	12,242,209	136,340	61,441	3,964	735,995	21,085	9
10	Dietary	3,141,046	132,558	59,736	33,080	546,678	32,859	10
11	Cafeteria	1,761,331	117,132	52,785		161,336		11
12	Maintenance of Personnel							12
12.01	PATIENT TRANSPORTATION	1,405,139	7,725	3,481		233,953	13,494	12.01
13	Nursing Administration	3,345,053	62,261	28,058	32,030	586,948	9,599	13
14	Central Services & Supply	4,762,578	123,245	55,540	743,809	302,913	1,430	14
14.01	CENTRAL PROCESSING	1,606,105	161,450	72,756	7,103	200,405	4,868	14.01
15	Pharmacy	16,618,233	165,877	74,751	837,618	1,720,478	27,018	15
16	Medical Records & Library	12,950,338	44,517	20,061	67,939	1,744,593	60,881	16
17	Social Service	3,466,014	11,532	5,197	4,447	701,096	45,988	17
17.01	HOSPITAL MEDICAL ADMIN							17.01
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	41,684,097	68,052	30,667	866	8,333,010	6,876	21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
23.01	PARAMEDICAL ED-MICU	504,994	27,181	12,249	4,955	121,935		23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
23.03	CLINICAL PASTORAL EDUCATION	103,998	3,398	1,531	1,243	21,167		23.03
23.04	PHARMACY RESIDENCY PROGRAM	342,869	2,331	1,051		65,470		23.04
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	40,306,094	1,788,367	805,913	268,651	8,864,460	459,848	30
31	Intensive Care Unit	16,451,804	346,622	156,203	324,815	2,754,806	80,977	31
33	Burn Intensive Care Unit	4,550,707	137,692	62,050	53,448	761,070	10,573	33
35	NEONATAL INTENSIVE CARE	6,757,109	134,579	60,647	230,775	1,391,471	57,549	35
35.01	PEDIATRIC ICU	2,369,746	40,685	18,334	128,512	433,510	20,917	35.01
35.03	HEART TRANSPLANT ICU	2,955,651	101,892	45,917	120,121	504,561	15,593	35.03
35.04	BONE INTENSIVE CARE	3,798,992	120,679	54,383	117,804	662,922	18,103	35.04
41	Subprovider - IRF	3,443,271	36,184	16,306	5,454	673,411	42,398	41
43	Nursery	761,996				142,499		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	21,473,151	744,792	335,635	1,718,848	2,673,010	68,974	50
50.01	AMBULATORY SURGERY CENTER	3,659,412	291,380	131,308	210,491	593,354		50.01
51	Recovery Room	3,404,192	250,285	112,789	88,456	576,180	16,080	51
52	Delivery Room & Labor Room	2,783,375	82,064	36,982	189,032	466,650	22,728	52
53	Anesthesiology	1,531,361	32,005	14,423	223,136	122,618		53
54	Radiology-Diagnostic	6,508,211	392,838	177,029	602,520	1,237,538	140,108	54
54.01	RADIOLOGY-ULTRASOUND	1,102,636	11,470	5,169	111,917	225,193		54.01
56	Radioisotope	4,117,211	77,600	34,970	300,519	289,617	20,689	56
57	CT Scan	4,375,241	65,076	29,326	744,650	567,292		57
58	MRI	1,873,003	95,816	43,179	300,520	380,340	15,532	58
59	Cardiac Catheterization	7,565,726	419,163	188,893	607,499	1,280,155	30,060	59
60	Laboratory	19,366,785	365,607	164,758	206,796	1,603,618	89,085	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.	7,873,041	41,330	18,625	74,291	254,486	8,854	63
65	Respiratory Therapy	6,617,398	58,888	26,538	168,411	1,215,098	5,400	65
66	Physical Therapy	1,527,063	868	391	6,801	316,514	33,696	66
67	Occupational Therapy	724,429	12,623	5,689		149,005		67

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	CAPITAL RE LATED COST S NEW CAPI	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICAT ION	
		0	1	1.01	2	4	5.01	
68	Speech Pathology	365,281	9,176	4,135		65,813	5,659	68
69	Electrocardiology	2,486,020	124,101	55,925	105,532	495,315	20,644	69
70	Electroencephalography	1,458,466	105,786	47,672	151,439	224,156	21,967	70
71	Medical Supplies Charged to Patients	28,838,304						71
72	Impl. Dev. Charged to Patients	34,450,615						72
73	Drugs Charged to Patients	59,865,389						73
74	Renal Dialysis	4,920,592	139,279	62,765	22,710	611,194	14,041	74
76	PULMONARY LABS	574,317	39,222	17,675	44,219	79,997	13,372	76
76.01	OCCUPATIONAL HEALTH							76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	851,141	21,167	9,539	23,291	174,012	5,020	76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	2,858,117	163,695	73,768	767,168	518,277		76.07
76.09	BONE MARROW PROCUREMENT	2,004,434				37,907		76.09
76.10	BARIATRICS	734,257				91,809		76.10
76.11	HEPATOLOGY	587,604	130,338	58,736	31,228	127,254		76.11
76.97	CARDIAC REHABILITATION	190,545				39,767	639	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	253,257	26,648	12,009	1,658	47,572		90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER	11,458,826	891,933	401,942	113,671	1,206,201	118,506	90.02
90.03	PSYCH SOCIAL REHAB	410,322	69,813	31,461		82,199	21,191	90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	23,711,008	1,636,440	737,448	2,350,440	4,687,668	420,811	90.07
90.08	OBT OUTPATIENT CENTER	6,668,956	391,610	176,476	156,465	1,306,028	48,528	90.08
90.09	ELMHURST IMMEDIATE CARE	1,400,096	94,700	42,676	11,805	195,858		90.09
90.10	LAGRANGE FAMILY PCC	2,300,773	148,591	66,962	37,662	444,789	37,195	90.10
90.12	NORTH RIVERSIDE PCC	1,619,632			2,227	589,029	47,600	90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	1,308,931	113,127	50,980	14,276	290,258	17,388	90.14
90.15	OBT II PCC	1,323,377	119,091	53,668	45,599	251,365	35,871	90.15
90.16	HICKORY HILLS PCC	2,709,528	228,573	103,004	5,909	716,962	45,531	90.16
90.18	DARIEN PCC	1,748,583	70,396	31,723	53,913	148,290	24,158	90.18
90.20	ORLAND PARK - FP	1,778,003			4,353	632,952	54,400	90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	3,711,477	130,624	58,864	2,988	690,974		90.21
90.22	HOMER GLEN PCC	3,827,570	157,706	71,069	146,378	760,755	624	90.22
90.23	OAK PARK PCC	749,445	65,609	29,566	9,001	521,935		90.23
90.24	PARK RIDGE PCC	1,134,094	72,529	32,684	13,673	236,204	259	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	3,393,659			9,315	574,122		90.25
90.26	WOODRIDGE PCC	210,468			1,716	21,657		90.26
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER	2,718,956			22,884	142,167		90.28
90.29	BURR RIDGE PCC	15,450,888	1,002,456	451,749	345,333	2,126,285		90.29
90.30	RIVER FOREST	2,004,063	108,130	48,728	3,623	565,631		90.30
90.31	NORRIDGE	211,323	25,160	11,338	340	32,249		90.31
90.32	ELMWOOD PARK	826,606	78,568	35,406		108,971		90.32
90.33	OCCUPATIONAL HEALTH CLINIC	856,060	76,559	34,501	4,498	139,102		90.33
90.34	CHICAGO AND BELMONT	257,276			359	33,560		90.34
91	Emergency	8,684,648	244,705	110,274	95,994	3,593,826	135,483	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	2,527,445	14,037	6,326	177,668	468,360	745	92.01
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	361,554						95
97	Durable Medical Equip-Sold	417,284				86,508		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
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	2,379,620	7,440	3,353		182,969	20,476	105
106	Heart Acquisition	1,755,751	5,778	2,604	974	114,511	8,352	106
107	Liver Acquisition	3,828,806	12,289	5,538		224,003	776	107
108	Lung Acquisition	2,314,819	5,369	2,420		105,643	350	108
110	Intestinal Acquisition							110
112	OTHER ORGAN ACQUISITION (SPECIFY)							112
118	SUBTOTALS (sum of lines 1-117)	921,881,294	26,404,182	11,898,832	16,508,202	87,176,949	3,231,812	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	332,774	32,439	14,618		44,728	2,845	190
190.01	HINES RADIATION THERAPY							190.01
190.02	HOME INFUSION THERAPY	2,380,282			12,090	178,644		190.02

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	CAPITAL RE LATED COST S NEW CAPI	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICAT ION	
		0	1	1.01	2	4	5.01	
190.03	OP HOSPITAL PHARMACY	14,901,223			1,319	85,188		190.03
190.04	HOSPITALIST							190.04
190.05	STUDENT HEALTH	14,531						190.05
190.06	DISCONTINUED HHA AND HOSPICE	308,163	2,567	1,157	3,946	16,498	45,121	190.06
192	Physicians' Private Offices							192
192.01	FACULTY CLINICAL OPERATIONS	170,937,062	1,565,139	705,317	346,706	32,051,238	6,815	192.01
193	Nonpaid Workers	127,387	9,486	4,275		22,395	2,236	193
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,110,882,716	28,013,813	12,624,199	16,872,263	119,575,640	3,288,829	202

COST ALLOCATION - GENERAL SERVICE COSTS **WORKSHEET B PART I**

	COST CENTER DESCRIPTIONS	SYSTEM & C OMPUTERS	PURCHASING	OPC STORES	PATIENT AF FAIRS	PATIENT AD MITTING	PATIENT AC COUNTS	
		5.02	5.03	5.04	5.05	5.06	5.07	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	COMMUNICATION							5.01
5.02	SYSTEM & COMPUTERS	16,788,150						5.02
5.03	PURCHASING		3,305,615					5.03
5.04	OPC STORES		927	90,903				5.04
5.05	PATIENT AFFAIRS		108		6,613,649			5.05
5.06	PATIENT ADMITTING		684			3,528,047		5.06
5.07	PATIENT ACCOUNTS		216				13,392,829	5.07
5.08	ACCOUNTING		378					5.08
5.10	PASTORAL CARE		155					5.10
5.11	HOSPITAL ADMINSTRATION		9,320	165				5.11
5.12	AMBULATORY ADMINISTRATION		364					5.12
5.14	PRIMARY CARE ADMINISTRATION		7					5.14
6	Maintenance & Repairs							6
7	Operation of Plant		28,903	141				7
7.01	SAFETY AND SECURITY		620	165				7.01
8	Laundry & Linen Service		5,799					8
9	Housekeeping		310	283				9
10	Dietary		33,471					10
11	Cafeteria		29,570					11
12	Maintenance of Personnel							12
12.01	PATIENT TRANSPORTATION		88	94				12.01
13	Nursing Administration		1,403					13
14	Central Services & Supply		3,598					14
14.01	CENTRAL PROCESSING		4,758					14.01
15	Pharmacy		60,547					15
16	Medical Records & Library		934					16
17	Social Service		229					17
17.01	HOSPITAL MEDICAL ADMIN							17.01
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		7					21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
23.01	PARAMEDICAL ED-MICU		101					23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
23.03	CLINICAL PASTORAL EDUCATION							23.03
23.04	PHARMACY RESIDENCY PROGRAM							23.04
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	1,272,352	1,002,882	24		514,797	1,015,093	30
31	Intensive Care Unit	438,198	438,875			188,739	349,598	31
33	Burn Intensive Care Unit	135,380	83,579			58,310	108,007	33
35	NEONATAL INTENSIVE CARE	194,394	48,820			83,729	155,089	35
35.01	PEDIATRIC ICU	58,838	60,493			25,343	46,941	35.01
35.03	HEART TRANSPLANT ICU	76,213	64,805			32,826	60,803	35.03
35.04	BONE INTENSIVE CARE	127,124	61,251			54,755	101,421	35.04
41	Subprovider - IRF	97,877	43,580			42,157	78,087	41
43	Nursery	20,770				8,946	16,570	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	568,523	200,205			183,895	453,573	50
50.01	AMBULATORY SURGERY CENTER	261,158	106,794	64,523		198	208,354	50.01
51	Recovery Room	292,402	66,650			69,149	233,280	51
52	Delivery Room & Labor Room	74,925	69,030			29,039	59,776	52
53	Anesthesiology	615,880	5,590			193,345	491,354	53
54	Radiology-Diagnostic	508,219	43,378	495		93,087	405,461	54
54.01	RADIOLOGY-ULTRASOUND	147,849	4,117	24		15,331	117,955	54.01
56	Radioisotope	203,617	6,639			9,899	162,448	56
57	CT Scan	774,300	18,959			139,868	617,743	57
58	MRI	435,349	6,278	589		50,193	347,325	58
59	Cardiac Catheterization	632,289	20,281			97,095	504,446	59
60	Laboratory	2,626,351	86,701			487,698	2,094,429	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.	242,967	7,495	377		83,280	193,841	63
65	Respiratory Therapy	301,475				127,543	240,520	65
66	Physical Therapy	62,698	8,318		87,006	24,852	50,021	66
67	Occupational Therapy	31,541	5,961			13,115	25,163	67
68	Speech Pathology	10,775	2,522	47		4,570	8,597	68
69	Electrocardiology	318,850	26,286			67,048	254,381	69

COST ALLOCATION - GENERAL SERVICE COSTS **WORKSHEET B PART I**

	COST CENTER DESCRIPTIONS	SYSTEM & C OMPUTERS	PURCHASING	OPC STORES	PATIENT AF FAIRS	PATIENT AD MITTING	PATIENT AC COUNTS	
		5.02	5.03	5.04	5.05	5.06	5.07	
70	Electroencephalography	53,980	2,869			14,170	43,065	70
71	Medical Supplies Charged to Patients	368,715				93,655	294,164	71
72	Impl. Dev. Charged to Patients	527,167				146,603	420,579	72
73	Drugs Charged to Patients	1,706,110				324,651	1,361,149	73
74	Renal Dialysis	184,503	26,033			17,268	147,198	74
76	PULMONARY LABS	25,027	12,361			4,537	19,966	76
76.01	OCCUPATIONAL HEALTH							76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	88,237	560			17,784	70,396	76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	222,231	20,075		74,073	14,578	177,298	76.07
76.09	BONE MARROW PROCUREMENT	12,393				4,425	9,887	76.09
76.10	BARIATRICS	2,389				1	1,906	76.10
76.11	HEPATOLOGY	167					133	76.11
76.97	CARDIAC REHABILITATION	2,198	113,332	778		946	1,754	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	5,773	8,214	47	29,394	10	4,606	90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER	128,365	711			497	102,411	90.02
90.03	PSYCH SOCIAL REHAB	17			111,697		14	90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	865,399	98,037	21,759	2,846,514	7,464	690,422	90.07
90.08	OBT OUTPATIENT CENTER	175,079	22,810	967	204,582	108	139,679	90.08
90.09	ELMHURST IMMEDIATE CARE	15,476	3,928		186,946	12	12,347	90.09
90.10	LAGRANGE FAMILY PCC	54,245	9,175		89,358	18	43,277	90.10
90.12	NORTH RIVERSIDE PCC	22,713	6,518		380,946	17	18,121	90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	10,796	3,257		98,764	4	8,613	90.14
90.15	OBT II PCC	20,082	6,592	71	369,189	27	16,022	90.15
90.16	HICKORY HILLS PCC	68,900	10,028	24	336,267	22	54,969	90.16
90.18	DARIEN PCC	7,038	8,311		231,625	8	5,615	90.18
90.20	ORLAND PARK - FP	23,584	5,850	236	306,873	13	18,815	90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	113,288	3,601		728,971	40	90,382	90.21
90.22	HOMER GLEN PCC	91,234	25,824		306,873	88	72,787	90.22
90.23	OAK PARK PCC	9,083	4,164	94	141,091	12	7,246	90.23
90.24	PARK RIDGE PCC	31,992	2,997		25,867	87	25,524	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	11,870	1,018		11,758	3	9,470	90.25
90.26	WOODRIDGE PCC	2,386					1,904	90.26
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER	28,576				25	22,798	90.28
90.29	BURR RIDGE PCC	487,327				594	388,794	90.29
90.30	RIVER FOREST	67,771				117	54,068	90.30
90.31	NORRIDGE	5,282					4,214	90.31
90.32	ELMWOOD PARK	9,172				1	7,317	90.32
90.33	OCCUPATIONAL HEALTH CLINIC	3,790			45,855		3,024	90.33
90.34	CHICAGO AND BELMONT	2,220					1,771	90.34
91	Emergency	635,992	130,656			121,580	507,400	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	28,489	4,070			6,931	22,729	92.01
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
97	Durable Medical Equip-Sold	18,388	13			1,089	14,670	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
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	31,602	61			13,611	25,212	105
106	Heart Acquisition	21,693	74			9,344	17,307	106
107	Liver Acquisition	34,501	111			14,860	27,525	107
108	Lung Acquisition	32,596	24			14,040	26,005	108
110	Intestinal Acquisition							110
112	OTHER ORGAN ACQUISITION (SPECIFY)							112
118	SUBTOTALS (sum of lines 1-117)	16,788,150	3,203,260	90,903	6,613,649	3,528,047	13,392,829	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		189					190
190.01	HINES RADIATION THERAPY		47					190.01
190.02	HOME INFUSION THERAPY		18,878					190.02
190.03	OP HOSPITAL PHARMACY		82,588					190.03
190.04	HOSPITALIST		121					190.04
190.05	STUDENT HEALTH							190.05
190.06	DISCONTINUED HHA AND HOSPICE							190.06

COST ALLOCATION - GENERAL SERVICE COSTS **WORKSHEET B PART I**

	COST CENTER DESCRIPTIONS	SYSTEM & C OMPUTERS	PURCHASING	OPC STORES	PATIENT AF FAIRS	PATIENT AD MITTING	PATIENT AC COUNTS	
		5.02	5.03	5.04	5.05	5.06	5.07	
192	Physicians' Private Offices		411					192
192.01	FACULTY CLINICAL OPERATIONS		121					192.01
193	Nonpaid Workers							193
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	16,788,150	3,305,615	90,903	6,613,649	3,528,047	13,392,829	202

COST ALLOCATION - GENERAL SERVICE COSTS **WORKSHEET B PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL (cols.0-4)	ACCOUNTING	SUBTOTAL (cols.0-4)	PASTORAL CARE	SUBTOTAL (cols.0-4)	HOSPITAL ADMINSTRATION	
		4A	5.08		5.10		5.11	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	COMMUNICATION							5.01
5.02	SYSTEM & COMPUTERS							5.02
5.03	PURCHASING							5.03
5.04	OPC STORES							5.04
5.05	PATIENT AFFAIRS							5.05
5.06	PATIENT ADMITTING							5.06
5.07	PATIENT ACCOUNTS							5.07
5.08	ACCOUNTING	5,639,721	5,639,721					5.08
5.10	PASTORAL CARE	1,210,456	6,177	1,216,633	1,216,633			5.10
5.11	HOSPITAL ADMINSTRATION	142,184,476	725,567	142,910,043	156,629	143,066,672	143,066,672	5.11
5.12	AMBULATORY ADMINISTRATION	3,564,516	18,190	3,582,706	3,927	3,586,633	530,190	5.12
5.14	PRIMARY CARE ADMINISTRATION	478,773	2,443	481,216	527	481,743	71,213	5.14
6	Maintenance & Repairs	13,111,326	66,907	13,178,233	14,443	13,192,676	1,950,194	6
7	Operation of Plant	32,604,025	166,378	32,770,403	35,916	32,806,319	4,849,561	7
7.01	SAFETY AND SECURITY	3,796,451	19,373	3,815,824	4,182	3,820,006	564,689	7.01
8	Laundry & Linen Service	3,696,116	18,861	3,714,977	4,072	3,719,049	549,765	8
9	Housekeeping	13,201,627	67,368	13,268,995	14,543	13,283,538	1,963,626	9
10	Dietary	3,979,428	20,307	3,999,735	4,384	4,004,119	591,905	10
11	Cafeteria	2,122,154	10,829	2,132,983	2,338	2,135,321	315,652	11
12	Maintenance of Personnel							12
12.01	PATIENT TRANSPORTATION	1,663,974	8,491	1,672,465	1,833	1,674,298	247,501	12.01
13	Nursing Administration	4,065,352	20,745	4,086,097	4,478	4,090,575	604,685	13
14	Central Services & Supply	5,993,113	30,583	6,023,696	6,602	6,030,298	891,423	14
14.01	CENTRAL PROCESSING	2,057,445	10,499	2,067,944	2,266	2,070,210	306,027	14.01
15	Pharmacy	19,504,522	99,532	19,604,054	21,486	19,625,540	2,901,126	15
16	Medical Records & Library	14,889,263	75,980	14,965,243	16,402	14,981,645	2,214,647	16
17	Social Service	4,234,503	21,609	4,256,112	4,665	4,260,777	629,845	17
17.01	HOSPITAL MEDICAL ADMIN							17.01
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	50,123,575	255,781	50,379,356	55,216	50,434,572	7,455,440	21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
23.01	PARAMEDICAL ED-MICU	671,415	3,426	674,841	740	675,581	99,867	23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
23.03	CLINICAL PASTORAL EDUCATION	131,337	670	132,007	145	132,152	19,535	23.03
23.04	PHARMACY RESIDENCY PROGRAM	411,721	2,101	413,822	454	414,276	61,240	23.04
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	56,298,481	287,291	56,585,772	62,018	56,647,790	8,373,903	30
31	Intensive Care Unit	21,530,637	109,871	21,640,508	23,718	21,664,226	3,202,493	31
33	Burn Intensive Care Unit	5,960,816	30,418	5,991,234	6,566	5,997,800	886,619	33
35	NEONATAL INTENSIVE CARE	9,114,162	46,510	9,160,672	10,040	9,170,712	1,355,651	35
35.01	PEDIATRIC ICU	3,203,319	16,347	3,219,666	3,529	3,223,195	476,466	35.01
35.03	HEART TRANSPLANT ICU	3,978,382	20,302	3,998,684	4,383	4,003,067	591,749	35.03
35.04	BONE INTENSIVE CARE	5,117,434	26,114	5,143,548	5,637	5,149,185	761,173	35.04
41	Subprovider - IRF	4,478,725	22,855	4,501,580	4,934	4,506,514	666,171	41
43	Nursery	950,781	4,852	955,633	1,047	956,680	141,420	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	28,420,606	145,030	28,565,636	31,308	28,596,944	4,227,315	50
50.01	AMBULATORY SURGERY CENTER	5,526,972	28,204	5,555,176	6,088	5,561,264	822,088	50.01
51	Recovery Room	5,109,463	26,074	5,135,537	5,629	5,141,166	759,988	51
52	Delivery Room & Labor Room	3,813,601	19,461	3,833,062	4,201	3,837,263	567,240	52
53	Anesthesiology	3,229,712	16,481	3,246,193	3,558	3,249,751	480,391	53
54	Radiology-Diagnostic	10,108,884	51,586	10,160,470	11,136	10,171,606	1,503,607	54
54.01	RADIOLOGY-ULTRASOUND	1,741,661	8,888	1,750,549	1,919	1,752,468	259,057	54.01
56	Radioisotope	5,223,209	26,654	5,249,863	5,754	5,255,617	776,906	56
57	CT Scan	7,332,455	37,418	7,369,873	8,077	7,377,950	1,090,638	57
58	MRI	3,548,124	18,106	3,566,230	3,909	3,570,139	527,752	58
59	Cardiac Catheterization	11,345,607	57,897	11,403,504	12,498	11,416,002	1,687,559	59
60	Laboratory	27,091,828	138,250	27,230,078	29,844	27,259,922	4,029,671	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.	8,798,587	44,899	8,843,486	9,692	8,853,178	1,308,712	63
65	Respiratory Therapy	8,761,271	44,709	8,805,980	9,651	8,815,631	1,303,162	65
66	Physical Therapy	2,118,228	10,809	2,129,037	2,333	2,131,370	315,068	66
67	Occupational Therapy	967,526	4,937	972,463	1,066	973,529	143,911	67
68	Speech Pathology	476,575	2,432	479,007	525	479,532	70,886	68
69	Electrocardiology	3,954,102	20,178	3,974,280	4,356	3,978,636	588,138	69

COST ALLOCATION - GENERAL SERVICE COSTS **WORKSHEET B PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL (cols.0-4)	ACCOUNTING	SUBTOTAL (cols.0-4)	PASTORAL CARE	SUBTOTAL (cols.0-4)	HOSPITAL ADMINSTRATION	
		4A	5.08		5.10		5.11	
70	Electroencephalography	2,123,570	10,837	2,134,407	2,339	2,136,746	315,862	70
71	Medical Supplies Charged to Patients	29,594,838	151,022	29,745,860	32,601	29,778,461	4,401,971	71
72	Impl. Dev. Charged to Patients	35,544,964	181,386	35,726,350	39,156	35,765,506	5,287,000	72
73	Drugs Charged to Patients	63,257,299	322,802	63,580,101	69,684	63,649,785	9,408,966	73
74	Renal Dialysis	6,145,583	31,361	6,176,944	6,770	6,183,714	914,101	74
76	PULMONARY LABS	830,693	4,239	834,932	915	835,847	123,558	76
76.01	OCCUPATIONAL HEALTH							76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	1,261,147	6,436	1,267,583	1,389	1,268,972	187,585	76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	4,889,280	24,950	4,914,230	5,386	4,919,616	727,237	76.07
76.09	BONE MARROW PROCUREMENT	2,069,046	10,558	2,079,604	2,279	2,081,883	307,752	76.09
76.10	BARIATRICS	830,362	4,237	834,599	915	835,514	123,509	76.10
76.11	HEPATOLOGY	935,460	4,774	940,234	1,030	941,264	139,141	76.11
76.97	CARDIAC REHABILITATION	349,959	1,786	351,745	386	352,131	52,053	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	389,188	1,986	391,174	429	391,603	57,888	90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER	14,423,063	73,601	14,496,664	15,888	14,512,552	2,145,303	90.02
90.03	PSYCH SOCIAL REHAB	726,714	3,708	730,422	801	731,223	108,092	90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	38,073,410	194,289	38,267,699	41,941	38,309,640	5,663,084	90.07
90.08	OBT OUTPATIENT CENTER	9,291,288	47,413	9,338,701	10,235	9,348,936	1,381,997	90.08
90.09	ELMHURST IMMEDIATE CARE	1,963,844	10,021	1,973,865	2,163	1,976,028	292,104	90.09
90.10	LAGRANGE FAMILY PCC	3,232,045	16,493	3,248,538	3,560	3,252,098	480,738	90.10
90.12	NORTH RIVERSIDE PCC	2,686,803	13,711	2,700,514	2,960	2,703,474	399,638	90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	1,916,394	9,779	1,926,173	2,111	1,928,284	285,047	90.14
90.15	OBT II PCC	2,240,954	11,436	2,252,390	2,469	2,254,859	333,322	90.15
90.16	HICKORY HILLS PCC	4,279,717	21,839	4,301,556	4,715	4,306,271	636,570	90.16
90.18	DARIEN PCC	2,329,660	11,888	2,341,548	2,566	2,344,114	346,516	90.18
90.20	ORLAND PARK - FP	2,825,079	14,416	2,839,495	3,112	2,842,607	420,206	90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	5,531,209	28,226	5,559,435	6,093	5,565,528	822,719	90.21
90.22	HOMER GLEN PCC	5,460,908	27,867	5,488,775	6,016	5,494,791	812,262	90.22
90.23	OAK PARK PCC	1,537,246	7,845	1,545,091	1,693	1,546,784	228,652	90.23
90.24	PARK RIDGE PCC	1,575,910	8,042	1,583,952	1,736	1,585,688	234,403	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	4,011,215	20,469	4,031,684	4,419	4,036,103	596,633	90.25
90.26	WOODRIDGE PCC	238,131	1,215	239,346	262	239,608	35,420	90.26
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER	2,935,406	14,979	2,950,385	3,234	2,953,619	436,616	90.28
90.29	BURR RIDGE PCC	20,253,426	103,353	20,356,779	22,311	20,379,090	3,012,519	90.29
90.30	RIVER FOREST	2,852,131	14,554	2,866,685	3,142	2,869,827	424,229	90.30
90.31	NORRIDGE	289,906	1,479	291,385	319	291,704	43,121	90.31
90.32	ELMWOOD PARK	1,066,041	5,440	1,071,481	1,174	1,072,655	158,564	90.32
90.33	OCCUPATIONAL HEALTH CLINIC	1,163,389	5,937	1,169,326	1,282	1,170,608	173,044	90.33
90.34	CHICAGO AND BELMONT	295,186	1,506	296,692	325	297,017	43,906	90.34
91	Emergency	14,260,558	72,772	14,333,330	15,709	14,349,039	2,121,132	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	3,256,800	16,619	3,273,419	3,588	3,277,007	484,420	92.01
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	361,554	1,845	363,399	398	363,797	53,778	95
97	Durable Medical Equip-Sold	537,952	2,745	540,697	593	541,290	80,016	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
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	2,664,344	13,596	2,677,940	2,935	2,680,875	396,298	105
106	Heart Acquisition	1,936,388	9,881	1,946,269	2,133	1,948,402	288,021	106
107	Liver Acquisition	4,148,409	21,169	4,169,578	4,570	4,174,148	617,039	107
108	Lung Acquisition	2,501,266	12,764	2,514,030	2,755	2,516,785	372,041	108
110	Intestinal Acquisition							110
112	OTHER ORGAN ACQUISITION (SPECIFY)							112
118	SUBTOTALS (sum of lines 1-117)	886,624,172	4,495,661	885,480,112	969,151	885,232,630	109,709,938	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	427,593	2,182	429,775	471	430,246	63,601	190
190.01	HINES RADIATION THERAPY	47		47		47	7	190.01
190.02	HOME INFUSION THERAPY	2,589,894	13,216	2,603,110	2,853	2,605,963	385,224	190.02
190.03	OP HOSPITAL PHARMACY	15,070,318	76,904	15,147,222	16,601	15,163,823	2,241,577	190.03
190.04	HOSPITALIST	121	1	122		122	18	190.04
190.05	STUDENT HEALTH	14,531	74	14,605	16	14,621	2,161	190.05
190.06	DISCONTINUED HHA AND HOSPICE	377,452	1,926	379,378	416	379,794	56,143	190.06

COST ALLOCATION - GENERAL SERVICE COSTS **WORKSHEET B PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL (cols.0-4)	ACCOUNTING	SUBTOTAL (cols.0-4)	PASTORAL CARE	SUBTOTAL (cols.0-4)	HOSPITAL ADMINSTRATION	
		4A	5.08		5.10		5.11	
192	Physicians' Private Offices	411	2	413		413	61	192
192.01	FACULTY CLINICAL OPERATIONS	205,612,398	1,048,909	206,661,307	226,942	206,888,249	30,583,284	192.01
193	Nonpaid Workers	165,779	846	166,625	183	166,808	24,658	193
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,110,882,716	5,639,721	1,110,882,716	1,216,633	1,110,882,716	143,066,672	202

COST ALLOCATION - GENERAL SERVICE COSTS **WORKSHEET B PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL (cols.0-4)	AMBULATORY ADMINISTR ATION	SUBTOTAL (cols.0-4)	PRIMARY CA RE ADMINIS TRATION	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	
			5.12		5.14	6	7	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	COMMUNICATION							5.01
5.02	SYSTEM & COMPUTERS							5.02
5.03	PURCHASING							5.03
5.04	OPC STORES							5.04
5.05	PATIENT AFFAIRS							5.05
5.06	PATIENT ADMITTING							5.06
5.07	PATIENT ACCOUNTS							5.07
5.08	ACCOUNTING							5.08
5.10	PASTORAL CARE							5.10
5.11	HOSPITAL ADMINSTRATION							5.11
5.12	AMBULATORY ADMINISTRATION	4,116,823	4,116,823					5.12
5.14	PRIMARY CARE ADMINISTRATION	552,956	2,057	555,013	555,013			5.14
6	Maintenance & Repairs	15,142,870	56,331	15,199,201	7,600	15,206,801		6
7	Operation of Plant	37,655,880	140,080	37,795,960	18,898	6,541,897	44,356,755	7
7.01	SAFETY AND SECURITY	4,384,695	16,311	4,401,006	2,201	24,912	127,528	7.01
8	Laundry & Linen Service	4,268,814	15,880	4,284,694	2,142	33,549	171,742	8
9	Housekeeping	15,247,164	56,719	15,303,883	7,652	79,004	404,433	9
10	Dietary	4,596,024	17,097	4,613,121	2,307	76,813	393,214	10
11	Cafeteria	2,450,973	9,118	2,460,091	1,230	67,874	347,456	11
12	Maintenance of Personnel							12
12.01	PATIENT TRANSPORTATION	1,921,799	7,149	1,928,948	964	4,477	22,916	12.01
13	Nursing Administration	4,695,260	17,466	4,712,726	2,356	36,078	184,689	13
14	Central Services & Supply	6,921,721	25,749	6,947,470	3,474	71,416	365,590	14
14.01	CENTRAL PROCESSING	2,376,237	8,840	2,385,077	1,193	93,555	478,920	14.01
15	Pharmacy	22,526,666	83,799	22,610,465	11,305	96,120	492,051	15
16	Medical Records & Library	17,196,292	63,970	17,260,262	8,630	25,796	132,052	16
17	Social Service	4,890,622	18,193	4,908,815	2,454	6,682	34,209	17
17.01	HOSPITAL MEDICAL ADMIN							17.01
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	57,890,012	215,351	58,105,363	29,053	39,434	201,867	21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
23.01	PARAMEDICAL ED-MICU	775,448	2,885	778,333	389	15,751	80,629	23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
23.03	CLINICAL PASTORAL EDUCATION	151,687	564	152,251	76	1,969	10,079	23.03
23.04	PHARMACY RESIDENCY PROGRAM	475,516	1,769	477,285	239	1,351	6,915	23.04
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	65,021,693	241,881	65,263,574	32,632	1,036,297	5,304,942	30
31	Intensive Care Unit	24,866,719	92,504	24,959,223	12,480	200,856	1,028,206	31
33	Burn Intensive Care Unit	6,884,419	25,610	6,910,029	3,455	79,788	408,443	33
35	NEONATAL INTENSIVE CARE	10,526,363	39,158	10,565,521	5,283	77,984	399,210	35
35.01	PEDIATRIC ICU	3,699,661	13,763	3,713,424	1,857	23,576	120,686	35.01
35.03	HEART TRANSPLANT ICU	4,594,816	17,093	4,611,909	2,306	59,043	302,249	35.03
35.04	BONE INTENSIVE CARE	5,910,358	21,987	5,932,345	2,966	69,929	357,976	35.04
41	Subprovider - IRF	5,172,685	19,242	5,191,927	2,596	20,967	107,334	41
43	Nursery	1,098,100	4,085	1,102,185	551			43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	32,824,259	122,106	32,946,365	16,473	431,581	2,209,321	50
50.01	AMBULATORY SURGERY CENTER	6,383,352	23,746	6,407,098	3,204	168,844	864,336	50.01
51	Recovery Room	5,901,154	21,952	5,923,106	2,962	145,032	742,436	51
52	Delivery Room & Labor Room	4,404,503	16,385	4,420,888	2,210	47,554	243,432	52
53	Anesthesiology	3,730,142	13,876	3,744,018	1,872	18,546	94,938	53
54	Radiology-Diagnostic	11,675,213	43,432	11,718,645	5,859	227,636	1,165,298	54
54.01	RADIOLOGY-ULTRASOUND	2,011,525	7,483	2,019,008	1,010	6,647	34,025	54.01
56	Radioisotope	6,032,523	22,441	6,054,964	3,027	44,967	230,190	56
57	CT Scan	8,468,588	31,503	8,500,091	4,250	37,709	193,039	57
58	MRI	4,097,891	15,244	4,113,135	2,057	55,522	284,225	58
59	Cardiac Catheterization	13,103,561	48,745	13,152,306	6,576	242,891	1,243,389	59
60	Laboratory	31,289,593	116,397	31,405,990	15,703	211,857	1,084,521	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.	10,161,890	37,802	10,199,692	5,100	23,949	122,599	63
65	Respiratory Therapy	10,118,793	37,642	10,156,435	5,078	34,124	174,684	65
66	Physical Therapy	2,446,438	9,101	2,455,539	1,228	503	2,575	66
67	Occupational Therapy	1,117,440	4,157	1,121,597	561	7,315	37,445	67
68	Speech Pathology	550,418	2,048	552,466	276	5,317	27,220	68
69	Electrocardiology	4,566,774	16,988	4,583,762	2,292	71,912	368,128	69

COST ALLOCATION - GENERAL SERVICE COSTS **WORKSHEET B PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL (cols.0-4)	AMBULATORY ADMINISTR ATION	SUBTOTAL (cols.0-4)	PRIMARY CA RE ADMINIS TRATION	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	
			5.12		5.14	6	7	
70	Electroencephalography	2,452,608	9,124	2,461,732	1,231	61,299	313,799	70
71	Medical Supplies Charged to Patients	34,180,432	127,151	34,307,583	17,154			71
72	Impl. Dev. Charged to Patients	41,052,506	152,715	41,205,221	20,603			72
73	Drugs Charged to Patients	73,058,751	271,779	73,330,530	36,665			73
74	Renal Dialysis	7,097,815	26,404	7,124,219	3,562	80,707	413,151	74
76	PULMONARY LABS	959,405	3,569	962,974	481	22,728	116,346	76
76.01	OCCUPATIONAL HEALTH							76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	1,456,557	5,418	1,461,975	731	12,266	62,789	76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	5,646,853	21,006	5,667,859	2,834	94,856	485,577	76.07
76.09	BONE MARROW PROCUREMENT	2,389,635	8,889	2,398,524	1,199			76.09
76.10	BARIATRICS	959,023	3,568	962,591	481			76.10
76.11	HEPATOLOGY	1,080,405	4,019	1,084,424	542	75,527	386,630	76.11
76.97	CARDIAC REHABILITATION	404,184	1,504	405,688	203			76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	449,491	1,672	451,163	226	15,442	79,047	90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER	16,657,855	61,967	16,719,822	8,360	516,844	2,645,792	90.02
90.03	PSYCH SOCIAL REHAB	839,315	3,122	842,437	421	40,454	207,090	90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	43,972,724	163,579	44,136,303	22,068	948,260	4,854,267	90.07
90.08	OBT OUTPATIENT CENTER	10,730,933	39,919	10,770,852	5,385	226,925	1,161,656	90.08
90.09	ELMHURST IMMEDIATE CARE	2,268,132	8,437	2,276,569	1,138	54,876	280,915	90.09
90.10	LAGRANGE FAMILY PCC	3,732,836	13,886	3,746,722	1,873	86,104	440,775	90.10
90.12	NORTH RIVERSIDE PCC	3,103,112	11,544	3,114,656	1,557			90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	2,213,331	8,234	2,221,565	1,111	65,553	335,575	90.14
90.15	OBT II PCC	2,588,181	9,628	2,597,809	1,299	69,009	353,268	90.15
90.16	HICKORY HILLS PCC	4,942,841	18,387	4,961,228	2,481	132,450	678,028	90.16
90.18	DARIEN PCC	2,690,630	10,009	2,700,639	1,350	40,792	208,819	90.18
90.20	ORLAND PARK - FP	3,262,813	12,138	3,274,951	1,637			90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	6,388,247	23,764	6,412,011	3,206	75,692	387,476	90.21
90.22	HOMER GLEN PCC	6,307,053	23,462	6,330,515	3,165	91,385	467,811	90.22
90.23	OAK PARK PCC	1,775,436	6,605	1,782,041	891	38,018	194,621	90.23
90.24	PARK RIDGE PCC	1,820,091	6,771	1,826,862	913	42,028	215,146	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	4,632,736	17,234	4,649,970	2,325			90.25
90.26	WOODRIDGE PCC	275,028	1,023	276,051	138			90.26
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER	3,390,235	12,612	3,402,847	1,701			90.28
90.29	BURR RIDGE PCC	23,391,609	87,017	23,478,626	11,739	580,888	2,973,643	90.29
90.30	RIVER FOREST	3,294,056	12,254	3,306,310	1,653	62,657	320,751	90.30
90.31	NORRIDGE	334,825	1,246	336,071	168	14,579	74,633	90.31
90.32	ELMWOOD PARK	1,231,219	4,580	1,235,799	618	45,527	233,060	90.32
90.33	OCCUPATIONAL HEALTH CLINIC	1,343,652	4,998	1,348,650	674	44,363	227,101	90.33
90.34	CHICAGO AND BELMONT	340,923	1,268	342,191	171			90.34
91	Emergency	16,470,171	61,269	16,531,440	8,266	141,798	725,883	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	3,761,427	13,993	3,775,420	1,888	8,134	41,639	92.01
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	417,575	1,553	419,128	210			95
97	Durable Medical Equip-Sold	621,306	2,311	623,617	312			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
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	3,077,173	11,447	3,088,620	1,544	4,311	22,070	105
106	Heart Acquisition	2,236,423	8,319	2,244,742	1,122	3,348	17,141	106
107	Liver Acquisition	4,791,187	17,823	4,809,010	2,405	7,121	36,452	107
108	Lung Acquisition	2,888,826	10,746	2,899,572	1,450	3,111	15,927	108
110	Intestinal Acquisition							110
112	OTHER ORGAN ACQUISITION (SPECIFY)							112
118	SUBTOTALS (sum of lines 1-117)	851,875,896	3,153,662	850,912,735	425,178	14,274,076	39,582,015	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	493,847	1,837	495,684	248	18,797	96,225	190
190.01	HINES RADIATION THERAPY	54		54				190.01
190.02	HOME INFUSION THERAPY	2,991,187	11,127	3,002,314	1,501			190.02
190.03	OP HOSPITAL PHARMACY	17,405,400	64,748	17,470,148	8,735			190.03
190.04	HOSPITALIST	140	1	141				190.04
190.05	STUDENT HEALTH	16,782	62	16,844	8			190.05
190.06	DISCONTINUED HHA AND HOSPICE	435,937	1,622	437,559	219	1,487	7,614	190.06

COST ALLOCATION - GENERAL SERVICE COSTS **WORKSHEET B PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL (cols.0-4)	AMBULATORY ADMINISTR ATION	SUBTOTAL (cols.0-4)	PRIMARY CA RE ADMINIS TRATION	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	
			5.12		5.14	6	7	
192	Physicians' Private Offices	474	2	476				192
192.01	FACULTY CLINICAL OPERATIONS	237,471,533	883,050	238,354,583	119,028	906,944	4,642,762	192.01
193	Nonpaid Workers	191,466	712	192,178	96	5,497	28,139	193
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,110,882,716	4,116,823	1,110,882,716	555,013	15,206,801	44,356,755	202

COST ALLOCATION - GENERAL SERVICE COSTS **WORKSHEET B PART I**

	COST CENTER DESCRIPTIONS	SAFETY AND SECURITY	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	PATIENT TRANSPORTATION	
		7.01	8	9	10	11	12.01	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	COMMUNICATION							5.01
5.02	SYSTEM & COMPUTERS							5.02
5.03	PURCHASING							5.03
5.04	OPC STORES							5.04
5.05	PATIENT AFFAIRS							5.05
5.06	PATIENT ADMITTING							5.06
5.07	PATIENT ACCOUNTS							5.07
5.08	ACCOUNTING							5.08
5.10	PASTORAL CARE							5.10
5.11	HOSPITAL ADMINSTRATION							5.11
5.12	AMBULATORY ADMINISTRATION							5.12
5.14	PRIMARY CARE ADMINISTRATION							5.14
6	Maintenance & Repairs							6
7	Operation of Plant							7
7.01	SAFETY AND SECURITY	4,555,647						7.01
8	Laundry & Linen Service	17,690	4,509,817					8
9	Housekeeping	41,657	2,340,252	18,176,881				9
10	Dietary	40,501	511	758,841	5,885,308			10
11	Cafeteria	35,788		65,961	3,313,589	6,291,989		11
12	Maintenance of Personnel							12
12.01	PATIENT TRANSPORTATION	2,360		27,080		57,497	2,044,242	12.01
13	Nursing Administration	19,023		81,422		38,478		13
14	Central Services & Supply	37,656	15,698	348,023		49,737		14
14.01	CENTRAL PROCESSING	49,329	2,418	165,060		17,742		14.01
15	Pharmacy	50,682	79,853	232,693		132,884		15
16	Medical Records & Library	13,602	4,537	104,389		166,136		16
17	Social Service	3,524		22,514		57,183		17
17.01	HOSPITAL MEDICAL ADMIN							17.01
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	20,792	62,994	68,040		675,842		21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
23.01	PARAMEDICAL ED-MICU	8,305		38,112		12,024		23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
23.03	CLINICAL PASTORAL EDUCATION	1,038				2,067		23.03
23.04	PHARMACY RESIDENCY PROGRAM	712	1,267			8,214		23.04
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	546,412	21,768	4,083,228	1,459,850	816,384	611,350	30
31	Intensive Care Unit	105,906	50,843	564,350	331,231	224,601	123,342	31
33	Burn Intensive Care Unit	42,070	55,880	206,291	24,229	66,752	4,179	33
35	NEONATAL INTENSIVE CARE	41,119		303,582		104,026	2,369	35
35.01	PEDIATRIC ICU	12,431	117	130,022	34,882	33,141	7,479	35.01
35.03	HEART TRANSPLANT ICU	31,132	777	138,115	48,963	41,237	15,961	35.03
35.04	BONE INTENSIVE CARE	36,872		271,754	45,904	63,506	7,686	35.04
41	Subprovider - IRF	11,055	82,399	796,953	102,573	58,882	14,388	41
43	Nursery		330			14,003		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	227,562	449,588	2,051,200		252,320	300	50
50.01	AMBULATORY SURGERY CENTER	89,027	8,477	350,328		58,225	186	50.01
51	Recovery Room	76,472	99,215	447,031		47,919	166	51
52	Delivery Room & Labor Room	25,074		107,644		40,109	1,614	52
53	Anesthesiology	9,779	1,842	32,777		19,348		53
54	Radiology-Diagnostic	120,027	23,973	809,928		115,589	351,830	54
54.01	RADIOLOGY-ULTRASOUND	3,505		45,933		16,833	22,467	54.01
56	Radioisotope	23,710		161,940		20,007	10,023	56
57	CT Scan	19,883		80,247		44,479	203,053	57
58	MRI	29,275		183,279		26,236	67,257	58
59	Cardiac Catheterization	128,070	54,070	496,491		79,253	15,319	59
60	Laboratory	111,707	5,975	839,043		177,103	27,081	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.	12,628		149,508		22,939	2,089	63
65	Respiratory Therapy	17,993	37,456	129,661		117,817	28,063	65
66	Physical Therapy	265		213,344		27,922	35,738	66
67	Occupational Therapy	3,857		146,750		13,309	37,114	67
68	Speech Pathology	2,804		30,155		4,798		68
69	Electrocardiology	37,917	2,854	425,512		53,623	59,261	69

COST ALLOCATION - GENERAL SERVICE COSTS **WORKSHEET B PART I**

	COST CENTER DESCRIPTIONS	SAFETY AND SECURITY	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	PATIENT TRANSPORTATION	
		7.01	8	9	10	11	12.01	
70	Electroencephalography	32,322	5,208	240,560		24,192		70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	42,555	724	20,209		64,694	84,004	74
76	PULMONARY LABS	11,984				6,902		76
76.01	OCCUPATIONAL HEALTH							76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	6,467		37,253		13,495	63,926	76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	50,015	916	113,476		53,260	63,853	76.07
76.09	BONE MARROW PROCUREMENT					2,606		76.09
76.10	BARIATRICS					12,721		76.10
76.11	HEPATOLOGY	39,823	3,983			10,787		76.11
76.97	CARDIAC REHABILITATION					2,992		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	8,142		192,457		4,721	269	90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER	272,519	42,600	383,783	2,330	123,799	24,391	90.02
90.03	PSYCH SOCIAL REHAB	21,330		29,160		11,913		90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	499,993	10,320	2,005,222	17,091	499,790	41	90.07
90.08	OBT OUTPATIENT CENTER	119,652	1,395	1,040		107,419		90.08
90.09	ELMHURST IMMEDIATE CARE	28,934	5,783			24,300		90.09
90.10	LAGRANGE FAMILY PCC	45,400				46,022		90.10
90.12	NORTH RIVERSIDE PCC		4,867			38,646		90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	34,564	2,418			20,183		90.14
90.15	OBT II PCC	36,387				28,678		90.15
90.16	HICKORY HILLS PCC	69,837	3,046			53,582		90.16
90.18	DARIEN PCC	21,509				18,836		90.18
90.20	ORLAND PARK - FP		11,076			39,590		90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	39,910	14,452			69,495		90.21
90.22	HOMER GLEN PCC	48,185	3,653			61,916		90.22
90.23	OAK PARK PCC	20,046	1,331			25,039		90.23
90.24	PARK RIDGE PCC	22,160				17,633		90.24
90.25	LOYOLA CLINIC AT GOTTLIEB		29,831			38,620		90.25
90.26	WOODRIDGE PCC					2,301		90.26
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER					14,011		90.28
90.29	BURR RIDGE PCC	306,288	1,416			192,433		90.29
90.30	RIVER FOREST	33,038	2,961			42,236		90.30
90.31	NORRIDGE	7,687	2,684			5,533		90.31
90.32	ELMWOOD PARK	24,005	2,386			15,939		90.32
90.33	OCCUPATIONAL HEALTH CLINIC	23,392				11,064		90.33
90.34	CHICAGO AND BELMONT		6,582			5,601		90.34
91	Emergency	74,767	94,422		16,852	171,509	131,969	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	4,289		19,892		45,493	27,277	92.01
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
97	Durable Medical Equip-Sold		1,438	2,667		7,157		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
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	2,273		2,034		11,827		105
106	Heart Acquisition	1,766	873	10,715		6,601	197	106
107	Liver Acquisition	3,755		2,487		9,284		107
108	Lung Acquisition	1,641		8,725		6,259		108
110	Intestinal Acquisition							110
112	OTHER ORGAN ACQUISITION (SPECIFY)							112
118	SUBTOTALS (sum of lines 1-117)	4,063,846	3,657,459	18,176,881	5,397,494	5,747,244	2,044,242	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	9,911			487,814	11,024		190
190.01	HINES RADIATION THERAPY							190.01
190.02	HOME INFUSION THERAPY					13,498		190.02
190.03	OP HOSPITAL PHARMACY					7,861		190.03
190.04	HOSPITALIST							190.04
190.05	STUDENT HEALTH		895					190.05
190.06	DISCONTINUED HHA AND HOSPICE	784				1,679		190.06

COST ALLOCATION - GENERAL SERVICE COSTS **WORKSHEET B PART I**

	COST CENTER DESCRIPTIONS	SAFETY AND SECURITY	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	PATIENT TRANSPORTATION	
		7.01	8	9	10	11	12.01	
192	Physicians' Private Offices							192
192.01	FACULTY CLINICAL OPERATIONS	478,208	850,718			508,105		192.01
193	Nonpaid Workers	2,898	745			2,578		193
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	4,555,647	4,509,817	18,176,881	5,885,308	6,291,989	2,044,242	202

COST ALLOCATION - GENERAL SERVICE COSTS **WORKSHEET B PART I**

	COST CENTER DESCRIPTIONS	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	CENTRAL PR OCESSING	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13	14	14.01	15	16	17	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	COMMUNICATION							5.01
5.02	SYSTEM & COMPUTERS							5.02
5.03	PURCHASING							5.03
5.04	OPC STORES							5.04
5.05	PATIENT AFFAIRS							5.05
5.06	PATIENT ADMITTING							5.06
5.07	PATIENT ACCOUNTS							5.07
5.08	ACCOUNTING							5.08
5.10	PASTORAL CARE							5.10
5.11	HOSPITAL ADMINSTRATION							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	5,074,772						13
14	Central Services & Supply		7,839,064					14
14.01	CENTRAL PROCESSING		3,577	3,196,871				14.01
15	Pharmacy	763	1,422,303	4,531	25,133,650			15
16	Medical Records & Library	29,149	5,819			17,750,372		16
17	Social Service		381		181		5,035,943	17
17.01	HOSPITAL MEDICAL ADMIN							17.01
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	4,387	5,808		3,928			21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
23.01	PARAMEDICAL ED-MICU	2,861	1,072		9,991		39,505	23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
23.03	CLINICAL PASTORAL EDUCATION		99					23.03
23.04	PHARMACY RESIDENCY PROGRAM		61					23.04
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	1,524,528	173,454	1,315,303		2,525,837	1,427,039	30
31	Intensive Care Unit	452,590	118,907	316,222		953,611	99,012	31
33	Burn Intensive Care Unit	133,444	32,605	75,611		294,615	196,782	33
35	NEONATAL INTENSIVE CARE	206,714	5,167	275,242		423,042	202,123	35
35.01	PEDIATRIC ICU	67,421	11,057	57,605		128,044	108,453	35.01
35.03	HEART TRANSPLANT ICU	82,234	19,936	70,827	922	165,855	133,424	35.03
35.04	BONE INTENSIVE CARE	125,115	19,773	60,890		276,649	155,413	35.04
41	Subprovider - IRF	72,030	9,339	84,083		213,001	46,462	41
43	Nursery	25,049	2,475			45,199		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	310,309	330,280	15,648		929,135	132,927	50
50.01	AMBULATORY SURGERY CENTER	82,107	21,287	6,097		1,002	994	50.01
51	Recovery Room	85,921	23,370	44,888		349,374		51
52	Delivery Room & Labor Room	72,793	13,738	410,884		146,721		52
53	Anesthesiology		34,467	52,081		976,882		53
54	Radiology-Diagnostic	22,951	15,101			470,322		54
54.01	RADIOLOGY-ULTRASOUND	1,971	994	101		77,462		54.01
56	Radioisotope	3,115	99,771	1,668		50,013		56
57	CT Scan	10,363	18,048	2,459		706,689		57
58	MRI	5,912	2,453	4,110		253,603		58
59	Cardiac Catheterization	100,321	48,928	62,321	77,474	490,577	245,232	59
60	Laboratory	95	278,557			2,464,104	78,265	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.	7,724	244,521	2,981		420,773		63
65	Respiratory Therapy		27,362			644,416		65
66	Physical Therapy		684			125,563		66
67	Occupational Therapy		465	994		66,264		67
68	Speech Pathology		1,001			23,089	48,574	68
69	Electrocardiology	18,564	10,222	7,495		338,762		69

COST ALLOCATION - GENERAL SERVICE COSTS **WORKSHEET B PART I**

	COST CENTER DESCRIPTIONS	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	CENTRAL PR OCESSING	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13	14	14.01	15	16	17	
70	Electroencephalography		10,046	5,895		71,594		70
71	Medical Supplies Charged to Patients		1,060,875			473,192		71
72	Impl. Dev. Charged to Patients		1,267,335			740,714		72
73	Drugs Charged to Patients		654,246		9,194,128	1,640,308		73
74	Renal Dialysis	47,935	68,680	3,975		87,246	204,111	74
76	PULMONARY LABS	6,548	6,908	1,112		22,925		76
76.01	OCCUPATIONAL HEALTH							76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR		586	236		89,853		76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	72,285	8,244	4,447		73,654	5,839	76.07
76.09	BONE MARROW PROCUREMENT	2,638	2,938			22,359		76.09
76.10	BARIATRICS	2,130	312			4		76.10
76.11	HEPATOLOGY	16,498	202					76.11
76.97	CARDIAC REHABILITATION	6,389				4,782	248	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	5,817	972			52	1,739	90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER	106,869	667,083	119,944	10,465,432	2,510	3,603	90.02
90.03	PSYCH SOCIAL REHAB	8,805	650		5,235			90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	320,799	83,649	1,297		37,712	1,655,500	90.07
90.08	OBT OUTPATIENT CENTER	60,269	16,252			546		90.08
90.09	ELMHURST IMMEDIATE CARE	16,148	4,647			60		90.09
90.10	LAGRANGE FAMILY PCC	43,740	13,455			91		90.10
90.12	NORTH RIVERSIDE PCC	23,237	3,499			87		90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	7,406	10,515	11,622	137,252	20		90.14
90.15	OBT II PCC	31,183	4,130			138		90.15
90.16	HICKORY HILLS PCC	23,459	6,973	10,325		109		90.16
90.18	DARIEN PCC	23,745	2,505			42		90.18
90.20	ORLAND PARK - FP	31,819	2,995			66		90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	26,543	7,823	303	3,612	204		90.21
90.22	HOMER GLEN PCC	43,104	29,844	11,841	239,662	443		90.22
90.23	OAK PARK PCC	13,319	1,602			63		90.23
90.24	PARK RIDGE PCC	9,854	2,512			442		90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	6,421	4,130		11,212	15		90.25
90.26	WOODRIDGE PCC	509	348					90.26
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER	13,128	124,851		1,848,256	128		90.28
90.29	BURR RIDGE PCC	81,662	54,827		291,440	3,003		90.29
90.30	RIVER FOREST	25,494	7,879			591		90.30
90.31	NORRIDGE		539					90.31
90.32	ELMWOOD PARK	5,754	1,926			4		90.32
90.33	OCCUPATIONAL HEALTH CLINIC	5,785	1,445		18,112			90.33
90.34	CHICAGO AND BELMONT				28,454			90.34
91	Emergency	235,386	67,731	147,247		614,284	153,425	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	88,433	8,089	6,586		35,020		92.01
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
97	Durable Medical Equip-Sold	11,857	89			5,502		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
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	413				68,772	97,273	105
106	Heart Acquisition	191				47,209		106
107	Liver Acquisition	413				75,082		107
108	Lung Acquisition	191				70,935		108
110	Intestinal Acquisition							110
112	OTHER ORGAN ACQUISITION (SPECIFY)							112
118	SUBTOTALS (sum of lines 1-117)	4,874,607	7,214,414	3,196,871	22,335,291	17,750,365	5,035,943	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		137					190
190.01	HINES RADIATION THERAPY							190.01
190.02	HOME INFUSION THERAPY	3,973	44,327		4,334	7		190.02
190.03	OP HOSPITAL PHARMACY		514,155		2,762,602			190.03
190.04	HOSPITALIST							190.04
190.05	STUDENT HEALTH		28					190.05
190.06	DISCONTINUED HHA AND HOSPICE	1,176			17,518			190.06

COST ALLOCATION - GENERAL SERVICE COSTS **WORKSHEET B PART I**

	COST CENTER DESCRIPTIONS	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	CENTRAL PR OCESSING	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13	14	14.01	15	16	17	
192	Physicians' Private Offices							192
192.01	FACULTY CLINICAL OPERATIONS	195,016	65,909		13,905			192.01
193	Nonpaid Workers		94					193
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	5,074,772	7,839,064	3,196,871	25,133,650	17,750,372	5,035,943	202

COST ALLOCATION - GENERAL SERVICE COSTS **WORKSHEET B PART I**

	COST CENTER DESCRIPTIONS	I&R SALARY & FRINGES	PARAMEDICAL ED-MICU	CLINICAL PASTORAL EDUCATION	PHARMACY RESIDENCY PROGRAM	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		21	23.01	23.03	23.04	24	25	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	COMMUNICATION							5.01
5.02	SYSTEM & COMPUTERS							5.02
5.03	PURCHASING							5.03
5.04	OPC STORES							5.04
5.05	PATIENT AFFAIRS							5.05
5.06	PATIENT ADMITTING							5.06
5.07	PATIENT ACCOUNTS							5.07
5.08	ACCOUNTING							5.08
5.10	PASTORAL CARE							5.10
5.11	HOSPITAL ADMINSTRATION							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	59,217,508						21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
23.01	PARAMEDICAL ED-MICU		986,972					23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
23.03	CLINICAL PASTORAL EDUCATION			167,579				23.03
23.04	PHARMACY RESIDENCY PROGRAM				496,044			23.04
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	38,569,134		95,268	64,390	124,871,390	-38,569,134	30
31	Intensive Care Unit	8,751,017		6,887	40,542	38,339,826	-8,751,017	31
33	Burn Intensive Care Unit	640,074		9,182	19,079	9,202,508	-640,074	33
35	NEONATAL INTENSIVE CARE	4,035,646			9,539	16,656,567	-4,035,646	35
35.01	PEDIATRIC ICU	921,550			40,542	5,412,287	-921,550	35.01
35.03	HEART TRANSPLANT ICU	1,293,655			9,539	7,028,084	-1,293,655	35.03
35.04	BONE INTENSIVE CARE	1,212,611				8,639,389	-1,212,611	35.04
41	Subprovider - IRF	2,761,163				9,575,152	-2,761,163	41
43	Nursery	1,032,658				2,222,450	-1,032,658	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room			15,495		40,318,504		50
50.01	AMBULATORY SURGERY CENTER					8,061,212		50.01
51	Recovery Room					7,987,892		51
52	Delivery Room & Labor Room					5,532,661		52
53	Anesthesiology					4,986,550		53
54	Radiology-Diagnostic					15,047,159		54
54.01	RADIOLOGY-ULTRASOUND					2,229,956		54.01
56	Radioisotope					6,703,395		56
57	CT Scan					9,820,310		57
58	MRI					5,027,064		58
59	Cardiac Catheterization					16,443,218		59
60	Laboratory					36,700,001		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.					11,214,503		63
65	Respiratory Therapy					11,373,089		65
66	Physical Therapy					2,863,361		66
67	Occupational Therapy					1,435,671		67
68	Speech Pathology					695,700		68
69	Electrocardiology					5,980,304		69

COST ALLOCATION - GENERAL SERVICE COSTS **WORKSHEET B PART I**

	COST CENTER DESCRIPTIONS	I&R SALARY & FRINGES	PARAMEDICAL ED-MICU	CLINICAL PASTORAL EDUCATION	PHARMACY RESIDENCY PROGRAM	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		21	23.01	23.03	23.04	24	25	
70	Electroencephalography					3,227,878		70
71	Medical Supplies Charged to Patients					35,858,804		71
72	Impl. Dev. Charged to Patients					43,233,873		72
73	Drugs Charged to Patients				162,169	85,018,046		73
74	Renal Dialysis					8,245,772	-483,441	74
76	PULMONARY LABS					1,158,908		76
76.01	OCCUPATIONAL HEALTH							76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR					1,749,577		76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE			8,035		6,705,150		76.07
76.09	BONE MARROW PROCUREMENT					2,430,264		76.09
76.10	BARIATRICS					978,239		76.10
76.11	HEPATOLOGY					1,618,416		76.11
76.97	CARDIAC REHABILITATION					420,302		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic					760,047		90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER					32,105,681		90.02
90.03	PSYCH SOCIAL REHAB					1,167,495		90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER				45,312	55,137,624		90.07
90.08	OBT OUTPATIENT CENTER					12,471,391		90.08
90.09	ELMHURST IMMEDIATE CARE					2,693,370		90.09
90.10	LAGRANGE FAMILY PCC					4,424,182		90.10
90.12	NORTH RIVERSIDE PCC					3,186,549		90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC					2,847,784		90.14
90.15	OBT II PCC					3,121,901		90.15
90.16	HICKORY HILLS PCC					5,941,518		90.16
90.18	DARIEN PCC					3,018,237		90.18
90.20	ORLAND PARK - FP					3,362,134		90.20
90.21	FAMILY PRACTICE MAYWOOD PCC					7,040,727		90.21
90.22	HOMER GLEN PCC					7,331,524		90.22
90.23	OAK PARK PCC					2,076,971		90.23
90.24	PARK RIDGE PCC					2,137,550		90.24
90.25	LOYOLA CLINIC AT GOTTLIEB					4,742,524		90.25
90.26	WOODRIDGE PCC					279,347		90.26
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER					5,404,922		90.28
90.29	BURR RIDGE PCC					27,975,965		90.29
90.30	RIVER FOREST					3,803,570		90.30
90.31	NORRIDGE					441,894		90.31
90.32	ELMWOOD PARK					1,565,018		90.32
90.33	OCCUPATIONAL HEALTH CLINIC					1,680,586		90.33
90.34	CHICAGO AND BELMONT					382,999		90.34
91	Emergency		986,972	32,712	62,005	20,196,668		91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT					4,062,160		92.01
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services					419,338		95
97	Durable Medical Equip-Sold					652,639		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
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition					3,299,137		105
106	Heart Acquisition				23,848	2,357,753		106
107	Liver Acquisition					4,946,009		107
108	Lung Acquisition				19,079	3,026,890		108
110	Intestinal Acquisition							110
112	OTHER ORGAN ACQUISITION (SPECIFY)							112
118	SUBTOTALS (sum of lines 1-117)	59,217,508	986,972	167,579	496,044	839,075,536	-59,700,949	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen					1,119,840		190
190.01	HINES RADIATION THERAPY					54		190.01
190.02	HOME INFUSION THERAPY					3,069,954		190.02
190.03	OP HOSPITAL PHARMACY					20,763,501		190.03
190.04	HOSPITALIST					141		190.04
190.05	STUDENT HEALTH					17,775		190.05
190.06	DISCONTINUED HHA AND HOSPICE					468,036		190.06

COST ALLOCATION - GENERAL SERVICE COSTS **WORKSHEET B PART I**

	COST CENTER DESCRIPTIONS	I&R SALARY & FRINGES	PARAMEDICAL ED-MICU	CLINICAL PASTORAL EDUCATION	PHARMACY RESIDENCY PROGRAM	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		21	23.01	23.03	23.04	24	25	
192	Physicians' Private Offices					476		192
192.01	FACULTY CLINICAL OPERATIONS					246,135,178		192.01
193	Nonpaid Workers					232,225		193
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	59,217,508	986,972	167,579	496,044	1,110,882,716	-59,700,949	202

COST ALLOCATION - GENERAL SERVICE COSTS **WORKSHEET B PART I**

	COST CENTER DESCRIPTIONS	TOTAL						
		26						
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	COMMUNICATION							5.01
5.02	SYSTEM & COMPUTERS							5.02
5.03	PURCHASING							5.03
5.04	OPC STORES							5.04
5.05	PATIENT AFFAIRS							5.05
5.06	PATIENT ADMITTING							5.06
5.07	PATIENT ACCOUNTS							5.07
5.08	ACCOUNTING							5.08
5.10	PASTORAL CARE							5.10
5.11	HOSPITAL ADMINSTRATION							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
23.03	CLINICAL PASTORAL EDUCATION							23.03
23.04	PHARMACY RESIDENCY PROGRAM							23.04
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	86,302,256						30
31	Intensive Care Unit	29,588,809						31
33	Burn Intensive Care Unit	8,562,434						33
35	NEONATAL INTENSIVE CARE	12,620,921						35
35.01	PEDIATRIC ICU	4,490,737						35.01
35.03	HEART TRANSPLANT ICU	5,734,429						35.03
35.04	BONE INTENSIVE CARE	7,426,778						35.04
41	Subprovider - IRF	6,813,989						41
43	Nursery	1,189,792						43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	40,318,504						50
50.01	AMBULATORY SURGERY CENTER	8,061,212						50.01
51	Recovery Room	7,987,892						51
52	Delivery Room & Labor Room	5,532,661						52
53	Anesthesiology	4,986,550						53
54	Radiology-Diagnostic	15,047,159						54
54.01	RADIOLOGY-ULTRASOUND	2,229,956						54.01
56	Radioisotope	6,703,395						56
57	CT Scan	9,820,310						57
58	MRI	5,027,064						58
59	Cardiac Catheterization	16,443,218						59
60	Laboratory	36,700,001						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.	11,214,503						63
65	Respiratory Therapy	11,373,089						65
66	Physical Therapy	2,863,361						66
67	Occupational Therapy	1,435,671						67
68	Speech Pathology	695,700						68
69	Electrocardiology	5,980,304						69

COST ALLOCATION - GENERAL SERVICE COSTS **WORKSHEET B PART I**

	COST CENTER DESCRIPTIONS	TOTAL						
		26						
70	Electroencephalography	3,227,878						70
71	Medical Supplies Charged to Patients	35,858,804						71
72	Impl. Dev. Charged to Patients	43,233,873						72
73	Drugs Charged to Patients	85,018,046						73
74	Renal Dialysis	7,762,331						74
76	PULMONARY LABS	1,158,908						76
76.01	OCCUPATIONAL HEALTH							76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	1,749,577						76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	6,705,150						76.07
76.09	BONE MARROW PROCUREMENT	2,430,264						76.09
76.10	BARIATRICS	978,239						76.10
76.11	HEPATOLOGY	1,618,416						76.11
76.97	CARDIAC REHABILITATION	420,302						76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	760,047						90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER	32,105,681						90.02
90.03	PSYCH SOCIAL REHAB	1,167,495						90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	55,137,624						90.07
90.08	OBT OUTPATIENT CENTER	12,471,391						90.08
90.09	ELMHURST IMMEDIATE CARE	2,693,370						90.09
90.10	LAGRANGE FAMILY PCC	4,424,182						90.10
90.12	NORTH RIVERSIDE PCC	3,186,549						90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	2,847,784						90.14
90.15	OBT II PCC	3,121,901						90.15
90.16	HICKORY HILLS PCC	5,941,518						90.16
90.18	DARIEN PCC	3,018,237						90.18
90.20	ORLAND PARK - FP	3,362,134						90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	7,040,727						90.21
90.22	HOMER GLEN PCC	7,331,524						90.22
90.23	OAK PARK PCC	2,076,971						90.23
90.24	PARK RIDGE PCC	2,137,550						90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	4,742,524						90.25
90.26	WOODRIDGE PCC	279,347						90.26
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER	5,404,922						90.28
90.29	BURR RIDGE PCC	27,975,965						90.29
90.30	RIVER FOREST	3,803,570						90.30
90.31	NORRIDGE	441,894						90.31
90.32	ELMWOOD PARK	1,565,018						90.32
90.33	OCCUPATIONAL HEALTH CLINIC	1,680,586						90.33
90.34	CHICAGO AND BELMONT	382,999						90.34
91	Emergency	20,196,668						91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	4,062,160						92.01
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	419,338						95
97	Durable Medical Equip-Sold	652,639						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
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	3,299,137						105
106	Heart Acquisition	2,357,753						106
107	Liver Acquisition	4,946,009						107
108	Lung Acquisition	3,026,890						108
110	Intestinal Acquisition							110
112	OTHER ORGAN ACQUISITION (SPECIFY)							112
118	SUBTOTALS (sum of lines 1-117)	779,374,587						118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	1,119,840						190
190.01	HINES RADIATION THERAPY	54						190.01
190.02	HOME INFUSION THERAPY	3,069,954						190.02
190.03	OP HOSPITAL PHARMACY	20,763,501						190.03
190.04	HOSPITALIST	141						190.04
190.05	STUDENT HEALTH	17,775						190.05
190.06	DISCONTINUED HHA AND HOSPICE	468,036						190.06

COST ALLOCATION - GENERAL SERVICE COSTS **WORKSHEET B PART I**

	COST CENTER DESCRIPTIONS	TOTAL						
		26						
192	Physicians' Private Offices	476						192
192.01	FACULTY CLINICAL OPERATIONS	246,135,178						192.01
193	Nonpaid Workers	232,225						193
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,051,181,767						202

ALLOCATION OF CAPITAL-RELATED COSTS **WORKSHEET B PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAPITAL RE LATED COST S NEW CAPI	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	
		0	1	1.01	2	2A	4	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department		9,796	4,415		14,211	14,211	4
5.01	COMMUNICATION		75,294	33,931	25,632	134,857	18	5.01
5.02	SYSTEM & COMPUTERS		322,901	145,513	44,755	513,169	224	5.02
5.03	PURCHASING		107,956	48,650	68,426	225,032	42	5.03
5.04	OPC STORES		61,443	27,689		89,132		5.04
5.05	PATIENT AFFAIRS		6,386	2,878	24,697	33,961	109	5.05
5.06	PATIENT ADMITTING		5,853	2,638	12,956	21,447	67	5.06
5.07	PATIENT ACCOUNTS		247,656	111,604	658	359,918	151	5.07
5.08	ACCOUNTING		50,134	22,592	2,215	74,941	65	5.08
5.10	PASTORAL CARE		150,625	67,878	6,976	225,479	19	5.10
5.11	HOSPITAL ADMINSTRATION		711,163	320,480	1,957,119	2,988,762	1,327	5.11
5.12	AMBULATORY ADMINISTRATION		21,800	9,824	30,785	62,409	67	5.12
5.14	PRIMARY CARE ADMINISTRATION						4	5.14
6	Maintenance & Repairs							6
7	Operation of Plant		11,289,539	5,087,530	993,563	17,370,632	200	7
7.01	SAFETY AND SECURITY		42,991	19,374	21,186	83,551	63	7.01
8	Laundry & Linen Service		57,896	26,091	404	84,391		8
9	Housekeeping		136,340	61,441	3,964	201,745	88	9
10	Dietary		132,558	59,736	33,080	225,374	65	10
11	Cafeteria		117,132	52,785		169,917	19	11
12	Maintenance of Personnel							12
12.01	PATIENT TRANSPORTATION		7,725	3,481		11,206	28	12.01
13	Nursing Administration		62,261	28,058	32,030	122,349	70	13
14	Central Services & Supply		123,245	55,540	743,809	922,594	36	14
14.01	CENTRAL PROCESSING		161,450	72,756	7,103	241,309	24	14.01
15	Pharmacy		165,877	74,751	837,618	1,078,246	205	15
16	Medical Records & Library		44,517	20,061	67,939	132,517	208	16
17	Social Service		11,532	5,197	4,447	21,176	84	17
17.01	HOSPITAL MEDICAL ADMIN							17.01
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		68,052	30,667	866	99,585	993	21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
23.01	PARAMEDICAL ED-MICU		27,181	12,249	4,955	44,385	15	23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
23.03	CLINICAL PASTORAL EDUCATION		3,398	1,531	1,243	6,172	3	23.03
23.04	PHARMACY RESIDENCY PROGRAM		2,331	1,051		3,382	8	23.04
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		1,788,367	805,913	268,651	2,862,931	1,057	30
31	Intensive Care Unit		346,622	156,203	324,815	827,640	328	31
33	Burn Intensive Care Unit		137,692	62,050	53,448	253,190	91	33
35	NEONATAL INTENSIVE CARE		134,579	60,647	230,775	426,001	166	35
35.01	PEDIATRIC ICU		40,685	18,334	128,512	187,531	52	35.01
35.03	HEART TRANSPLANT ICU		101,892	45,917	120,121	267,930	60	35.03
35.04	BONE INTENSIVE CARE		120,679	54,383	117,804	292,866	79	35.04
41	Subprovider - IRF		36,184	16,306	5,454	57,944	80	41
43	Nursery						17	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		744,792	335,635	1,718,848	2,799,275	319	50
50.01	AMBULATORY SURGERY CENTER		291,380	131,308	210,491	633,179	71	50.01
51	Recovery Room		250,285	112,789	88,456	451,530	69	51
52	Delivery Room & Labor Room		82,064	36,982	189,032	308,078	56	52
53	Anesthesiology		32,005	14,423	223,136	269,564	15	53
54	Radiology-Diagnostic		392,838	177,029	602,520	1,172,387	148	54
54.01	RADIOLOGY-ULTRASOUND		11,470	5,169	111,917	128,556	27	54.01
56	Radioisotope		77,600	34,970	300,519	413,089	35	56
57	CT Scan		65,076	29,326	744,650	839,052	68	57
58	MRI		95,816	43,179	300,520	439,515	45	58
59	Cardiac Catheterization		419,163	188,893	607,499	1,215,555	153	59
60	Laboratory		365,607	164,758	206,796	737,161	191	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.		41,330	18,625	74,291	134,246	30	63
65	Respiratory Therapy		58,888	26,538	168,411	253,837	145	65
66	Physical Therapy		868	391	6,801	8,060	38	66
67	Occupational Therapy		12,623	5,689		18,312	18	67
68	Speech Pathology		9,176	4,135		13,311	8	68
69	Electrocardiology		124,101	55,925	105,532	285,558	59	69

ALLOCATION OF CAPITAL-RELATED COSTS **WORKSHEET B PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAPITAL RE LATED COST S NEW CAPI	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	
		0	1	1.01	2	2A	4	
70	Electroencephalography		105,786	47,672	151,439	304,897	27	70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis		139,279	62,765	22,710	224,754	73	74
76	PULMONARY LABS		39,222	17,675	44,219	101,116	10	76
76.01	OCCUPATIONAL HEALTH							76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR		21,167	9,539	23,291	53,997	21	76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE		163,695	73,768	767,168	1,004,631	62	76.07
76.09	BONE MARROW PROCUREMENT						5	76.09
76.10	BARIATRICS						11	76.10
76.11	HEPATOLOGY		130,338	58,736	31,228	220,302	15	76.11
76.97	CARDIAC REHABILITATION						5	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		26,648	12,009	1,658	40,315	6	90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER		891,933	401,942	113,671	1,407,546	144	90.02
90.03	PSYCH SOCIAL REHAB		69,813	31,461		101,274	10	90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER		1,636,440	737,448	2,350,440	4,724,328	559	90.07
90.08	OBT OUTPATIENT CENTER		391,610	176,476	156,465	724,551	156	90.08
90.09	ELMHURST IMMEDIATE CARE		94,700	42,676	11,805	149,181	23	90.09
90.10	LAGRANGE FAMILY PCC		148,591	66,962	37,662	253,215	53	90.10
90.12	NORTH RIVERSIDE PCC				2,227	2,227	70	90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC		113,127	50,980	14,276	178,383	35	90.14
90.15	OBT II PCC		119,091	53,668	45,599	218,358	30	90.15
90.16	HICKORY HILLS PCC		228,573	103,004	5,909	337,486	85	90.16
90.18	DARIEN PCC		70,396	31,723	53,913	156,032	18	90.18
90.20	ORLAND PARK - FP				4,353	4,353	75	90.20
90.21	FAMILY PRACTICE MAYWOOD PCC		130,624	58,864	2,988	192,476	82	90.21
90.22	HOMER GLEN PCC		157,706	71,069	146,378	375,153	91	90.22
90.23	OAK PARK PCC		65,609	29,566	9,001	104,176	62	90.23
90.24	PARK RIDGE PCC		72,529	32,684	13,673	118,886	28	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB				9,315	9,315	68	90.25
90.26	WOODRIDGE PCC				1,716	1,716	3	90.26
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER				22,884	22,884	17	90.28
90.29	BURR RIDGE PCC		1,002,456	451,749	345,333	1,799,538	253	90.29
90.30	RIVER FOREST		108,130	48,728	3,623	160,481	67	90.30
90.31	NORRIDGE		25,160	11,338	340	36,838	4	90.31
90.32	ELMWOOD PARK		78,568	35,406		113,974	13	90.32
90.33	OCCUPATIONAL HEALTH CLINIC		76,559	34,501	4,498	115,558	17	90.33
90.34	CHICAGO AND BELMONT				359	359	4	90.34
91	Emergency		244,705	110,274	95,994	450,973	428	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT		14,037	6,326	177,668	198,031	56	92.01
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
97	Durable Medical Equip-Sold						10	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
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition		7,440	3,353		10,793	22	105
106	Heart Acquisition		5,778	2,604	974	9,356	14	106
107	Liver Acquisition		12,289	5,538		17,827	27	107
108	Lung Acquisition		5,369	2,420		7,789	13	108
110	Intestinal Acquisition							110
112	OTHER ORGAN ACQUISITION (SPECIFY)							112
118	SUBTOTALS (sum of lines 1-117)		26,404,182	11,898,832	16,508,202	54,811,216	10,399	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		32,439	14,618		47,057	5	190
190.01	HINES RADIATION THERAPY							190.01
190.02	HOME INFUSION THERAPY				12,090	12,090	21	190.02
190.03	OP HOSPITAL PHARMACY				1,319	1,319	10	190.03
190.04	HOSPITALIST							190.04
190.05	STUDENT HEALTH							190.05
190.06	DISCONTINUED HHA AND HOSPICE		2,567	1,157	3,946	7,670	2	190.06

ALLOCATION OF CAPITAL-RELATED COSTS **WORKSHEET B PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAPITAL RE LATED COST S NEW CAPI	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	
		0	1	1.01	2	2A	4	
192	Physicians' Private Offices							192
192.01	FACULTY CLINICAL OPERATIONS		1,565,139	705,317	346,706	2,617,162	3,771	192.01
193	Nonpaid Workers		9,486	4,275		13,761	3	193
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		28,013,813	12,624,199	16,872,263	57,510,275	14,211	202

ALLOCATION OF CAPITAL-RELATED COSTS **WORKSHEET B PART II**

	COST CENTER DESCRIPTIONS	COMMUNICATION	SYSTEM & COMPUTERS	PURCHASING	OPC STORES	PATIENT AFFAIRS	PATIENT ADMITTING	
		5.01	5.02	5.03	5.04	5.05	5.06	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	COMMUNICATION	134,875						5.01
5.02	SYSTEM & COMPUTERS	2,607	516,000					5.02
5.03	PURCHASING	1,384		226,458				5.03
5.04	OPC STORES	13		64	89,209			5.04
5.05	PATIENT AFFAIRS	645		7		34,722		5.05
5.06	PATIENT ADMITTING	891		47			22,452	5.06
5.07	PATIENT ACCOUNTS	4,720		15				5.07
5.08	ACCOUNTING	1,476		26				5.08
5.10	PASTORAL CARE			11				5.10
5.11	HOSPITAL ADMINSTRATION	15,095		638	162			5.11
5.12	AMBULATORY ADMINISTRATION	274		25				5.12
5.14	PRIMARY CARE ADMINISTRATION							5.14
6	Maintenance & Repairs							6
7	Operation of Plant	2,196		1,980	139			7
7.01	SAFETY AND SECURITY	676		43	162			7.01
8	Laundry & Linen Service			397				8
9	Housekeeping	865		21	278			9
10	Dietary	1,348		2,293				10
11	Cafeteria			2,026				11
12	Maintenance of Personnel							12
12.01	PATIENT TRANSPORTATION	553		6	93			12.01
13	Nursing Administration	394		96				13
14	Central Services & Supply	59		246				14
14.01	CENTRAL PROCESSING	200		326				14.01
15	Pharmacy	1,108		4,148				15
16	Medical Records & Library	2,497		64				16
17	Social Service	1,886		16				17
17.01	HOSPITAL MEDICAL ADMIN							17.01
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	282						21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
23.01	PARAMEDICAL ED-MICU			7				23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
23.03	CLINICAL PASTORAL EDUCATION							23.03
23.04	PHARMACY RESIDENCY PROGRAM							23.04
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	18,857	39,129	68,704	23		2,670	30
31	Intensive Care Unit	3,321	13,476	30,066			1,239	31
33	Burn Intensive Care Unit	434	4,163	5,726			383	33
35	NEONATAL INTENSIVE CARE	2,360	5,978	3,344			550	35
35.01	PEDIATRIC ICU	858	1,809	4,144			166	35.01
35.03	HEART TRANSPLANT ICU	639	2,344	4,440			216	35.03
35.04	BONE INTENSIVE CARE	742	3,909	4,196			359	35.04
41	Subprovider - IRF	1,739	3,010	2,986			277	41
43	Nursery		639				59	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	2,829	17,484	13,715			1,207	50
50.01	AMBULATORY SURGERY CENTER		8,031	7,316	63,321		1	50.01
51	Recovery Room	659	8,992	4,566			454	51
52	Delivery Room & Labor Room	932	2,304	4,729			191	52
53	Anesthesiology		18,940	383			1,269	53
54	Radiology-Diagnostic	5,746	15,629	2,972	486		611	54
54.01	RADIOLOGY-ULTRASOUND		4,547	282	23		101	54.01
56	Radioisotope	848	6,262	455			65	56
57	CT Scan		23,812	1,299			918	57
58	MRI	637	13,388	430	578		330	58
59	Cardiac Catheterization	1,233	19,445	1,389			637	59
60	Laboratory	3,653	80,484	5,940			3,202	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.	363	7,472	513	370		547	63
65	Respiratory Therapy	221	9,271				837	65
66	Physical Therapy	1,382	1,928	570		457	163	66
67	Occupational Therapy		970	408			86	67
68	Speech Pathology	232	331	173	46		30	68
69	Electrocardiology	847	9,806	1,801			440	69

ALLOCATION OF CAPITAL-RELATED COSTS **WORKSHEET B PART II**

	COST CENTER DESCRIPTIONS	COMMUNICATION	SYSTEM & COMPUTERS	PURCHASING	OPC STORES	PATIENT AFFAIRS	PATIENT ADMITTING	
		5.01	5.02	5.03	5.04	5.05	5.06	
70	Electroencephalography	901	1,660	197			93	70
71	Medical Supplies Charged to Patients		11,339				615	71
72	Impl. Dev. Charged to Patients		16,212				963	72
73	Drugs Charged to Patients		52,468				2,131	73
74	Renal Dialysis	576	5,674	1,783			113	74
76	PULMONARY LABS	548	770	847			30	76
76.01	OCCUPATIONAL HEALTH							76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	206	2,714	38			117	76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE		6,834	1,375		389	96	76.07
76.09	BONE MARROW PROCUREMENT		381				29	76.09
76.10	BARIATRICS		73					76.10
76.11	HEPATOLOGY		5					76.11
76.97	CARDIAC REHABILITATION	26	68	7,764	763		6	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		178	563	46	154		90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER	4,860	3,948	49			3	90.02
90.03	PSYCH SOCIAL REHAB	869	1			586		90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	17,257	26,614	6,716	21,354	14,945	49	90.07
90.08	OBT OUTPATIENT CENTER	1,990	5,384	1,563	949	1,074	1	90.08
90.09	ELMHURST IMMEDIATE CARE		476	269		981		90.09
90.10	LAGRANGE FAMILY PCC	1,525	1,668	629		469		90.10
90.12	NORTH RIVERSIDE PCC	1,952	698	447		2,000		90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	713	332	223		519		90.14
90.15	OBT II PCC	1,471	618	452	69	1,938		90.15
90.16	HICKORY HILLS PCC	1,867	2,119	687	23	1,765		90.16
90.18	DARIEN PCC	991	216	569		1,216		90.18
90.20	ORLAND PARK - FP	2,231	725	401	231	1,611		90.20
90.21	FAMILY PRACTICE MAYWOOD PCC		3,484	247		3,827		90.21
90.22	HOMER GLEN PCC	26	2,806	1,769		1,611	1	90.22
90.23	OAK PARK PCC		279	285	93	741		90.23
90.24	PARK RIDGE PCC	11	984	205		136	1	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB		365	70		62		90.25
90.26	WOODRIDGE PCC		73					90.26
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER		879					90.28
90.29	BURR RIDGE PCC		14,987				4	90.29
90.30	RIVER FOREST		2,084				1	90.30
90.31	NORRIDGE		162					90.31
90.32	ELMWOOD PARK		282					90.32
90.33	OCCUPATIONAL HEALTH CLINIC		117			241		90.33
90.34	CHICAGO AND BELMONT		68					90.34
91	Emergency	5,556	19,559	8,951			798	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	31	876	279			46	92.01
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
97	Durable Medical Equip-Sold		565	1			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
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	840	972	4			89	105
106	Heart Acquisition	343	667	5			61	106
107	Liver Acquisition	32	1,061	8			98	107
108	Lung Acquisition	14	1,002	2			92	108
110	Intestinal Acquisition							110
112	OTHER ORGAN ACQUISITION (SPECIFY)							112
118	SUBTOTALS (sum of lines 1-117)	132,537	516,000	219,447	89,209	34,722	22,452	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	117		13				190
190.01	HINES RADIATION THERAPY			3				190.01
190.02	HOME INFUSION THERAPY			1,293				190.02
190.03	OP HOSPITAL PHARMACY			5,658				190.03
190.04	HOSPITALIST			8				190.04
190.05	STUDENT HEALTH							190.05
190.06	DISCONTINUED HHA AND HOSPICE	1,850						190.06

ALLOCATION OF CAPITAL-RELATED COSTS **WORKSHEET B PART II**

	COST CENTER DESCRIPTIONS	COMMUNICATION	SYSTEM & COMPUTERS	PURCHASING	OPC STORES	PATIENT AFFAIRS	PATIENT ADMITTING	
		5.01	5.02	5.03	5.04	5.05	5.06	
192	Physicians' Private Offices			28				192
192.01	FACULTY CLINICAL OPERATIONS	279		8				192.01
193	Nonpaid Workers	92						193
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	134,875	516,000	226,458	89,209	34,722	22,452	202

ALLOCATION OF CAPITAL-RELATED COSTS **WORKSHEET B PART II**

	COST CENTER DESCRIPTIONS	PATIENT AC COUNTS	ACCOUNTING	PASTORAL C ARE	HOSPITAL A DMINSTRATI ON	AMBULATORY ADMINISTR ATION	PRIMARY CA RE ADMINIS TRATION	
		5.07	5.08	5.10	5.11	5.12	5.14	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	COMMUNICATION							5.01
5.02	SYSTEM & COMPUTERS							5.02
5.03	PURCHASING							5.03
5.04	OPC STORES							5.04
5.05	PATIENT AFFAIRS							5.05
5.06	PATIENT ADMITTING							5.06
5.07	PATIENT ACCOUNTS	364,804						5.07
5.08	ACCOUNTING		76,508					5.08
5.10	PASTORAL CARE		84	225,593				5.10
5.11	HOSPITAL ADMINSTRATION		9,811	29,011	3,044,806			5.11
5.12	AMBULATORY ADMINISTRATION		246	727	11,284	75,032		5.12
5.14	PRIMARY CARE ADMINISTRATION		33	98	1,516	38	1,689	5.14
6	Maintenance & Repairs		905	2,675	41,504	1,030	30	6
7	Operation of Plant		2,250	6,652	103,209	2,561	76	7
7.01	SAFETY AND SECURITY		262	775	12,018	298	9	7.01
8	Laundry & Linen Service		255	754	11,700	290	9	8
9	Housekeeping		911	2,694	41,790	1,037	31	9
10	Dietary		275	812	12,597	313	9	10
11	Cafeteria		146	433	6,718	167	5	11
12	Maintenance of Personnel							12
12.01	PATIENT TRANSPORTATION		115	340	5,267	131	4	12.01
13	Nursing Administration		281	829	12,869	319	9	13
14	Central Services & Supply		414	1,223	18,971	471	14	14
14.01	CENTRAL PROCESSING		142	420	6,513	162	5	14.01
15	Pharmacy		1,346	3,980	61,742	1,532	45	15
16	Medical Records & Library		1,027	3,038	47,132	1,169	35	16
17	Social Service		292	864	13,404	333	10	17
17.01	HOSPITAL MEDICAL ADMIN							17.01
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		3,459	10,227	158,667	3,937	116	21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
23.01	PARAMEDICAL ED-MICU		46	137	2,125	53	2	23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
23.03	CLINICAL PASTORAL EDUCATION		9	27	416	10		23.03
23.04	PHARMACY RESIDENCY PROGRAM		28	84	1,303	32	1	23.04
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	27,660	3,885	11,487	178,214	4,421	131	30
31	Intensive Care Unit	9,526	1,486	4,393	68,156	1,691	50	31
33	Burn Intensive Care Unit	2,943	411	1,216	18,869	468	14	33
35	NEONATAL INTENSIVE CARE	4,226	629	1,860	28,851	716	21	35
35.01	PEDIATRIC ICU	1,279	221	654	10,140	252	7	35.01
35.03	HEART TRANSPLANT ICU	1,657	275	812	12,594	312	9	35.03
35.04	BONE INTENSIVE CARE	2,764	353	1,044	16,199	402	12	35.04
41	Subprovider - IRF	2,128	309	914	14,177	352	10	41
43	Nursery	452	66	194	3,010	75	2	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	12,359	1,961	5,799	89,966	2,232	66	50
50.01	AMBULATORY SURGERY CENTER	5,677	381	1,128	17,496	434	13	50.01
51	Recovery Room	6,357	353	1,043	16,174	401	12	51
52	Delivery Room & Labor Room	1,629	263	778	12,072	300	9	52
53	Anesthesiology	13,389	223	659	10,224	254	7	53
54	Radiology-Diagnostic	11,048	698	2,063	32,000	794	23	54
54.01	RADIOLOGY-ULTRASOUND	3,214	120	355	5,513	137	4	54.01
56	Radioisotope	4,426	360	1,066	16,534	410	12	56
57	CT Scan	16,833	506	1,496	23,211	576	17	57
58	MRI	9,464	245	724	11,232	279	8	58
59	Cardiac Catheterization	13,745	783	2,315	35,915	891	26	59
60	Laboratory	56,939	1,869	5,528	85,760	2,128	63	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.	5,282	607	1,795	27,852	691	20	63
65	Respiratory Therapy	6,554	605	1,788	27,734	688	20	65
66	Physical Therapy	1,363	146	432	6,705	166	5	66
67	Occupational Therapy	686	67	197	3,063	76	2	67
68	Speech Pathology	234	33	97	1,509	37	1	68
69	Electrocardiology	6,932	273	807	12,517	311	9	69

ALLOCATION OF CAPITAL-RELATED COSTS **WORKSHEET B PART II**

	COST CENTER DESCRIPTIONS	PATIENT AC COUNTS	ACCOUNTING	PASTORAL C ARE	HOSPITAL A DMINSTRATI ON	AMBULATORY ADMINISTR ATION	PRIMARY CA RE ADMINIS TRATION	
		5.07	5.08	5.10	5.11	5.12	5.14	
70	Electroencephalography	1,173	147	433	6,722	167	5	70
71	Medical Supplies Charged to Patients	8,016	2,042	6,038	93,683	2,324	69	71
72	Impl. Dev. Charged to Patients	11,460	2,453	7,252	112,518	2,792	82	72
73	Drugs Charged to Patients	37,089	4,365	12,907	200,242	4,968	147	73
74	Renal Dialysis	4,011	424	1,254	19,454	483	14	74
76	PULMONARY LABS	544	57	169	2,630	65	2	76
76.01	OCCUPATIONAL HEALTH							76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	1,918	87	257	3,992	99	3	76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	4,831	337	998	15,477	384	11	76.07
76.09	BONE MARROW PROCUREMENT	269	143	422	6,550	162	5	76.09
76.10	BARIATRICS	52	57	169	2,629	65	2	76.10
76.11	HEPATOLOGY	4	65	191	2,961	73	2	76.11
76.97	CARDIAC REHABILITATION	48	24	71	1,108	27	1	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	125	27	79	1,232	31	1	90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER	2,791	995	2,943	45,656	1,133	33	90.02
90.03	PSYCH SOCIAL REHAB		50	148	2,300	57	2	90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	18,813	2,627	7,768	120,522	2,990	88	90.07
90.08	OBT OUTPATIENT CENTER	3,806	641	1,896	29,412	730	22	90.08
90.09	ELMHURST IMMEDIATE CARE	336	136	401	6,217	154	5	90.09
90.10	LAGRANGE FAMILY PCC	1,179	223	659	10,231	254	7	90.10
90.12	NORTH RIVERSIDE PCC	494	185	548	8,505	211	6	90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	235	132	391	6,066	151	4	90.14
90.15	OBT II PCC	437	155	457	7,094	176	5	90.15
90.16	HICKORY HILLS PCC	1,498	295	873	13,548	336	10	90.16
90.18	DARIEN PCC	153	161	475	7,375	183	5	90.18
90.20	ORLAND PARK - FP	513	195	576	8,943	222	7	90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	2,463	382	1,129	17,509	434	13	90.21
90.22	HOMER GLEN PCC	1,983	377	1,114	17,287	429	13	90.22
90.23	OAK PARK PCC	197	106	314	4,866	121	4	90.23
90.24	PARK RIDGE PCC	695	109	322	4,989	124	4	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	258	277	818	12,698	315	9	90.25
90.26	WOODRIDGE PCC	52	16	49	754	19	1	90.26
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER	621	203	599	9,292	231	7	90.28
90.29	BURR RIDGE PCC	10,594	1,397	4,132	64,113	1,591	47	90.29
90.30	RIVER FOREST	1,473	197	582	9,028	224	7	90.30
90.31	NORRIDGE	115	20	59	918	23	1	90.31
90.32	ELMWOOD PARK	199	74	218	3,375	84	2	90.32
90.33	OCCUPATIONAL HEALTH CLINIC	82	80	237	3,683	91	3	90.33
90.34	CHICAGO AND BELMONT	48	20	60	934	23	1	90.34
91	Emergency	13,826	984	2,910	45,142	1,120	33	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	619	225	665	10,309	256	8	92.01
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services		25	74	1,145	28	1	95
97	Durable Medical Equip-Sold	400	37	110	1,703	42	1	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
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	687	184	544	8,434	209	6	105
106	Heart Acquisition	472	134	395	6,130	152	4	106
107	Liver Acquisition	750	286	846	13,132	326	10	107
108	Lung Acquisition	709	173	510	7,918	196	6	108
110	Intestinal Acquisition							110
112	OTHER ORGAN ACQUISITION (SPECIFY)							112
118	SUBTOTALS (sum of lines 1-117)	364,804	60,794	179,506	2,334,858	57,652	1,702	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		30	87	1,354	34	1	190
190.01	HINES RADIATION THERAPY							190.01
190.02	HOME INFUSION THERAPY		179	528	8,198	203	6	190.02
190.03	OP HOSPITAL PHARMACY		1,040	3,075	47,705	1,184	35	190.03
190.04	HOSPITALIST							190.04
190.05	STUDENT HEALTH		1	3	46	1		190.05
190.06	DISCONTINUED HHA AND HOSPICE		26	77	1,195	30	1	190.06

ALLOCATION OF CAPITAL-RELATED COSTS **WORKSHEET B PART II**

	COST CENTER DESCRIPTIONS	PATIENT AC COUNTS	ACCOUNTING	PASTORAL C ARE	HOSPITAL A DMINSTRATI ON	AMBULATORY ADMINISTR ATION	PRIMARY CA RE ADMINIS TRATION	
		5.07	5.08	5.10	5.11	5.12	5.14	
192	Physicians' Private Offices				1			192
192.01	FACULTY CLINICAL OPERATIONS		14,427	42,283	650,924	15,915	-56	192.01
193	Nonpaid Workers		11	34	525	13		193
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	364,804	76,508	225,593	3,044,806	75,032	1,689	202

ALLOCATION OF CAPITAL-RELATED COSTS **WORKSHEET B PART II**

	COST CENTER DESCRIPTIONS	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	SAFETY AND SECURITY	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	
		6	7	7.01	8	9	10	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	COMMUNICATION							5.01
5.02	SYSTEM & COMPUTERS							5.02
5.03	PURCHASING							5.03
5.04	OPC STORES							5.04
5.05	PATIENT AFFAIRS							5.05
5.06	PATIENT ADMITTING							5.06
5.07	PATIENT ACCOUNTS							5.07
5.08	ACCOUNTING							5.08
5.10	PASTORAL CARE							5.10
5.11	HOSPITAL ADMINSTRATION							5.11
5.12	AMBULATORY ADMINISTRATION							5.12
5.14	PRIMARY CARE ADMINISTRATION							5.14
6	Maintenance & Repairs	46,144						6
7	Operation of Plant	19,849	17,509,744					7
7.01	SAFETY AND SECURITY	76	50,341	148,274				7.01
8	Laundry & Linen Service	102	67,795	576	166,269			8
9	Housekeeping	240	159,649	1,356	86,283	496,988		9
10	Dietary	233	155,221	1,318	19	20,748	420,625	10
11	Cafeteria	206	137,158	1,165		1,803	236,824	11
12	Maintenance of Personnel							12
12.01	PATIENT TRANSPORTATION	14	9,046	77		740		12.01
13	Nursing Administration	109	72,906	619		2,226		13
14	Central Services & Supply	217	144,316	1,226	579	9,516		14
14.01	CENTRAL PROCESSING	284	189,053	1,606	89	4,513		14.01
15	Pharmacy	292	194,236	1,650	2,944	6,362		15
16	Medical Records & Library	78	52,127	443	167	2,854		16
17	Social Service	20	13,504	115		616		17
17.01	HOSPITAL MEDICAL ADMIN							17.01
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	120	79,687	677	2,322	1,860		21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
23.01	PARAMEDICAL ED-MICU	48	31,828	270		1,042		23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
23.03	CLINICAL PASTORAL EDUCATION	6	3,979	34				23.03
23.04	PHARMACY RESIDENCY PROGRAM	4	2,730	23	47			23.04
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	3,145	2,094,113	17,784	803	111,646	104,336	30
31	Intensive Care Unit	609	405,882	3,447	1,874	15,430	23,673	31
33	Burn Intensive Care Unit	242	161,232	1,369	2,060	5,640	1,732	33
35	NEONATAL INTENSIVE CARE	237	157,587	1,338		8,300		35
35.01	PEDIATRIC ICU	72	47,641	405	4	3,555	2,493	35.01
35.03	HEART TRANSPLANT ICU	179	119,312	1,013	29	3,776	3,499	35.03
35.04	BONE INTENSIVE CARE	212	141,310	1,200		7,430	3,281	35.04
41	Subprovider - IRF	64	42,370	360	3,038	21,790	7,331	41
43	Nursery				12			43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	1,310	872,125	7,407	16,576	56,083		50
50.01	AMBULATORY SURGERY CENTER	512	341,195	2,898	313	9,579		50.01
51	Recovery Room	440	293,075	2,489	3,658	12,223		51
52	Delivery Room & Labor Room	144	96,094	816		2,943		52
53	Anesthesiology	56	37,477	318	68	896		53
54	Radiology-Diagnostic	691	459,999	3,907	884	22,145		54
54.01	RADIOLOGY-ULTRASOUND	20	13,431	114		1,256		54.01
56	Radioisotope	136	90,867	772		4,428		56
57	CT Scan	114	76,202	647		2,194		57
58	MRI	168	112,197	953		5,011		58
59	Cardiac Catheterization	737	490,825	4,168	1,993	13,575		59
60	Laboratory	643	428,113	3,636	220	22,941		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.	73	48,396	411		4,088		63
65	Respiratory Therapy	104	68,956	586	1,381	3,545		65
66	Physical Therapy	2	1,016	9		5,833		66
67	Occupational Therapy	22	14,782	126		4,012		67
68	Speech Pathology	16	10,745	91		824		68
69	Electrocardiology	218	145,318	1,234	105	11,634		69

ALLOCATION OF CAPITAL-RELATED COSTS **WORKSHEET B PART II**

	COST CENTER DESCRIPTIONS	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	SAFETY AND SECURITY	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	
		6	7	7.01	8	9	10	
70	Electroencephalography	186	123,872	1,052	192	6,577		70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	245	163,091	1,385	27	553		74
76	PULMONARY LABS	69	45,927	390				76
76.01	OCCUPATIONAL HEALTH							76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	37	24,786	210		1,019		76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	288	191,681	1,628	34	3,103		76.07
76.09	BONE MARROW PROCUREMENT							76.09
76.10	BARIATRICS							76.10
76.11	HEPATOLOGY	229	152,622	1,296	147			76.11
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	47	31,204	265		5,262		90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER	1,568	1,044,421	8,870	1,571	10,493	167	90.02
90.03	PSYCH SOCIAL REHAB	123	81,749	694		797		90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	2,877	1,916,212	16,273	380	54,826	1,221	90.07
90.08	OBT OUTPATIENT CENTER	689	458,562	3,894	51	28		90.08
90.09	ELMHURST IMMEDIATE CARE	167	110,891	942	213			90.09
90.10	LAGRANGE FAMILY PCC	261	173,995	1,478				90.10
90.12	NORTH RIVERSIDE PCC				179			90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	199	132,468	1,125	89			90.14
90.15	OBT II PCC	209	139,452	1,184				90.15
90.16	HICKORY HILLS PCC	402	267,650	2,273	112			90.16
90.18	DARIEN PCC	124	82,431	700				90.18
90.20	ORLAND PARK - FP				408			90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	230	152,955	1,299	533			90.21
90.22	HOMER GLEN PCC	277	184,668	1,568	135			90.22
90.23	OAK PARK PCC	115	76,826	652	49			90.23
90.24	PARK RIDGE PCC	128	84,928	721				90.24
90.25	LOYOLA CLINIC AT GOTTLIEB				1,100			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	1,763	1,173,840	9,969	52			90.29
90.30	RIVER FOREST	190	126,616	1,075	109			90.30
90.31	NORRIDGE	44	29,461	250	99			90.31
90.32	ELMWOOD PARK	138	92,000	781	88			90.32
90.33	OCCUPATIONAL HEALTH CLINIC	135	89,648	761				90.33
90.34	CHICAGO AND BELMONT				243			90.34
91	Emergency	430	286,541	2,433	3,481		1,204	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	25	16,437	140		544		92.01
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
97	Durable Medical Equip-Sold				53	73		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
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	13	8,712	74		56		105
106	Heart Acquisition	10	6,766	57	32	293		106
107	Liver Acquisition	22	14,389	122		68		107
108	Lung Acquisition	9	6,287	53		239		108
110	Intestinal Acquisition							110
112	OTHER ORGAN ACQUISITION (SPECIFY)							112
118	SUBTOTALS (sum of lines 1-117)	43,313	15,624,924	132,267	134,845	496,988	385,761	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	57	37,985	323			34,864	190
190.01	HINES RADIATION THERAPY							190.01
190.02	HOME INFUSION THERAPY							190.02
190.03	OP HOSPITAL PHARMACY							190.03
190.04	HOSPITALIST							190.04
190.05	STUDENT HEALTH				33			190.05
190.06	DISCONTINUED HHA AND HOSPICE	5	3,006	26				190.06

ALLOCATION OF CAPITAL-RELATED COSTS **WORKSHEET B PART II**

	COST CENTER DESCRIPTIONS	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	SAFETY AND SECURITY	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	
		6	7	7.01	8	9	10	
192	Physicians' Private Offices							192
192.01	FACULTY CLINICAL OPERATIONS	2,752	1,832,721	15,564	31,364			192.01
193	Nonpaid Workers	17	11,108	94	27			193
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	46,144	17,509,744	148,274	166,269	496,988	420,625	202

ALLOCATION OF CAPITAL-RELATED COSTS **WORKSHEET B PART II**

	COST CENTER DESCRIPTIONS	CAFETERIA	PATIENT TR ANSPORTATI ON	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	CENTRAL PR OCESSING	PHARMACY	
		11	12.01	13	14	14.01	15	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	COMMUNICATION							5.01
5.02	SYSTEM & COMPUTERS							5.02
5.03	PURCHASING							5.03
5.04	OPC STORES							5.04
5.05	PATIENT AFFAIRS							5.05
5.06	PATIENT ADMITTING							5.06
5.07	PATIENT ACCOUNTS							5.07
5.08	ACCOUNTING							5.08
5.10	PASTORAL CARE							5.10
5.11	HOSPITAL ADMINSTRATION							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	556,587						11
12	Maintenance of Personnel							12
12.01	PATIENT TRANSPORTATION	5,086	32,706					12.01
13	Nursing Administration	3,404		216,480				13
14	Central Services & Supply	4,400			1,104,282			14
14.01	CENTRAL PROCESSING	1,569			504	446,719		14.01
15	Pharmacy	11,755		33	200,387	633	1,570,644	15
16	Medical Records & Library	14,696		1,243	820			16
17	Social Service	5,058			54		11	17
17.01	HOSPITAL MEDICAL ADMIN							17.01
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	59,784		187	818		245	21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
23.01	PARAMEDICAL ED-MICU	1,064		122	151		624	23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
23.03	CLINICAL PASTORAL EDUCATION	183			14			23.03
23.04	PHARMACY RESIDENCY PROGRAM	727			9			23.04
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	72,217	9,782	65,030	24,434	183,794		30
31	Intensive Care Unit	19,868	1,973	19,307	16,750	44,188		31
33	Burn Intensive Care Unit	5,905	67	5,692	4,593	10,566		33
35	NEONATAL INTENSIVE CARE	9,202	38	8,818	728	38,461		35
35.01	PEDIATRIC ICU	2,932	120	2,876	1,558	8,050		35.01
35.03	HEART TRANSPLANT ICU	3,648	255	3,508	2,808	9,897	58	35.03
35.04	BONE INTENSIVE CARE	5,618	123	5,337	2,785	8,509		35.04
41	Subprovider - IRF	5,209	230	3,073	1,316	11,750		41
43	Nursery	1,239		1,069	349			43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	22,320	5	13,237	46,525	2,187		50
50.01	AMBULATORY SURGERY CENTER	5,151	3	3,503	2,999	852		50.01
51	Recovery Room	4,239	3	3,665	3,292	6,273		51
52	Delivery Room & Labor Room	3,548	26	3,105	1,935	57,415		52
53	Anesthesiology	1,712			4,855	7,278		53
54	Radiology-Diagnostic	10,225	5,629	979	2,127			54
54.01	RADIOLOGY-ULTRASOUND	1,489	359	84	140	14		54.01
56	Radioisotope	1,770	160	133	14,054	233		56
57	CT Scan	3,935	3,249	442	2,542	344		57
58	MRI	2,321	1,076	252	346	574		58
59	Cardiac Catheterization	7,011	245	4,280	6,892	8,709	4,842	59
60	Laboratory	15,666	433	4	39,239			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.	2,029	33	330	34,444	417		63
65	Respiratory Therapy	10,422	449		3,854			65
66	Physical Therapy	2,470	572		96			66
67	Occupational Therapy	1,177	594		65	139		67
68	Speech Pathology	424			141			68
69	Electrocardiology	4,743	948	792	1,440	1,047		69

ALLOCATION OF CAPITAL-RELATED COSTS **WORKSHEET B PART II**

	COST CENTER DESCRIPTIONS	CAFETERIA	PATIENT TR ANSPORTATI ON	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	CENTRAL PR OCESSING	PHARMACY	
		11	12.01	13	14	14.01	15	
70	Electroencephalography	2,140			1,415	824		70
71	Medical Supplies Charged to Patients				149,440			71
72	Impl. Dev. Charged to Patients				178,523			72
73	Drugs Charged to Patients				92,160		574,558	73
74	Renal Dialysis	5,723	1,344	2,045	9,675	555		74
76	PULMONARY LABS	611		279	973	155		76
76.01	OCCUPATIONAL HEALTH							76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	1,194	1,023		83	33		76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	4,711	1,022	3,084	1,161	621		76.07
76.09	BONE MARROW PROCUREMENT	231		113	414			76.09
76.10	BARIATRICS	1,125		91	44			76.10
76.11	HEPATOLOGY	954		704	28			76.11
76.97	CARDIAC REHABILITATION	265		273				76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	418	4	248	137			90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER	10,951	390	4,559	93,969	16,760	653,999	90.02
90.03	PSYCH SOCIAL REHAB	1,054		376	92		327	90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	44,211	1	13,685	11,783	181		90.07
90.08	OBT OUTPATIENT CENTER	9,502		2,571	2,289			90.08
90.09	ELMHURST IMMEDIATE CARE	2,150		689	655			90.09
90.10	LAGRANGE FAMILY PCC	4,071		1,866	1,895			90.10
90.12	NORTH RIVERSIDE PCC	3,419		991	493			90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	1,785		316	1,481	1,624	8,577	90.14
90.15	OBT II PCC	2,537		1,330	582			90.15
90.16	HICKORY HILLS PCC	4,740		1,001	982	1,443		90.16
90.18	DARIEN PCC	1,666		1,013	353			90.18
90.20	ORLAND PARK - FP	3,502		1,357	422			90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	6,147		1,132	1,102	42	226	90.21
90.22	HOMER GLEN PCC	5,477		1,839	4,204	1,655	14,977	90.22
90.23	OAK PARK PCC	2,215		568	226			90.23
90.24	PARK RIDGE PCC	1,560		420	354			90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	3,416		274	582		701	90.25
90.26	WOODRIDGE PCC	204		22	49			90.26
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER	1,239		560	17,587		115,501	90.28
90.29	BURR RIDGE PCC	17,022		3,484	7,723		18,213	90.29
90.30	RIVER FOREST	3,736		1,088	1,110			90.30
90.31	NORRIDGE	489			76			90.31
90.32	ELMWOOD PARK	1,410		245	271			90.32
90.33	OCCUPATIONAL HEALTH CLINIC	979		247	203		1,132	90.33
90.34	CHICAGO AND BELMONT	495					1,778	90.34
91	Emergency	15,172	2,111	10,041	9,541	20,576		91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	4,024	436	3,772	1,139	920		92.01
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
97	Durable Medical Equip-Sold	633		506	12			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
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	1,046		18				105
106	Heart Acquisition	584	3	8				106
107	Liver Acquisition	821		18				107
108	Lung Acquisition	554		8				108
110	Intestinal Acquisition							110
112	OTHER ORGAN ACQUISITION (SPECIFY)							112
118	SUBTOTALS (sum of lines 1-117)	508,399	32,706	207,942	1,016,292	446,719	1,395,769	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	975			19			190
190.01	HINES RADIATION THERAPY							190.01
190.02	HOME INFUSION THERAPY	1,194		169	6,244		271	190.02
190.03	OP HOSPITAL PHARMACY	695			72,426		172,640	190.03
190.04	HOSPITALIST							190.04
190.05	STUDENT HEALTH				4			190.05
190.06	DISCONTINUED HHA AND HOSPICE	149		50			1,095	190.06

ALLOCATION OF CAPITAL-RELATED COSTS **WORKSHEET B PART II**

	COST CENTER DESCRIPTIONS	CAFETERIA	PATIENT TR ANSPORTATI ON	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	CENTRAL PR OCESSING	PHARMACY	
		11	12.01	13	14	14.01	15	
192	Physicians' Private Offices							192
192.01	FACULTY CLINICAL OPERATIONS	44,947		8,319	9,284		869	192.01
193	Nonpaid Workers	228			13			193
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	556,587	32,706	216,480	1,104,282	446,719	1,570,644	202

ALLOCATION OF CAPITAL-RELATED COSTS **WORKSHEET B PART II**

	COST CENTER DESCRIPTIONS	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SALARY & FRINGES	PARAMEDICAL ED-MICU	CLINICAL PASTORAL EDUCATION	PHARMACY RESIDENCY PROGRAM	
		16	17	21	23.01	23.03	23.04	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							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
5.10	PASTORAL CARE							5.10
5.11	HOSPITAL ADMINSTRATION							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	260,115						16
17	Social Service		57,443					17
17.01	HOSPITAL MEDICAL ADMIN							17.01
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd			422,966				21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
23.01	PARAMEDICAL ED-MICU		451		82,370			23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
23.03	CLINICAL PASTORAL EDUCATION					10,853		23.03
23.04	PHARMACY RESIDENCY PROGRAM						8,378	23.04
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	37,551	16,278					30
31	Intensive Care Unit	13,941	1,129					31
33	Burn Intensive Care Unit	4,307	2,245					33
35	NEONATAL INTENSIVE CARE	6,184	2,306					35
35.01	PEDIATRIC ICU	1,872	1,237					35.01
35.03	HEART TRANSPLANT ICU	2,425	1,522					35.03
35.04	BONE INTENSIVE CARE	4,044	1,773					35.04
41	Subprovider - IRF	3,114	530					41
43	Nursery	661						43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	13,583	1,516					50
50.01	AMBULATORY SURGERY CENTER	15	11					50.01
51	Recovery Room	5,107						51
52	Delivery Room & Labor Room	2,145						52
53	Anesthesiology	14,281						53
54	Radiology-Diagnostic	6,875						54
54.01	RADIOLOGY-ULTRASOUND	1,132						54.01
56	Radioisotope	731						56
57	CT Scan	10,331						57
58	MRI	3,707						58
59	Cardiac Catheterization	7,172	2,797					59
60	Laboratory	36,022	893					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.	6,151						63
65	Respiratory Therapy	9,421						65
66	Physical Therapy	1,836						66
67	Occupational Therapy	969						67
68	Speech Pathology	338	554					68
69	Electrocardiology	4,952						69

ALLOCATION OF CAPITAL-RELATED COSTS **WORKSHEET B PART II**

	COST CENTER DESCRIPTIONS	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SALARY & FRINGES	PARAMEDICAL ED-MICU	CLINICAL PASTORAL EDUCATION	PHARMACY RESIDENCY PROGRAM	
		16	17	21	23.01	23.03	23.04	
70	Electroencephalography	1,047						70
71	Medical Supplies Charged to Patients	6,917						71
72	Impl. Dev. Charged to Patients	10,828						72
73	Drugs Charged to Patients	23,979						73
74	Renal Dialysis	1,275	2,328					74
76	PULMONARY LABS	335						76
76.01	OCCUPATIONAL HEALTH							76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	1,314						76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	1,077	67					76.07
76.09	BONE MARROW PROCUREMENT	327						76.09
76.10	BARIATRICS							76.10
76.11	HEPATOLOGY							76.11
76.97	CARDIAC REHABILITATION	70	3					76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	1	20					90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER	37	41					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	551	18,882					90.07
90.08	OBT OUTPATIENT CENTER	8						90.08
90.09	ELMHURST IMMEDIATE CARE	1						90.09
90.10	LAGRANGE FAMILY PCC	1						90.10
90.12	NORTH RIVERSIDE PCC	1						90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC							90.14
90.15	OBT II PCC	2						90.15
90.16	HICKORY HILLS PCC	2						90.16
90.18	DARIEN PCC	1						90.18
90.20	ORLAND PARK - FP	1						90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	3						90.21
90.22	HOMER GLEN PCC	6						90.22
90.23	OAK PARK PCC	1						90.23
90.24	PARK RIDGE PCC	6						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	2						90.28
90.29	BURR RIDGE PCC	44						90.29
90.30	RIVER FOREST	9						90.30
90.31	NORRIDGE							90.31
90.32	ELMWOOD PARK							90.32
90.33	OCCUPATIONAL HEALTH CLINIC							90.33
90.34	CHICAGO AND BELMONT							90.34
91	Emergency	8,980	1,750					91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	512						92.01
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
97	Durable Medical Equip-Sold	80						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
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	1,005	1,110					105
106	Heart Acquisition	690						106
107	Liver Acquisition	1,098						107
108	Lung Acquisition	1,037						108
110	Intestinal Acquisition							110
112	OTHER ORGAN ACQUISITION (SPECIFY)							112
118	SUBTOTALS (sum of lines 1-117)	260,115	57,443					118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
190.01	HINES RADIATION THERAPY							190.01
190.02	HOME INFUSION THERAPY							190.02
190.03	OP HOSPITAL PHARMACY							190.03
190.04	HOSPITALIST							190.04
190.05	STUDENT HEALTH							190.05
190.06	DISCONTINUED HHA AND HOSPICE							190.06

ALLOCATION OF CAPITAL-RELATED COSTS **WORKSHEET B PART II**

	COST CENTER DESCRIPTIONS	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SALARY & FRINGES	PARAMEDICAL ED-MICU	CLINICAL PASTORAL EDUCATION	PHARMACY RESIDENCY PROGRAM	
		16	17	21	23.01	23.03	23.04	
192	Physicians' Private Offices							192
192.01	FACULTY CLINICAL OPERATIONS							192.01
193	Nonpaid Workers							193
200	Cross Foot Adjustments			422,966	82,370	10,853	8,378	200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	260,115	57,443	422,966	82,370	10,853	8,378	202

ALLOCATION OF CAPITAL-RELATED COSTS **WORKSHEET B PART II**

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL				
		24	25	26				
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
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
5.10	PASTORAL CARE							5.10
5.11	HOSPITAL ADMINSTRATION							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
23.03	CLINICAL PASTORAL EDUCATION							23.03
23.04	PHARMACY RESIDENCY PROGRAM							23.04
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	5,960,082		5,960,082				30
31	Intensive Care Unit	1,529,443		1,529,443				31
33	Burn Intensive Care Unit	493,558		493,558				33
35	NEONATAL INTENSIVE CARE	707,901		707,901				35
35.01	PEDIATRIC ICU	279,928		279,928				35.01
35.03	HEART TRANSPLANT ICU	443,217		443,217				35.03
35.04	BONE INTENSIVE CARE	504,547		504,547				35.04
41	Subprovider - IRF	184,101		184,101				41
43	Nursery	7,844		7,844				43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	4,000,086		4,000,086				50
50.01	AMBULATORY SURGERY CENTER	1,104,079		1,104,079				50.01
51	Recovery Room	825,074		825,074				51
52	Delivery Room & Labor Room	499,512		499,512				52
53	Anesthesiology	381,868		381,868				53
54	Radiology-Diagnostic	1,758,066		1,758,066				54
54.01	RADIOLOGY-ULTRASOUND	160,918		160,918				54.01
56	Radioisotope	556,846		556,846				56
57	CT Scan	1,007,788		1,007,788				57
58	MRI	603,480		603,480				58
59	Cardiac Catheterization	1,845,333		1,845,333				59
60	Laboratory	1,530,728		1,530,728				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.	276,160		276,160				63
65	Respiratory Therapy	400,418		400,418				65
66	Physical Therapy	33,249		33,249				66
67	Occupational Therapy	45,771		45,771				67
68	Speech Pathology	29,175		29,175				68
69	Electrocardiology	491,791		491,791				69

ALLOCATION OF CAPITAL-RELATED COSTS **WORKSHEET B PART II**

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL				
		24	25	26				
70	Electroencephalography	453,727		453,727				70
71	Medical Supplies Charged to Patients	280,483		280,483				71
72	Impl. Dev. Charged to Patients	343,083		343,083				72
73	Drugs Charged to Patients	1,005,014		1,005,014				73
74	Renal Dialysis	446,859		446,859				74
76	PULMONARY LABS	155,527		155,527				76
76.01	OCCUPATIONAL HEALTH							76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	93,148		93,148				76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	1,243,902		1,243,902				76.07
76.09	BONE MARROW PROCUREMENT	9,051		9,051				76.09
76.10	BARIATRICS	4,318		4,318				76.10
76.11	HEPATOLOGY	379,598		379,598				76.11
76.97	CARDIAC REHABILITATION	10,522		10,522				76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	80,363		80,363				90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER	3,317,897		3,317,897				90.02
90.03	PSYCH SOCIAL REHAB	190,509		190,509				90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	7,045,713		7,045,713				90.07
90.08	OBT OUTPATIENT CENTER	1,249,769		1,249,769				90.08
90.09	ELMHURST IMMEDIATE CARE	273,887		273,887				90.09
90.10	LAGRANGE FAMILY PCC	453,679		453,679				90.10
90.12	NORTH RIVERSIDE PCC	22,426		22,426				90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	334,848		334,848				90.14
90.15	OBT II PCC	376,556		376,556				90.15
90.16	HICKORY HILLS PCC	639,197		639,197				90.16
90.18	DARIEN PCC	253,682		253,682				90.18
90.20	ORLAND PARK - FP	25,773		25,773				90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	385,715		385,715				90.21
90.22	HOMER GLEN PCC	617,466		617,466				90.22
90.23	OAK PARK PCC	191,896		191,896				90.23
90.24	PARK RIDGE PCC	214,611		214,611				90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	30,328		30,328				90.25
90.26	WOODRIDGE PCC	2,958		2,958				90.26
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER	169,622		169,622				90.28
90.29	BURR RIDGE PCC	3,128,766		3,128,766				90.29
90.30	RIVER FOREST	308,077		308,077				90.30
90.31	NORRIDGE	68,559		68,559				90.31
90.32	ELMWOOD PARK	213,154		213,154				90.32
90.33	OCCUPATIONAL HEALTH CLINIC	213,214		213,214				90.33
90.34	CHICAGO AND BELMONT	4,033		4,033				90.34
91	Emergency	912,540		912,540				91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	239,350		239,350				92.01
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	1,273		1,273				95
97	Durable Medical Equip-Sold	4,233		4,233				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
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	34,818		34,818				105
106	Heart Acquisition	26,176		26,176				106
107	Liver Acquisition	50,941		50,941				107
108	Lung Acquisition	26,611		26,611				108
110	Intestinal Acquisition							110
112	OTHER ORGAN ACQUISITION (SPECIFY)							112
118	SUBTOTALS (sum of lines 1-117)	51,194,835		51,194,835				118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	122,921		122,921				190
190.01	HINES RADIATION THERAPY	3		3				190.01
190.02	HOME INFUSION THERAPY	30,396		30,396				190.02
190.03	OP HOSPITAL PHARMACY	305,787		305,787				190.03
190.04	HOSPITALIST	8		8				190.04
190.05	STUDENT HEALTH	88		88				190.05
190.06	DISCONTINUED HHA AND HOSPICE	15,182		15,182				190.06

ALLOCATION OF CAPITAL-RELATED COSTS **WORKSHEET B PART II**

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL				
		24	25	26				
192	Physicians' Private Offices	29		29				192
192.01	FACULTY CLINICAL OPERATIONS	5,290,533		5,290,533				192.01
193	Nonpaid Workers	25,926		25,926				193
200	Cross Foot Adjustments	524,567		524,567				200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	57,510,275		57,510,275				202

COST ALLOCATION - STATISTICAL BASIS **WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAPITAL RE LATED COST S NEW CAPI SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	COMMUNICAT ION PHONE COST	SYSTEM & C OMPUTERS GROSS REVE NUE	
		1	1.01	2	4	5.01	5.02	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	2,259,145						1
1.01	NEW CAPITAL-BLDG INTEREST		2,259,145					1.01
2	Cap Rel Costs-Mvble Equip			65,148,583				2
4	Employee Benefits Department	790	790		570,182,914			4
5.01	COMMUNICATION	6,072	6,072	98,971	720,970	216,191		5.01
5.02	SYSTEM & COMPUTERS	26,040	26,040	172,810	8,955,260	4,179	2,967,057,360	5.02
5.03	PURCHASING	8,706	8,706	264,212	1,672,003	2,219		5.03
5.04	OPC STORES	4,955	4,955			21		5.04
5.05	PATIENT AFFAIRS	515	515	95,363	4,378,819	1,034		5.05
5.06	PATIENT ADMITTING	472	472	50,025	2,690,971	1,428		5.06
5.07	PATIENT ACCOUNTS	19,972	19,972	2,539	6,035,058	7,565		5.07
5.08	ACCOUNTING	4,043	4,043	8,553	2,596,744	2,366		5.08
5.10	PASTORAL CARE	12,147	12,147	26,937	770,934			5.10
5.11	HOSPITAL ADMINSTRATION	57,351	57,351	7,556,998	53,092,428	24,196		5.11
5.12	AMBULATORY ADMINISTRATION	1,758	1,758	118,869	2,683,858	439		5.12
5.14	PRIMARY CARE ADMINISTRATION				164,899			5.14
6	Maintenance & Repairs							6
7	Operation of Plant	910,433	910,433	3,836,431	7,991,566	3,520		7
7.01	SAFETY AND SECURITY	3,467	3,467	81,807	2,505,326	1,083		7.01
8	Laundry & Linen Service	4,669	4,669	1,560				8
9	Housekeeping	10,995	10,995	15,306	3,509,499	1,386		9
10	Dietary	10,690	10,690	127,732	2,606,767	2,160		10
11	Cafeteria	9,446	9,446		769,309			11
12	Maintenance of Personnel							12
12.01	PATIENT TRANSPORTATION	623	623		1,115,578	887		12.01
13	Nursing Administration	5,021	5,021	123,677	2,798,789	631		13
14	Central Services & Supply	9,939	9,939	2,872,059	1,444,401	94		14
14.01	CENTRAL PROCESSING	13,020	13,020	27,425	955,608	320		14.01
15	Pharmacy	13,377	13,377	3,234,282	8,203,886	1,776		15
16	Medical Records & Library	3,590	3,590	262,331	8,318,874	4,002		16
17	Social Service	930	930	17,173	3,343,089	3,023		17
17.01	HOSPITAL MEDICAL ADMIN							17.01
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	5,488	5,488	3,343	39,734,928	452		21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
23.01	PARAMEDICAL ED-MICU	2,192	2,192	19,131	581,433			23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
23.03	CLINICAL PASTORAL EDUCATION	274	274	4,799	100,934			23.03
23.04	PHARMACY RESIDENCY PROGRAM	188	188		312,186			23.04
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	144,221	144,221	1,037,340	42,269,081	30,228	224,876,632	30
31	Intensive Care Unit	27,953	27,953	1,254,204	13,135,949	5,323	77,447,472	31
33	Burn Intensive Care Unit	11,104	11,104	206,378	3,629,067	695	23,927,159	33
35	NEONATAL INTENSIVE CARE	10,853	10,853	891,089	6,635,055	3,783	34,357,365	35
35.01	PEDIATRIC ICU	3,281	3,281	496,223	2,067,139	1,375	10,399,083	35.01
35.03	HEART TRANSPLANT ICU	8,217	8,217	463,821	2,405,939	1,025	13,469,887	35.03
35.04	BONE INTENSIVE CARE	9,732	9,732	454,876	3,161,061	1,190	22,468,049	35.04
41	Subprovider - IRF	2,918	2,918	21,058	3,211,075	2,787	17,298,839	41
43	Nursery				679,487		3,670,871	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	60,063	60,063	6,636,967	12,745,916	4,534	100,481,322	50
50.01	AMBULATORY SURGERY CENTER	23,498	23,498	812,765	2,829,333		46,157,282	50.01
51	Recovery Room	20,184	20,184	341,554	2,747,445	1,057	51,679,323	51
52	Delivery Room & Labor Room	6,618	6,618	729,906	2,225,164	1,494	13,242,325	52
53	Anesthesiology	2,581	2,581	861,592	584,691		108,851,100	53
54	Radiology-Diagnostic	31,680	31,680	2,326,502	5,901,048	9,210	89,823,080	54
54.01	RADIOLOGY-ULTRASOUND	925	925	432,145	1,073,806		26,130,969	54.01
56	Radioisotope	6,258	6,258	1,160,390	1,381,005	1,360	35,987,501	56
57	CT Scan	5,248	5,248	2,875,309	2,705,064		136,850,557	57
58	MRI	7,727	7,727	1,160,395	1,813,603	1,021	76,943,983	58
59	Cardiac Catheterization	33,803	33,803	2,345,728	6,104,259	1,976	111,751,362	59
60	Laboratory	29,484	29,484	798,498	7,646,653	5,856	464,088,751	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.	3,333	3,333	286,857	1,213,487	582	42,942,141	63
65	Respiratory Therapy	4,749	4,749	650,284	5,794,042	355	53,283,039	65
66	Physical Therapy	70	70	26,261	1,509,256	2,215	11,081,238	66
67	Occupational Therapy	1,018	1,018		710,514		5,574,515	67
68	Speech Pathology	740	740		313,823	372	1,904,413	68

COST ALLOCATION - STATISTICAL BASIS **WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAPITAL RE LATED COST S NEW CAPI SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	COMMUNICAT ION PHONE COST	SYSTEM & C OMPUTERS GROSS REVE NUE	
		1	1.01	2	4	5.01	5.02	
69	Electrocardiology	10,008	10,008	407,490	2,361,849	1,357	56,353,747	69
70	Electroencephalography	8,531	8,531	584,751	1,068,860	1,444	9,540,422	70
71	Medical Supplies Charged to Patients						65,166,971	71
72	Impl. Dev. Charged to Patients						93,172,042	72
73	Drugs Charged to Patients						301,539,477	73
74	Renal Dialysis	11,232	11,232	87,688	2,914,404	923	32,609,182	74
76	PULMONARY LABS	3,163	3,163	170,742	381,458	879	4,423,232	76
76.01	OCCUPATIONAL HEALTH							76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	1,707	1,707	89,933	829,754	330	15,595,001	76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	13,201	13,201	2,962,256	2,471,341		39,277,323	76.07
76.09	BONE MARROW PROCUREMENT				180,756		2,190,283	76.09
76.10	BARIATRICS				437,779		422,192	76.10
76.11	HEPATOLOGY	10,511	10,511	120,580	606,794		29,447	76.11
76.97	CARDIAC REHABILITATION				189,624	42	388,476	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	2,149	2,149	6,402	226,840		1,020,295	90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER	71,929	71,929	438,916	5,751,619	7,790	22,687,310	90.02
90.03	PSYCH SOCIAL REHAB	5,630	5,630		391,958	1,393	3,068	90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	131,969	131,969	9,075,672	22,352,566	27,662	152,951,314	90.07
90.08	OBT OUTPATIENT CENTER	31,581	31,581	604,157	6,227,635	3,190	30,943,619	90.08
90.09	ELMHURST IMMEDIATE CARE	7,637	7,637	45,583	933,925		2,735,253	90.09
90.10	LAGRANGE FAMILY PCC	11,983	11,983	145,422	2,120,919	2,445	9,587,235	90.10
90.12	NORTH RIVERSIDE PCC			8,598	2,808,711	3,129	4,014,322	90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	9,123	9,123	55,122	1,384,059	1,143	1,908,164	90.14
90.15	OBT II PCC	9,604	9,604	176,072	1,198,602	2,358	3,549,302	90.15
90.16	HICKORY HILLS PCC	18,433	18,433	22,815	3,418,743	2,993	12,177,413	90.16
90.18	DARIEN PCC	5,677	5,677	208,172	707,102	1,588	1,243,964	90.18
90.20	ORLAND PARK - FP			16,808	3,018,152	3,576	4,168,189	90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	10,534	10,534	11,538	3,294,822		20,022,634	90.21
90.22	HOMER GLEN PCC	12,718	12,718	565,206	3,627,564	41	16,124,763	90.22
90.23	OAK PARK PCC	5,291	5,291	34,757	2,488,784		1,605,297	90.23
90.24	PARK RIDGE PCC	5,849	5,849	52,797	1,126,309	17	5,654,334	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB			35,969	2,737,631		2,098,001	90.25
90.26	WOODRIDGE PCC			6,626	103,268		421,721	90.26
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER			88,360	677,904		5,050,543	90.28
90.29	BURR RIDGE PCC	80,842	80,842	1,333,431	10,138,926		86,130,627	90.29
90.30	RIVER FOREST	8,720	8,720	13,988	2,697,141		11,977,869	90.30
90.31	NORRIDGE	2,029	2,029	1,311	153,775		933,604	90.31
90.32	ELMWOOD PARK	6,336	6,336		519,615		1,621,024	90.32
90.33	OCCUPATIONAL HEALTH CLINIC	6,174	6,174	17,368	663,292		669,917	90.33
90.34	CHICAGO AND BELMONT			1,387	160,026		392,371	90.34
91	Emergency	19,734	19,734	370,660	17,136,714	8,906	112,405,884	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	1,132	1,132	686,027	2,233,316	49	5,035,233	92.01
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
97	Durable Medical Equip-Sold				412,501		3,249,895	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
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	600	600		872,467	1,346	5,585,288	105
106	Heart Acquisition	466	466	3,760	546,031	549	3,834,068	106
107	Liver Acquisition	991	991		1,068,132	51	6,097,780	107
108	Lung Acquisition	433	433		503,745	23	5,761,006	108
110	Intestinal Acquisition							110
112	OTHER ORGAN ACQUISITION (SPECIFY)							112
118	SUBTOTALS (sum of lines 1-117)	2,129,338	2,129,338	63,742,839	415,692,492	212,443	2,967,057,360	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	2,616	2,616		213,282	187		190
190.01	HINES RADIATION THERAPY							190.01
190.02	HOME INFUSION THERAPY			46,683	851,841			190.02
190.03	OP HOSPITAL PHARMACY			5,094	406,210			190.03
190.04	HOSPITALIST							190.04

COST ALLOCATION - STATISTICAL BASIS **WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAPITAL RE LATED COST S NEW CAPI SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	COMMUNICAT ION PHONE COST	SYSTEM & C OMPUTERS GROSS REVE NUE	
		1	1.01	2	4	5.01	5.02	
190.05	STUDENT HEALTH							190.05
190.06	DISCONTINUED HHA AND HOSPICE	207	207	15,236	78,670	2,966		190.06
192	Physicians' Private Offices							192
192.01	FACULTY CLINICAL OPERATIONS	126,219	126,219	1,338,731	152,833,630	448		192.01
193	Nonpaid Workers	765	765		106,789	147		193
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	28,013,813	12,624,199	16,872,263	119,575,640	3,288,829	16,788,150	202
203	Unit Cost Multiplier (Wkst. B, Part I)	12.400184	5.588043	0.258981	0.209715	15.212608	0.005658	203
204	Cost to be allocated (Per Wkst. B, Part II)				14,211	134,875	516,000	204
205	Unit Cost Multiplier (Wkst. B, Part II)				0.000025	0.623870	0.000174	205

COST ALLOCATION - STATISTICAL BASIS **WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	PURCHASING NUMBER OF ISSUES	OPC STORES NUMBER OF ISSUES	PATIENT AF FAIRS NUMBER OF VISITS	PATIENT AD MITTING INPATIENT REVENUE	PATIENT AC COUNTS GROSS REVE NUE	RECON-CILIATION	
		5.03	5.04	5.05	5.06	5.07	5A.08	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	COMMUNICATION							5.01
5.02	SYSTEM & COMPUTERS							5.02
5.03	PURCHASING	980,383						5.03
5.04	OPC STORES	275	3,856					5.04
5.05	PATIENT AFFAIRS	32		5,625				5.05
5.06	PATIENT ADMITTING	203			1,447,711,839			5.06
5.07	PATIENT ACCOUNTS	64				2,967,057,360		5.07
5.08	ACCOUNTING	112					-5,639,721	5.08
5.10	PASTORAL CARE	46						5.10
5.11	HOSPITAL ADMINSTRATION	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
23.03	CLINICAL PASTORAL EDUCATION							23.03
23.04	PHARMACY RESIDENCY PROGRAM							23.04
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	297,435	1		211,252,177	224,876,632		30
31	Intensive Care Unit	130,162			77,447,472	77,447,472		31
33	Burn Intensive Care Unit	24,788			23,927,159	23,927,159		33
35	NEONATAL INTENSIVE CARE	14,479			34,357,365	34,357,365		35
35.01	PEDIATRIC ICU	17,941			10,399,083	10,399,083		35.01
35.03	HEART TRANSPLANT ICU	19,220			13,469,887	13,469,887		35.03
35.04	BONE INTENSIVE CARE	18,166			22,468,049	22,468,049		35.04
41	Subprovider - IRF	12,925			17,298,839	17,298,839		41
43	Nursery				3,670,871	3,670,871		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	59,377			75,459,704	100,481,322		50
50.01	AMBULATORY SURGERY CENTER	31,673	2,737		81,399	46,157,282		50.01
51	Recovery Room	19,767			28,374,440	51,679,323		51
52	Delivery Room & Labor Room	20,473			11,915,909	13,242,325		52
53	Anesthesiology	1,658			79,337,451	108,851,100		53
54	Radiology-Diagnostic	12,865	21		38,197,218	89,823,080		54
54.01	RADIOLOGY-ULTRASOUND	1,221	1		6,291,065	26,130,969		54.01
56	Radioisotope	1,969			4,061,800	35,987,501		56
57	CT Scan	5,623			57,393,720	136,850,557		57
58	MRI	1,862	25		20,596,381	76,943,983		58
59	Cardiac Catheterization	6,015			39,842,204	111,751,362		59
60	Laboratory	25,714			200,122,186	464,088,751		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.	2,223	16		34,173,062	42,942,141		63
65	Respiratory Therapy				52,336,202	53,283,039		65
66	Physical Therapy	2,467		74	10,197,592	11,081,238		66
67	Occupational Therapy	1,768			5,381,595	5,574,515		67
68	Speech Pathology	748	2		1,875,189	1,904,413		68

COST ALLOCATION - STATISTICAL BASIS **WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	PURCHASING NUMBER OF ISSUES	OPC STORES NUMBER OF ISSUES	PATIENT AF FAIRS NUMBER OF VISITS	PATIENT AD MITTING INPATIENT REVENUE	PATIENT AC COUNTS GROSS REVE NUE	RECON-CILIATION	
		5.03	5.04	5.05	5.06	5.07	5A.08	
69	Electrocardiology	7,796			27,512,525	56,353,747		69
70	Electroencephalography	851			5,814,486	9,540,422		70
71	Medical Supplies Charged to Patients				38,430,274	65,166,971		71
72	Impl. Dev. Charged to Patients				60,157,098	93,172,042		72
73	Drugs Charged to Patients				133,217,551	301,539,477		73
74	Renal Dialysis	7,721			7,085,659	32,609,182		74
76	PULMONARY LABS	3,666			1,861,879	4,423,232		76
76.01	OCCUPATIONAL HEALTH							76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	166			7,297,427	15,595,001		76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	5,954		63	5,981,842	39,277,323		76.07
76.09	BONE MARROW PROCUREMENT				1,815,886	2,190,283		76.09
76.10	BARIATRICS				324	422,192		76.10
76.11	HEPATOLOGY					29,447		76.11
76.97	CARDIAC REHABILITATION	33,612	33		388,344	388,476		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	2,436	2	25	4,262	1,020,295		90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER	211			203,853	22,687,310		90.02
90.03	PSYCH SOCIAL REHAB			95		3,068		90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	29,076	923	2,421	3,062,767	152,951,314		90.07
90.08	OBT OUTPATIENT CENTER	6,765	41	174	44,335	30,943,619		90.08
90.09	ELMHURST IMMEDIATE CARE	1,165		159	4,886	2,735,253		90.09
90.10	LAGRANGE FAMILY PCC	2,721		76	7,404	9,587,235		90.10
90.12	NORTH RIVERSIDE PCC	1,933		324	7,090	4,014,322		90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	966		84	1,644	1,908,164		90.14
90.15	OBT II PCC	1,955	3	314	11,199	3,549,302		90.15
90.16	HICKORY HILLS PCC	2,974	1	286	8,885	12,177,413		90.16
90.18	DARIEN PCC	2,465		197	3,385	1,243,964		90.18
90.20	ORLAND PARK - FP	1,735	10	261	5,358	4,168,189		90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	1,068		620	16,549	20,022,634		90.21
90.22	HOMER GLEN PCC	7,659		261	35,938	16,124,763		90.22
90.23	OAK PARK PCC	1,235	4	120	5,085	1,605,297		90.23
90.24	PARK RIDGE PCC	889		22	35,858	5,654,334		90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	302		10	1,218	2,098,001		90.25
90.26	WOODRIDGE PCC					421,721		90.26
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER				10,391	5,050,543		90.28
90.29	BURR RIDGE PCC				243,907	86,130,627		90.29
90.30	RIVER FOREST				47,960	11,977,869		90.30
90.31	NORRIDGE					933,604		90.31
90.32	ELMWOOD PARK				372	1,621,024		90.32
90.33	OCCUPATIONAL HEALTH CLINIC			39		669,917		90.33
90.34	CHICAGO AND BELMONT					392,371		90.34
91	Emergency	38,750			49,889,030	112,405,884		91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	1,207			2,844,147	5,035,233		92.01
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
97	Durable Medical Equip-Sold	4			446,860	3,249,895		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
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	18			5,585,288	5,585,288		105
106	Heart Acquisition	22			3,834,068	3,834,068		106
107	Liver Acquisition	33			6,097,780	6,097,780		107
108	Lung Acquisition	7			5,761,006	5,761,006		108
110	Intestinal Acquisition							110
112	OTHER ORGAN ACQUISITION (SPECIFY)							112
118	SUBTOTALS (sum of lines 1-117)	950,026	3,856	5,625	1,447,711,839	2,967,057,360	-5,639,721	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	56						190
190.01	HINES RADIATION THERAPY	14						190.01
190.02	HOME INFUSION THERAPY	5,599						190.02
190.03	OP HOSPITAL PHARMACY	24,494						190.03
190.04	HOSPITALIST	36						190.04

COST ALLOCATION - STATISTICAL BASIS **WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	PURCHASING NUMBER OF ISSUES	OPC STORES NUMBER OF ISSUES	PATIENT AF FAIRS NUMBER OF VISITS	PATIENT AD MITTING INPATIENT REVENUE	PATIENT AC COUNTS GROSS REVE NUE	RECON-CILIATION	
		5.03	5.04	5.05	5.06	5.07	5A.08	
190.05	STUDENT HEALTH							190.05
190.06	DISCONTINUED HHA AND HOSPICE							190.06
192	Physicians' Private Offices	122						192
192.01	FACULTY CLINICAL OPERATIONS	36						192.01
193	Nonpaid Workers							193
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	3,305,615	90,903	6,613,649	3,528,047	13,392,829		202
203	Unit Cost Multiplier (Wkst. B, Part I)	3.371759	23.574429	1,175.759822	0.002437	0.004514		203
204	Cost to be allocated (Per Wkst. B, Part II)	226,458	89,209	34,722	22,452	364,804		204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.230989	23.135114	6.172800	0.000016	0.000123		205

COST ALLOCATION - STATISTICAL BASIS **WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	ACCOUNTING ACCUM COST	RECON-CILIATION	PASTORAL CARE ACCUM COST	RECON-CILIATION	HOSPITAL ADMINSTRATION ACCUM COST	RECON-CILIATION	
		5.08		5.10		5.11		
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	COMMUNICATION							5.01
5.02	SYSTEM & COMPUTERS							5.02
5.03	PURCHASING							5.03
5.04	OPC STORES							5.04
5.05	PATIENT AFFAIRS							5.05
5.06	PATIENT ADMITTING							5.06
5.07	PATIENT ACCOUNTS							5.07
5.08	ACCOUNTING	1,105,242,995						5.08
5.10	PASTORAL CARE	1,210,456	-1,216,633	1,109,666,083				5.10
5.11	HOSPITAL ADMINSTRATION	142,184,476		142,910,043	-143,066,672	967,816,044		5.11
5.12	AMBULATORY ADMINISTRATION	3,564,516		3,582,706		3,586,633	-4,116,823	5.12
5.14	PRIMARY CARE ADMINISTRATION	478,773		481,216		481,743		5.14
6	Maintenance & Repairs	13,111,326		13,178,233		13,192,676		6
7	Operation of Plant	32,604,025		32,770,403		32,806,319		7
7.01	SAFETY AND SECURITY	3,796,451		3,815,824		3,820,006		7.01
8	Laundry & Linen Service	3,696,116		3,714,977		3,719,049		8
9	Housekeeping	13,201,627		13,268,995		13,283,538		9
10	Dietary	3,979,428		3,999,735		4,004,119		10
11	Cafeteria	2,122,154		2,132,983		2,135,321		11
12	Maintenance of Personnel							12
12.01	PATIENT TRANSPORTATION	1,663,974		1,672,465		1,674,298		12.01
13	Nursing Administration	4,065,352		4,086,097		4,090,575		13
14	Central Services & Supply	5,993,113		6,023,696		6,030,298		14
14.01	CENTRAL PROCESSING	2,057,445		2,067,944		2,070,210		14.01
15	Pharmacy	19,504,522		19,604,054		19,625,540		15
16	Medical Records & Library	14,889,263		14,965,243		14,981,645		16
17	Social Service	4,234,503		4,256,112		4,260,777		17
17.01	HOSPITAL MEDICAL ADMIN							17.01
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	50,123,575		50,379,356		50,434,572		21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
23.01	PARAMEDICAL ED-MICU	671,415		674,841		675,581		23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
23.03	CLINICAL PASTORAL EDUCATION	131,337		132,007		132,152		23.03
23.04	PHARMACY RESIDENCY PROGRAM	411,721		413,822		414,276		23.04
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	56,298,481		56,585,772		56,647,790		30
31	Intensive Care Unit	21,530,637		21,640,508		21,664,226		31
33	Burn Intensive Care Unit	5,960,816		5,991,234		5,997,800		33
35	NEONATAL INTENSIVE CARE	9,114,162		9,160,672		9,170,712		35
35.01	PEDIATRIC ICU	3,203,319		3,219,666		3,223,195		35.01
35.03	HEART TRANSPLANT ICU	3,978,382		3,998,684		4,003,067		35.03
35.04	BONE INTENSIVE CARE	5,117,434		5,143,548		5,149,185		35.04
41	Subprovider - IRF	4,478,725		4,501,580		4,506,514		41
43	Nursery	950,781		955,633		956,680		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	28,420,606		28,565,636		28,596,944		50
50.01	AMBULATORY SURGERY CENTER	5,526,972		5,555,176		5,561,264		50.01
51	Recovery Room	5,109,463		5,135,537		5,141,166		51
52	Delivery Room & Labor Room	3,813,601		3,833,062		3,837,263		52
53	Anesthesiology	3,229,712		3,246,193		3,249,751		53
54	Radiology-Diagnostic	10,108,884		10,160,470		10,171,606		54
54.01	RADIOLOGY-ULTRASOUND	1,741,661		1,750,549		1,752,468		54.01
56	Radioisotope	5,223,209		5,249,863		5,255,617		56
57	CT Scan	7,332,455		7,369,873		7,377,950		57
58	MRI	3,548,124		3,566,230		3,570,139		58
59	Cardiac Catheterization	11,345,607		11,403,504		11,416,002		59
60	Laboratory	27,091,828		27,230,078		27,259,922		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.	8,798,587		8,843,486		8,853,178		63
65	Respiratory Therapy	8,761,271		8,805,980		8,815,631		65
66	Physical Therapy	2,118,228		2,129,037		2,131,370		66
67	Occupational Therapy	967,526		972,463		973,529		67
68	Speech Pathology	476,575		479,007		479,532		68

COST ALLOCATION - STATISTICAL BASIS **WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	ACCOUNTING ACCUM COST	RECON-CILIATION	PASTORAL CARE ACCUM COST	RECON-CILIATION	HOSPITAL ADMINSTRATION ACCUM COST	RECON-CILIATION	
		5.08		5.10		5.11		
69	Electrocardiology	3,954,102		3,974,280		3,978,636		69
70	Electroencephalography	2,123,570		2,134,407		2,136,746		70
71	Medical Supplies Charged to Patients	29,594,838		29,745,860		29,778,461		71
72	Impl. Dev. Charged to Patients	35,544,964		35,726,350		35,765,506		72
73	Drugs Charged to Patients	63,257,299		63,580,101		63,649,785		73
74	Renal Dialysis	6,145,583		6,176,944		6,183,714		74
76	PULMONARY LABS	830,693		834,932		835,847		76
76.01	OCCUPATIONAL HEALTH							76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	1,261,147		1,267,583		1,268,972		76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	4,889,280		4,914,230		4,919,616		76.07
76.09	BONE MARROW PROCUREMENT	2,069,046		2,079,604		2,081,883		76.09
76.10	BARIATRICS	830,362		834,599		835,514		76.10
76.11	HEPATOLOGY	935,460		940,234		941,264		76.11
76.97	CARDIAC REHABILITATION	349,959		351,745		352,131		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	389,188		391,174		391,603		90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER	14,423,063		14,496,664		14,512,552		90.02
90.03	PSYCH SOCIAL REHAB	726,714		730,422		731,223		90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	38,073,410		38,267,699		38,309,640		90.07
90.08	OBT OUTPATIENT CENTER	9,291,288		9,338,701		9,348,936		90.08
90.09	ELMHURST IMMEDIATE CARE	1,963,844		1,973,865		1,976,028		90.09
90.10	LAGRANGE FAMILY PCC	3,232,045		3,248,538		3,252,098		90.10
90.12	NORTH RIVERSIDE PCC	2,686,803		2,700,514		2,703,474		90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	1,916,394		1,926,173		1,928,284		90.14
90.15	OBT II PCC	2,240,954		2,252,390		2,254,859		90.15
90.16	HICKORY HILLS PCC	4,279,717		4,301,556		4,306,271		90.16
90.18	DARIEN PCC	2,329,660		2,341,548		2,344,114		90.18
90.20	ORLAND PARK - FP	2,825,079		2,839,495		2,842,607		90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	5,531,209		5,559,435		5,565,528		90.21
90.22	HOMER GLEN PCC	5,460,908		5,488,775		5,494,791		90.22
90.23	OAK PARK PCC	1,537,246		1,545,091		1,546,784		90.23
90.24	PARK RIDGE PCC	1,575,910		1,583,952		1,585,688		90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	4,011,215		4,031,684		4,036,103		90.25
90.26	WOODRIDGE PCC	238,131		239,346		239,608		90.26
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER	2,935,406		2,950,385		2,953,619		90.28
90.29	BURR RIDGE PCC	20,253,426		20,356,779		20,379,090		90.29
90.30	RIVER FOREST	2,852,131		2,866,685		2,869,827		90.30
90.31	NORRIDGE	289,906		291,385		291,704		90.31
90.32	ELMWOOD PARK	1,066,041		1,071,481		1,072,655		90.32
90.33	OCCUPATIONAL HEALTH CLINIC	1,163,389		1,169,326		1,170,608		90.33
90.34	CHICAGO AND BELMONT	295,186		296,692		297,017		90.34
91	Emergency	14,260,558		14,333,330		14,349,039		91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	3,256,800		3,273,419		3,277,007		92.01
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	361,554		363,399		363,797		95
97	Durable Medical Equip-Sold	537,952		540,697		541,290		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
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	2,664,344		2,677,940		2,680,875		105
106	Heart Acquisition	1,936,388		1,946,269		1,948,402		106
107	Liver Acquisition	4,148,409		4,169,578		4,174,148		107
108	Lung Acquisition	2,501,266		2,514,030		2,516,785		108
110	Intestinal Acquisition							110
112	OTHER ORGAN ACQUISITION (SPECIFY)							112
118	SUBTOTALS (sum of lines 1-117)	880,984,451	-1,216,633	884,263,479	-143,066,672	742,165,958	-4,116,823	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	427,593		429,775		430,246		190
190.01	HINES RADIATION THERAPY	47		47		47		190.01
190.02	HOME INFUSION THERAPY	2,589,894		2,603,110		2,605,963		190.02
190.03	OP HOSPITAL PHARMACY	15,070,318		15,147,222		15,163,823		190.03
190.04	HOSPITALIST	121		122		122		190.04

COST ALLOCATION - STATISTICAL BASIS **WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	ACCOUNTING ACCUM COST	RECON-CILIATION	PASTORAL CARE ACCUM COST	RECON-CILIATION	HOSPITAL ADMINSTRATION ACCUM COST	RECON-CILIATION	
		5.08		5.10		5.11		
190.05	STUDENT HEALTH	14,531		14,605		14,621		190.05
190.06	DISCONTINUED HHA AND HOSPICE	377,452		379,378		379,794		190.06
192	Physicians' Private Offices	411		413		413		192
192.01	FACULTY CLINICAL OPERATIONS	205,612,398		206,661,307		206,888,249		192.01
193	Nonpaid Workers	165,779		166,625		166,808		193
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	5,639,721		1,216,633		143,066,672		202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.005103		0.001096		0.147824		203
204	Cost to be allocated (Per Wkst. B, Part II)	76,508		225,593		3,044,806		204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.000069		0.000203		0.003146		205

COST ALLOCATION - STATISTICAL BASIS **WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	AMBULATORY ADMINISTRATION ACCUM COST	RECON-CILIATION	PRIMARY CARE ADMINISTRATION ACCUM COST	MAIN-TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	SAFETY AND SECURITY SQUARE FEET	
		5.12		5.14	6	7	7.01	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	COMMUNICATION							5.01
5.02	SYSTEM & COMPUTERS							5.02
5.03	PURCHASING							5.03
5.04	OPC STORES							5.04
5.05	PATIENT AFFAIRS							5.05
5.06	PATIENT ADMITTING							5.06
5.07	PATIENT ACCOUNTS							5.07
5.08	ACCOUNTING							5.08
5.10	PASTORAL CARE							5.10
5.11	HOSPITAL ADMINSTRATION							5.11
5.12	AMBULATORY ADMINISTRATION	1,106,765,893						5.12
5.14	PRIMARY CARE ADMINISTRATION	552,956	-555,013	1,110,327,703				5.14
6	Maintenance & Repairs	15,142,870		15,199,201	2,116,324			6
7	Operation of Plant	37,655,880		37,795,960	910,433	1,205,891		7
7.01	SAFETY AND SECURITY	4,384,695		4,401,006	3,467	3,467	1,202,424	7.01
8	Laundry & Linen Service	4,268,814		4,284,694	4,669	4,669	4,669	8
9	Housekeeping	15,247,164		15,303,883	10,995	10,995	10,995	9
10	Dietary	4,596,024		4,613,121	10,690	10,690	10,690	10
11	Cafeteria	2,450,973		2,460,091	9,446	9,446	9,446	11
12	Maintenance of Personnel							12
12.01	PATIENT TRANSPORTATION	1,921,799		1,928,948	623	623	623	12.01
13	Nursing Administration	4,695,260		4,712,726	5,021	5,021	5,021	13
14	Central Services & Supply	6,921,721		6,947,470	9,939	9,939	9,939	14
14.01	CENTRAL PROCESSING	2,376,237		2,385,077	13,020	13,020	13,020	14.01
15	Pharmacy	22,526,666		22,610,465	13,377	13,377	13,377	15
16	Medical Records & Library	17,196,292		17,260,262	3,590	3,590	3,590	16
17	Social Service	4,890,622		4,908,815	930	930	930	17
17.01	HOSPITAL MEDICAL ADMIN							17.01
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	57,890,012		58,105,363	5,488	5,488	5,488	21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
23.01	PARAMEDICAL ED-MICU	775,448		778,333	2,192	2,192	2,192	23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
23.03	CLINICAL PASTORAL EDUCATION	151,687		152,251	274	274	274	23.03
23.04	PHARMACY RESIDENCY PROGRAM	475,516		477,285	188	188	188	23.04
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	65,021,693		65,263,574	144,221	144,221	144,221	30
31	Intensive Care Unit	24,866,719		24,959,223	27,953	27,953	27,953	31
33	Burn Intensive Care Unit	6,884,419		6,910,029	11,104	11,104	11,104	33
35	NEONATAL INTENSIVE CARE	10,526,363		10,565,521	10,853	10,853	10,853	35
35.01	PEDIATRIC ICU	3,699,661		3,713,424	3,281	3,281	3,281	35.01
35.03	HEART TRANSPLANT ICU	4,594,816		4,611,909	8,217	8,217	8,217	35.03
35.04	BONE INTENSIVE CARE	5,910,358		5,932,345	9,732	9,732	9,732	35.04
41	Subprovider - IRF	5,172,685		5,191,927	2,918	2,918	2,918	41
43	Nursery	1,098,100		1,102,185				43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	32,824,259		32,946,365	60,063	60,063	60,063	50
50.01	AMBULATORY SURGERY CENTER	6,383,352		6,407,098	23,498	23,498	23,498	50.01
51	Recovery Room	5,901,154		5,923,106	20,184	20,184	20,184	51
52	Delivery Room & Labor Room	4,404,503		4,420,888	6,618	6,618	6,618	52
53	Anesthesiology	3,730,142		3,744,018	2,581	2,581	2,581	53
54	Radiology-Diagnostic	11,675,213		11,718,645	31,680	31,680	31,680	54
54.01	RADIOLOGY-ULTRASOUND	2,011,525		2,019,008	925	925	925	54.01
56	Radioisotope	6,032,523		6,054,964	6,258	6,258	6,258	56
57	CT Scan	8,468,588		8,500,091	5,248	5,248	5,248	57
58	MRI	4,097,891		4,113,135	7,727	7,727	7,727	58
59	Cardiac Catheterization	13,103,561		13,152,306	33,803	33,803	33,803	59
60	Laboratory	31,289,593		31,405,990	29,484	29,484	29,484	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.	10,161,890		10,199,692	3,333	3,333	3,333	63
65	Respiratory Therapy	10,118,793		10,156,435	4,749	4,749	4,749	65
66	Physical Therapy	2,446,438		2,455,539	70	70	70	66
67	Occupational Therapy	1,117,440		1,121,597	1,018	1,018	1,018	67
68	Speech Pathology	550,418		552,466	740	740	740	68

COST ALLOCATION - STATISTICAL BASIS **WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	AMBULATORY ADMINISTRATION ACCUM COST	RECON-CILIATION	PRIMARY CARE ADMINISTRATION ACCUM COST	MAIN-TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	SAFETY AND SECURITY SQUARE FEET	
		5.12		5.14	6	7	7.01	
69	Electrocardiology	4,566,774		4,583,762	10,008	10,008	10,008	69
70	Electroencephalography	2,452,608		2,461,732	8,531	8,531	8,531	70
71	Medical Supplies Charged to Patients	34,180,432		34,307,583				71
72	Impl. Dev. Charged to Patients	41,052,506		41,205,221				72
73	Drugs Charged to Patients	73,058,751		73,330,530				73
74	Renal Dialysis	7,097,815		7,124,219	11,232	11,232	11,232	74
76	PULMONARY LABS	959,405		962,974	3,163	3,163	3,163	76
76.01	OCCUPATIONAL HEALTH							76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	1,456,557		1,461,975	1,707	1,707	1,707	76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	5,646,853		5,667,859	13,201	13,201	13,201	76.07
76.09	BONE MARROW PROCUREMENT	2,389,635		2,398,524				76.09
76.10	BARIATRICS	959,023		962,591				76.10
76.11	HEPATOLOGY	1,080,405		1,084,424	10,511	10,511	10,511	76.11
76.97	CARDIAC REHABILITATION	404,184		405,688				76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	449,491		451,163	2,149	2,149	2,149	90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER	16,657,855		16,719,822	71,929	71,929	71,929	90.02
90.03	PSYCH SOCIAL REHAB	839,315		842,437	5,630	5,630	5,630	90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	43,972,724		44,136,303	131,969	131,969	131,969	90.07
90.08	OBT OUTPATIENT CENTER	10,730,933		10,770,852	31,581	31,581	31,581	90.08
90.09	ELMHURST IMMEDIATE CARE	2,268,132		2,276,569	7,637	7,637	7,637	90.09
90.10	LAGRANGE FAMILY PCC	3,732,836		3,746,722	11,983	11,983	11,983	90.10
90.12	NORTH RIVERSIDE PCC	3,103,112		3,114,656				90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	2,213,331		2,221,565	9,123	9,123	9,123	90.14
90.15	OBT II PCC	2,588,181		2,597,809	9,604	9,604	9,604	90.15
90.16	HICKORY HILLS PCC	4,942,841		4,961,228	18,433	18,433	18,433	90.16
90.18	DARIEN PCC	2,690,630		2,700,639	5,677	5,677	5,677	90.18
90.20	ORLAND PARK - FP	3,262,813		3,274,951				90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	6,388,247		6,412,011	10,534	10,534	10,534	90.21
90.22	HOMER GLEN PCC	6,307,053		6,330,515	12,718	12,718	12,718	90.22
90.23	OAK PARK PCC	1,775,436		1,782,041	5,291	5,291	5,291	90.23
90.24	PARK RIDGE PCC	1,820,091		1,826,862	5,849	5,849	5,849	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	4,632,736		4,649,970				90.25
90.26	WOODRIDGE PCC	275,028		276,051				90.26
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER	3,390,235		3,402,847				90.28
90.29	BURR RIDGE PCC	23,391,609		23,478,626	80,842	80,842	80,842	90.29
90.30	RIVER FOREST	3,294,056		3,306,310	8,720	8,720	8,720	90.30
90.31	NORRIDGE	334,825		336,071	2,029	2,029	2,029	90.31
90.32	ELMWOOD PARK	1,231,219		1,235,799	6,336	6,336	6,336	90.32
90.33	OCCUPATIONAL HEALTH CLINIC	1,343,652		1,348,650	6,174	6,174	6,174	90.33
90.34	CHICAGO AND BELMONT	340,923		342,191				90.34
91	Emergency	16,470,171		16,531,440	19,734	19,734	19,734	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	3,761,427		3,775,420	1,132	1,132	1,132	92.01
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	417,575		419,128				95
97	Durable Medical Equip-Sold	621,306		623,617				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
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	3,077,173		3,088,620	600	600	600	105
106	Heart Acquisition	2,236,423		2,244,742	466	466	466	106
107	Liver Acquisition	4,791,187		4,809,010	991	991	991	107
108	Lung Acquisition	2,888,826		2,899,572	433	433	433	108
110	Intestinal Acquisition							110
112	OTHER ORGAN ACQUISITION (SPECIFY)							112
118	SUBTOTALS (sum of lines 1-117)	847,759,073	-555,013	850,357,722	1,986,517	1,076,084	1,072,617	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	493,847		495,684	2,616	2,616	2,616	190
190.01	HINES RADIATION THERAPY	54		54				190.01
190.02	HOME INFUSION THERAPY	2,991,187		3,002,314				190.02
190.03	OP HOSPITAL PHARMACY	17,405,400		17,470,148				190.03
190.04	HOSPITALIST	140		141				190.04

COST ALLOCATION - STATISTICAL BASIS **WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	AMBULATORY ADMINISTRATION ACCUM COST	RECON-CILIATION	PRIMARY CARE ADMINISTRATION ACCUM COST	MAIN-TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	SAFETY AND SECURITY SQUARE FEET	
		5.12		5.14	6	7	7.01	
190.05	STUDENT HEALTH	16,782		16,844				190.05
190.06	DISCONTINUED HHA AND HOSPICE	435,937		437,559	207	207	207	190.06
192	Physicians' Private Offices	474		476				192
192.01	FACULTY CLINICAL OPERATIONS	237,471,533		238,354,583	126,219	126,219	126,219	192.01
193	Nonpaid Workers	191,466		192,178	765	765	765	193
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	4,116,823		555,013	15,206,801	44,356,755	4,555,647	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.003720		0.000500	7.185479	36.783387	3.788719	203
204	Cost to be allocated (Per Wkst. B, Part II)	75,032		1,689	46,144	17,509,744	148,274	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.000068		0.000002	0.021804	14.520171	0.123313	205

COST ALLOCATION - STATISTICAL BASIS **WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE LAUNDRY COST	HOUSE-KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	CAFETERIA PAID HOURS	MAIN-TENANCE & PERSONNEL NUMBER HOUSED	PATIENT TRANSPORTATION NUMBER OF TRIPS	
		8	9	10	11	12	12.01	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	COMMUNICATION							5.01
5.02	SYSTEM & COMPUTERS							5.02
5.03	PURCHASING							5.03
5.04	OPC STORES							5.04
5.05	PATIENT AFFAIRS							5.05
5.06	PATIENT ADMITTING							5.06
5.07	PATIENT ACCOUNTS							5.07
5.08	ACCOUNTING							5.08
5.10	PASTORAL CARE							5.10
5.11	HOSPITAL ADMINSTRATION							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	423,459						8
9	Housekeeping	219,743	402,059					9
10	Dietary	48	16,785	1,629,164				10
11	Cafeteria		1,459	917,264	8,787,389			11
12	Maintenance of Personnel					422,470		12
12.01	PATIENT TRANSPORTATION		599		80,300	3,861	197,626	12.01
13	Nursing Administration		1,801		53,739	2,584		13
14	Central Services & Supply	1,474	7,698		69,462	3,340		14
14.01	CENTRAL PROCESSING	227	3,651		24,779	1,191		14.01
15	Pharmacy	7,498	5,147		185,586	8,922		15
16	Medical Records & Library	426	2,309		232,026	11,155		16
17	Social Service		498		79,862	3,839		17
17.01	HOSPITAL MEDICAL ADMIN							17.01
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	5,915	1,505		943,881	45,379		21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
23.01	PARAMEDICAL ED-MICU		843		16,793	807		23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
23.03	CLINICAL PASTORAL EDUCATION				2,887	139		23.03
23.04	PHARMACY RESIDENCY PROGRAM	119			11,472	552		23.04
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	2,044	90,318	404,114	1,140,154	54,815	59,102	30
31	Intensive Care Unit	4,774	12,483	91,691	313,677	15,081	11,924	31
33	Burn Intensive Care Unit	5,247	4,563	6,707	93,226	4,482	404	33
35	NEONATAL INTENSIVE CARE		6,715		145,282	6,985	229	35
35.01	PEDIATRIC ICU	11	2,876	9,656	46,285	2,225	723	35.01
35.03	HEART TRANSPLANT ICU	73	3,055	13,554	57,592	2,769	1,543	35.03
35.04	BONE INTENSIVE CARE		6,011	12,707	88,693	4,264	743	35.04
41	Subprovider - IRF	7,737	17,628	28,394	82,235	3,954	1,391	41
43	Nursery	31			19,556	940		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	42,215	45,371		352,390	16,942	29	50
50.01	AMBULATORY SURGERY CENTER	796	7,749		81,317	3,909	18	50.01
51	Recovery Room	9,316	9,888		66,924	3,218	16	51
52	Delivery Room & Labor Room		2,381		56,016	2,693	156	52
53	Anesthesiology	173	725		27,022	1,299		53
54	Radiology-Diagnostic	2,251	17,915		161,432	7,761	34,013	54
54.01	RADIOLOGY-ULTRASOUND		1,016		23,509	1,130	2,172	54.01
56	Radioisotope		3,582		27,942	1,343	969	56
57	CT Scan		1,775		62,120	2,987	19,630	57
58	MRI		4,054		36,641	1,762	6,502	58
59	Cardiac Catheterization	5,077	10,982		110,685	5,321	1,481	59
60	Laboratory	561	18,559		247,342	11,891	2,618	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.		3,307		32,036	1,540	202	63
65	Respiratory Therapy	3,517	2,868		164,543	7,911	2,713	65
66	Physical Therapy		4,719		38,996	1,875	3,455	66
67	Occupational Therapy		3,246		18,588	894	3,588	67
68	Speech Pathology		667		6,701	322		68

COST ALLOCATION - STATISTICAL BASIS **WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE LAUNDRY COST	HOUSE-KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	CAFETERIA PAID HOURS	MAIN-TENANCE & PERSONNEL NUMBER HOUSED	PATIENT TRANSPORTATION NUMBER OF TRIPS	
		8	9	10	11	12	12.01	
69	Electrocardiology	268	9,412		74,890	3,600	5,729	69
70	Electroencephalography	489	5,321		33,787	1,624		70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	68	447		90,352	4,344	8,121	74
76	PULMONARY LABS				9,639	463		76
76.01	OCCUPATIONAL HEALTH							76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR		824		18,847	906	6,180	76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	86	2,510		74,383	3,576	6,173	76.07
76.09	BONE MARROW PROCUREMENT				3,640	175		76.09
76.10	BARIATRICS				17,766	854		76.10
76.11	HEPATOLOGY	374			15,065	724		76.11
76.97	CARDIAC REHABILITATION				4,179	201		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		4,257		6,594	317	26	90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER	4,000	8,489	645	172,898	8,312	2,358	90.02
90.03	PSYCH SOCIAL REHAB		645		16,638	800		90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	969	44,354	4,731	698,007	33,558	4	90.07
90.08	OBT OUTPATIENT CENTER	131	23		150,021	7,213		90.08
90.09	ELMHURST IMMEDIATE CARE	543			33,937	1,632		90.09
90.10	LAGRANGE FAMILY PCC				64,274	3,090		90.10
90.12	NORTH RIVERSIDE PCC	457			53,973	2,595		90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	227			28,188	1,355		90.14
90.15	OBT II PCC				40,052	1,926		90.15
90.16	HICKORY HILLS PCC	286			74,833	3,598		90.16
90.18	DARIEN PCC				26,306	1,265		90.18
90.20	ORLAND PARK - FP	1,040			55,292	2,658		90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	1,357			97,057	4,666		90.21
90.22	HOMER GLEN PCC	343			86,472	4,157		90.22
90.23	OAK PARK PCC	125			34,969	1,681		90.23
90.24	PARK RIDGE PCC				24,626	1,184		90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	2,801			53,936	2,593		90.25
90.26	WOODRIDGE PCC				3,214	155		90.26
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER				19,568	941		90.28
90.29	BURR RIDGE PCC	133			268,752	12,921		90.29
90.30	RIVER FOREST	278			58,987	2,836		90.30
90.31	NORRIDGE	252			7,727	371		90.31
90.32	ELMWOOD PARK	224			22,261	1,070		90.32
90.33	OCCUPATIONAL HEALTH CLINIC				15,452	743		90.33
90.34	CHICAGO AND BELMONT	618			7,822	376		90.34
91	Emergency	8,866		4,665	239,529	11,516	12,758	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT		440		63,535	3,055	2,637	92.01
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
97	Durable Medical Equip-Sold	135	59		9,995	481		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
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition		45		16,518	794		105
106	Heart Acquisition	82	237		9,219	443	19	106
107	Liver Acquisition		55		12,966	623		107
108	Lung Acquisition		193		8,742	420		108
110	Intestinal Acquisition							110
112	OTHER ORGAN ACQUISITION (SPECIFY)							112
118	SUBTOTALS (sum of lines 1-117)	343,425	402,059	1,494,128	8,026,599	385,894	197,626	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen			135,036	15,396	740		190
190.01	HINES RADIATION THERAPY							190.01
190.02	HOME INFUSION THERAPY				18,851	906		190.02
190.03	OP HOSPITAL PHARMACY				10,979	528		190.03
190.04	HOSPITALIST							190.04

COST ALLOCATION - STATISTICAL BASIS **WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE LAUNDRY COST	HOUSE-KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	CAFETERIA PAID HOURS	MAIN-TENANCE & PERSONNEL NUMBER HOUSED	PATIENT TRANSPORTATION NUMBER OF TRIPS	
		8	9	10	11	12	12.01	
190.05	STUDENT HEALTH	84						190.05
190.06	DISCONTINUED HHA AND HOSPICE				2,345	113		190.06
192	Physicians' Private Offices							192
192.01	FACULTY CLINICAL OPERATIONS	79,880			709,619	34,116		192.01
193	Nonpaid Workers	70			3,600	173		193
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	4,509,817	18,176,881	5,885,308	6,291,989		2,044,242	202
203	Unit Cost Multiplier (Wkst. B, Part I)	10.649950	45.209487	3.612471	0.716025		10.343993	203
204	Cost to be allocated (Per Wkst. B, Part II)	166,269	496,988	420,625	556,587		32,706	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.392645	1.236107	0.258185	0.063339		0.165494	205

COST ALLOCATION - STATISTICAL BASIS **WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	NURSING ADMINIS-TRATION RN FTES	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	CENTRAL PR OCESSING NUMBER OF INSTRUMENT	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY INPATIENT REVENUE	SOCIAL SERVICE TIME SPENT	
		13	14	14.01	15	16	17	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	COMMUNICATION							5.01
5.02	SYSTEM & COMPUTERS							5.02
5.03	PURCHASING							5.03
5.04	OPC STORES							5.04
5.05	PATIENT AFFAIRS							5.05
5.06	PATIENT ADMITTING							5.06
5.07	PATIENT ACCOUNTS							5.07
5.08	ACCOUNTING							5.08
5.10	PASTORAL CARE							5.10
5.11	HOSPITAL ADMINSTRATION							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	159,647						13
14	Central Services & Supply		213,090,589					14
14.01	CENTRAL PROCESSING		97,239	189,797				14.01
15	Pharmacy	24	38,660,503	269	36,327,341			15
16	Medical Records & Library	917	158,176			1,441,557,470		16
17	Social Service		10,369		262		40,537	17
17.01	HOSPITAL MEDICAL ADMIN							17.01
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	138	157,880		5,678			21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
23.01	PARAMEDICAL ED-MICU	90	29,152		14,441		318	23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
23.03	CLINICAL PASTORAL EDUCATION		2,692					23.03
23.04	PHARMACY RESIDENCY PROGRAM		1,669					23.04
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	47,960	4,715,079	78,089		205,097,217	11,487	30
31	Intensive Care Unit	14,238	3,232,310	18,774		77,447,472	797	31
33	Burn Intensive Care Unit	4,198	886,309	4,489		23,927,159	1,584	33
35	NEONATAL INTENSIVE CARE	6,503	140,447	16,341		34,357,365	1,627	35
35.01	PEDIATRIC ICU	2,121	300,579	3,420		10,399,083	873	35.01
35.03	HEART TRANSPLANT ICU	2,587	541,934	4,205	1,332	13,469,887	1,074	35.03
35.04	BONE INTENSIVE CARE	3,936	537,510	3,615		22,468,049	1,251	35.04
41	Subprovider - IRF	2,266	253,876	4,992		17,298,839	374	41
43	Nursery	788	67,284			3,670,871		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	9,762	8,978,183	929		75,459,704	1,070	50
50.01	AMBULATORY SURGERY CENTER	2,583	578,647	362		81,399	8	50.01
51	Recovery Room	2,703	635,287	2,665		28,374,440		51
52	Delivery Room & Labor Room	2,290	373,435	24,394		11,915,909		52
53	Anesthesiology		936,935	3,092		79,337,451		53
54	Radiology-Diagnostic	722	410,501			38,197,218		54
54.01	RADIOLOGY-ULTRASOUND	62	27,008	6		6,291,065		54.01
56	Radioisotope	98	2,712,133	99		4,061,800		56
57	CT Scan	326	490,595	146		57,393,720		57
58	MRI	186	66,689	244		20,596,381		58
59	Cardiac Catheterization	3,156	1,330,039	3,700	111,979	39,842,204	1,974	59
60	Laboratory	3	7,572,148			200,122,186	630	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.	243	6,646,942	177		34,173,062		63
65	Respiratory Therapy		743,791			52,336,202		65
66	Physical Therapy		18,606			10,197,592		66
67	Occupational Therapy		12,637	59		5,381,595		67
68	Speech Pathology		27,211			1,875,189	391	68

COST ALLOCATION - STATISTICAL BASIS **WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	NURSING ADMINIS-TRATION RN FTES	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	CENTRAL PR OCESSING NUMBER OF INSTRUMENT	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY INPATIENT REVENUE	SOCIAL SERVICE TIME SPENT	
		13	14	14.01	15	16	17	
69	Electrocardiology	584	277,872	445		27,512,525		69
70	Electroencephalography		273,095	350		5,814,486		70
71	Medical Supplies Charged to Patients		28,838,304			38,430,274		71
72	Impl. Dev. Charged to Patients		34,450,615			60,157,098		72
73	Drugs Charged to Patients		17,784,707		13,288,886	133,217,551		73
74	Renal Dialysis	1,508	1,866,961	236		7,085,659	1,643	74
76	PULMONARY LABS	206	187,771	66		1,861,879		76
76.01	OCCUPATIONAL HEALTH							76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR		15,942	14		7,297,427		76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	2,274	224,096	264		5,981,842	47	76.07
76.09	BONE MARROW PROCUREMENT	83	79,864			1,815,886		76.09
76.10	BARIATRICS	67	8,480			324		76.10
76.11	HEPATOLOGY	519	5,495					76.11
76.97	CARDIAC REHABILITATION	201				388,344	2	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	183	26,417			4,262	14	90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER	3,362	18,133,656	7,121	15,126,388	203,853	29	90.02
90.03	PSYCH SOCIAL REHAB	277	17,665		7,566			90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	10,092	2,273,881	77		3,062,767	13,326	90.07
90.08	OBT OUTPATIENT CENTER	1,896	441,781			44,335		90.08
90.09	ELMHURST IMMEDIATE CARE	508	126,333			4,886		90.09
90.10	LAGRANGE FAMILY PCC	1,376	365,744			7,404		90.10
90.12	NORTH RIVERSIDE PCC	731	95,126			7,090		90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	233	285,826	690	198,379	1,644		90.14
90.15	OBT II PCC	981	112,266			11,199		90.15
90.16	HICKORY HILLS PCC	738	189,541	613		8,885		90.16
90.18	DARIEN PCC	747	68,099			3,385		90.18
90.20	ORLAND PARK - FP	1,001	81,419			5,358		90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	835	212,645	18	5,220	16,549		90.21
90.22	HOMER GLEN PCC	1,356	811,269	703	346,400	35,938		90.22
90.23	OAK PARK PCC	419	43,550			5,085		90.23
90.24	PARK RIDGE PCC	310	68,291			35,858		90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	202	112,257		16,205	1,218		90.25
90.26	WOODRIDGE PCC	16	9,460					90.26
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER	413	3,393,899		2,671,408	10,391		90.28
90.29	BURR RIDGE PCC	2,569	1,490,386		421,238	243,907		90.29
90.30	RIVER FOREST	802	214,177			47,960		90.30
90.31	NORRIDGE		14,656					90.31
90.32	ELMWOOD PARK	181	52,349			361		90.32
90.33	OCCUPATIONAL HEALTH CLINIC	182	39,267		26,178			90.33
90.34	CHICAGO AND BELMONT				41,127			90.34
91	Emergency	7,405	1,841,180	8,742		49,889,030	1,235	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	2,782	219,894	391		2,844,147		92.01
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
97	Durable Medical Equip-Sold	373	2,412			446,860		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
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	13				5,585,288	783	105
106	Heart Acquisition	6				3,834,068		106
107	Liver Acquisition	13				6,097,780		107
108	Lung Acquisition	6				5,761,006		108
110	Intestinal Acquisition							110
112	OTHER ORGAN ACQUISITION (SPECIFY)							112
118	SUBTOTALS (sum of lines 1-117)	153,350	196,110,443	189,797	32,282,687	1,441,556,868	40,537	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		3,725					190
190.01	HINES RADIATION THERAPY							190.01
190.02	HOME INFUSION THERAPY	125	1,204,954		6,264	602		190.02
190.03	OP HOSPITAL PHARMACY		13,976,537		3,992,972			190.03
190.04	HOSPITALIST							190.04

COST ALLOCATION - STATISTICAL BASIS **WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	NURSING ADMINIS-TRATION RN FTES	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	CENTRAL PR OCESSING NUMBER OF INSTRUMENT	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY INPATIENT REVENUE	SOCIAL SERVICE TIME SPENT	
		13	14	14.01	15	16	17	
190.05	STUDENT HEALTH		751					190.05
190.06	DISCONTINUED HHA AND HOSPICE	37			25,320			190.06
192	Physicians' Private Offices							192
192.01	FACULTY CLINICAL OPERATIONS	6,135	1,791,628		20,098			192.01
193	Nonpaid Workers		2,551					193
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	5,074,772	7,839,064	3,196,871	25,133,650	17,750,372	5,035,943	202
203	Unit Cost Multiplier (Wkst. B, Part I)	31.787456	0.036787	16.843633	0.691866	0.012313	124.230777	203
204	Cost to be allocated (Per Wkst. B, Part II)	216,480	1,104,282	446,719	1,570,644	260,115	57,443	204
205	Unit Cost Multiplier (Wkst. B, Part II)	1.355992	0.005182	2.353667	0.043236	0.000180	1.417051	205

COST ALLOCATION - STATISTICAL BASIS **WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	I&R SALARY & FRINGES TOTAL PATIENT DAYS	I&R PROGRAM COSTS ASSIGNED TIME	PARAMEDICAL ED-MICU TIME SPENT	CLINICAL PASTORAL EDUCATION TIME SPENT	PHARMACY RESIDENCY PROGRAM PROGRAM FTES		
		21	22	23.01	23.03	23.04		
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							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
5.10	PASTORAL CARE							5.10
5.11	HOSPITAL ADMINSTRATION							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	135,907						21
22	I&R Services-Other Prgm Costs Apprvd		33,026					22
23	Paramed Ed Prgm-(specify)							23
23.01	PARAMEDICAL ED-MICU			43,680				23.01
23.02	PARAMEDICAL ED-SOCIAL WORK							23.02
23.03	CLINICAL PASTORAL EDUCATION				5,840			23.03
23.04	PHARMACY RESIDENCY PROGRAM					8,320		23.04
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	88,518	7,494		3,320	1,080		30
31	Intensive Care Unit	20,084	1,891		240	680		31
33	Burn Intensive Care Unit	1,469	691		320	320		33
35	NEONATAL INTENSIVE CARE	9,262	197			160		35
35.01	PEDIATRIC ICU	2,115	327			680		35.01
35.03	HEART TRANSPLANT ICU	2,969	319			160		35.03
35.04	BONE INTENSIVE CARE	2,783	319					35.04
41	Subprovider - IRF	6,337	936					41
43	Nursery	2,370						43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		4,019		540			50
50.01	AMBULATORY SURGERY CENTER		792					50.01
51	Recovery Room							51
52	Delivery Room & Labor Room		329					52
53	Anesthesiology		3,214					53
54	Radiology-Diagnostic		870					54
54.01	RADIOLOGY-ULTRASOUND		290					54.01
56	Radioisotope		623					56
57	CT Scan		290					57
58	MRI		469					58
59	Cardiac Catheterization							59
60	Laboratory		1,386					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

COST ALLOCATION - STATISTICAL BASIS **WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	I&R SALARY & FRINGES TOTAL PATIENT DAYS	I&R PROGRAM COSTS ASSIGNED TIME	PARAMEDICAL ED-MICU TIME SPENT	CLINICAL PASTORAL EDUCATION TIME SPENT	PHARMACY RESIDENCY PROGRAM PROGRAM FTES		
		21	22	23.01	23.03	23.04		
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					2,720		73
74	Renal Dialysis		234					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				280			76.07
76.09	BONE MARROW PROCUREMENT							76.09
76.10	BARIATRICS							76.10
76.11	HEPATOLOGY							76.11
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER		465					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		5,346			760		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							90.14
90.15	OBT II PCC		114					90.15
90.16	HICKORY HILLS PCC							90.16
90.18	DARIEN PCC							90.18
90.20	ORLAND 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
90.33	OCCUPATIONAL HEALTH CLINIC							90.33
90.34	CHICAGO AND BELMONT							90.34
91	Emergency		1,789	43,680	1,140	1,040		91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	OTHER REIMBURSABLE COST CENTERS							
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
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition							105
106	Heart Acquisition					400		106
107	Liver Acquisition							107
108	Lung Acquisition					320		108
110	Intestinal Acquisition							110
112	OTHER ORGAN ACQUISITION (SPECIFY)							112
118	SUBTOTALS (sum of lines 1-117)	135,907	33,026	43,680	5,840	8,320		118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
190.01	HINES RADIATION THERAPY							190.01
190.02	HOME INFUSION THERAPY							190.02

COST ALLOCATION - STATISTICAL BASIS **WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	I&R SALARY & FRINGES TOTAL PATIENT DAYS	I&R PROGRAM COSTS ASSIGNED TIME	PARAMEDICAL ED-MICU TIME SPENT	CLINICAL PASTORAL EDUCATION TIME SPENT	PHARMACY RESIDENCY PROGRAM PROGRAM FTES		
		21	22	23.01	23.03	23.04		
190.03	OP HOSPITAL PHARMACY							190.03
190.04	HOSPITALIST							190.04
190.05	STUDENT HEALTH							190.05
190.06	DISCONTINUED HHA AND HOSPICE							190.06
192	Physicians' Private Offices							192
192.01	FACULTY CLINICAL OPERATIONS							192.01
193	Nonpaid Workers							193
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	59,217,508		986,972	167,579	496,044		202
203	Unit Cost Multiplier (Wkst. B, Part I)	435.720809		22.595513	28.695034	59.620673		203
204	Cost to be allocated (Per Wkst. B, Part II)	422,966		82,370	10,853	8,378		204
205	Unit Cost Multiplier (Wkst. B, Part II)	3.112172		1.885760	1.858390	1.006971		205

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	-483,441	5

COMPUTATION OF RATIO OF COST TO CHARGES **WORKSHEET C PART I**

				COSTS			
	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	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics	86,302,256		86,302,256		86,302,256	30
31	Intensive Care Unit	29,588,809		29,588,809		29,588,809	31
33	Burn Intensive Care Unit	8,562,434		8,562,434		8,562,434	33
35	NEONATAL INTENSIVE CARE	12,620,921		12,620,921		12,620,921	35
35.01	PEDIATRIC ICU	4,490,737		4,490,737		4,490,737	35.01
35.03	HEART TRANSPLANT ICU	5,734,429		5,734,429		5,734,429	35.03
35.04	BONE INTENSIVE CARE	7,426,778		7,426,778		7,426,778	35.04
41	Subprovider - IRF	6,813,989		6,813,989		6,813,989	41
43	Nursery	1,189,792		1,189,792		1,189,792	43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	40,318,504		40,318,504		40,318,504	50
50.01	AMBULATORY SURGERY CENTER	8,061,212		8,061,212		8,061,212	50.01
51	Recovery Room	7,987,892		7,987,892		7,987,892	51
52	Delivery Room & Labor Room	5,532,661		5,532,661		5,532,661	52
53	Anesthesiology	4,986,550		4,986,550		4,986,550	53
54	Radiology-Diagnostic	15,047,159		15,047,159		15,047,159	54
54.01	RADIOLOGY-ULTRASOUND	2,229,956		2,229,956		2,229,956	54.01
56	Radioisotope	6,703,395		6,703,395		6,703,395	56
57	CT Scan	9,820,310		9,820,310		9,820,310	57
58	MRI	5,027,064		5,027,064		5,027,064	58
59	Cardiac Catheterization	16,443,218		16,443,218		16,443,218	59
60	Laboratory	36,700,001		36,700,001		36,700,001	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.	11,214,503		11,214,503		11,214,503	63
65	Respiratory Therapy	11,373,089		11,373,089		11,373,089	65
66	Physical Therapy	2,863,361		2,863,361		2,863,361	66
67	Occupational Therapy	1,435,671		1,435,671		1,435,671	67
68	Speech Pathology	695,700		695,700		695,700	68
69	Electrocardiology	5,980,304		5,980,304		5,980,304	69
70	Electroencephalography	3,227,878		3,227,878		3,227,878	70
71	Medical Supplies Charged to Patients	35,858,804		35,858,804		35,858,804	71
72	Impl. Dev. Charged to Patients	43,233,873		43,233,873		43,233,873	72
73	Drugs Charged to Patients	85,018,046		85,018,046		85,018,046	73
74	Renal Dialysis	7,762,331		7,762,331		7,762,331	74
76	PULMONARY LABS	1,158,908		1,158,908		1,158,908	76
76.01	OCCUPATIONAL HEALTH						76.01
76.03	HYPERALIMENTATION						76.03
76.04	PERIPHERAL VASCULAR	1,749,577		1,749,577		1,749,577	76.04
76.05	PEDIATRIC ENDO NUTRITION						76.05
76.07	GASTROINTESTINAL SERVICE	6,705,150		6,705,150		6,705,150	76.07
76.09	BONE MARROW PROCUREMENT	2,430,264		2,430,264		2,430,264	76.09
76.10	BARIATRICS	978,239		978,239		978,239	76.10
76.11	HEPATOLOGY	1,618,416		1,618,416		1,618,416	76.11
76.97	CARDIAC REHABILITATION	420,302		420,302		420,302	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	760,047		760,047		760,047	90
90.01	CARDIAC REHABILITATION						90.01
90.02	CANCER CENTER	32,105,681		32,105,681		32,105,681	90.02
90.03	PSYCH SOCIAL REHAB	1,167,495		1,167,495		1,167,495	90.03
90.04	WELLNESS ASSESSMENT						90.04
90.06	HEART FAILURE CLINIC						90.06
90.07	LOC OUTPATIENT CENTER	55,137,624		55,137,624		55,137,624	90.07
90.08	OBT OUTPATIENT CENTER	12,471,391		12,471,391		12,471,391	90.08
90.09	ELMHURST IMMEDIATE CARE	2,693,370		2,693,370		2,693,370	90.09
90.10	LAGRANGE FAMILY PCC	4,424,182		4,424,182		4,424,182	90.10
90.12	NORTH RIVERSIDE PCC	3,186,549		3,186,549		3,186,549	90.12
90.13	GLENDALE HEIGHTS PCC						90.13
90.14	WHEATON PCC	2,847,784		2,847,784		2,847,784	90.14
90.15	OBT II PCC	3,121,901		3,121,901		3,121,901	90.15
90.16	HICKORY HILLS PCC	5,941,518		5,941,518		5,941,518	90.16
90.18	DARIEN PCC	3,018,237		3,018,237		3,018,237	90.18
90.20	ORLAND PARK - FP	3,362,134		3,362,134		3,362,134	90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	7,040,727		7,040,727		7,040,727	90.21
90.22	HOMER GLEN PCC	7,331,524		7,331,524		7,331,524	90.22
90.23	OAK PARK PCC	2,076,971		2,076,971		2,076,971	90.23
90.24	PARK RIDGE PCC	2,137,550		2,137,550		2,137,550	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	4,742,524		4,742,524		4,742,524	90.25

COMPUTATION OF RATIO OF COST TO CHARGES **WORKSHEET C PART I**

				COSTS			
	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	
90.26	WOODRIDGE PCC	279,347		279,347		279,347	90.26
90.27	NEUROLOGY - NILES						90.27
90.28	MARJORIE WEINBERG CANCER CENTER	5,404,922		5,404,922		5,404,922	90.28
90.29	BURR RIDGE PCC	27,975,965		27,975,965		27,975,965	90.29
90.30	RIVER FOREST	3,803,570		3,803,570		3,803,570	90.30
90.31	NORRIDGE	441,894		441,894		441,894	90.31
90.32	ELMWOOD PARK	1,565,018		1,565,018		1,565,018	90.32
90.33	OCCUPATIONAL HEALTH CLINIC	1,680,586		1,680,586		1,680,586	90.33
90.34	CHICAGO AND BELMONT	382,999		382,999		382,999	90.34
91	Emergency	20,196,668		20,196,668		20,196,668	91
92	Observation Beds (Non-Distinct Part)	5,935,073		5,935,073		5,935,073	92
92.01	OBSERVATION BEDS-DISTINCT	4,062,160		4,062,160		4,062,160	92.01
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services	419,338		419,338		419,338	95
97	Durable Medical Equip-Sold	652,639		652,639		652,639	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
105	Kidney Acquisition	3,299,137		3,299,137		3,299,137	105
106	Heart Acquisition	2,357,753		2,357,753		2,357,753	106
107	Liver Acquisition	4,946,009		4,946,009		4,946,009	107
108	Lung Acquisition	3,026,890		3,026,890		3,026,890	108
110	Intestinal Acquisition						110
112	OTHER ORGAN ACQUISITION (SPECIFY)						112
200	Subtotal (sum of lines 30 thru 199)	785,309,660		785,309,660		785,309,660	200
201	Less Observation Beds	5,935,073		5,935,073		5,935,073	201
202	Total (line 200 minus line 201)	779,374,587		779,374,587		779,374,587	202

COMPUTATION OF RATIO OF COST TO CHARGES **WORKSHEET C PART I**

		CHARGES						
	COST CENTER DESCRIPTIONS	Inpatient	Outpatient	Total (column 6 + column 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		6	7	8	9	10	11	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	205,097,217		205,097,217				30
31	Intensive Care Unit	77,447,472		77,447,472				31
33	Burn Intensive Care Unit	23,927,159		23,927,159				33
35	NEONATAL INTENSIVE CARE	34,357,365		34,357,365				35
35.01	PEDIATRIC ICU	10,399,083		10,399,083				35.01
35.03	HEART TRANSPLANT ICU	13,469,887		13,469,887				35.03
35.04	BONE INTENSIVE CARE	22,468,049		22,468,049				35.04
41	Subprovider - IRF	17,298,839		17,298,839				41
43	Nursery	3,670,871		3,670,871				43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	75,459,704	25,021,618	100,481,322	0.401254	0.401254	0.401254	50
50.01	AMBULATORY SURGERY CENTER	81,399	46,075,883	46,157,282	0.174647	0.174647	0.174647	50.01
51	Recovery Room	28,374,440	23,304,883	51,679,323	0.154566	0.154566	0.154566	51
52	Delivery Room & Labor Room	11,915,909	1,326,416	13,242,325	0.417801	0.417801	0.417801	52
53	Anesthesiology	79,337,451	29,513,649	108,851,100	0.045811	0.045811	0.045811	53
54	Radiology-Diagnostic	38,197,218	51,625,862	89,823,080	0.167520	0.167520	0.167520	54
54.01	RADIOLOGY-ULTRASOUND	6,291,065	19,839,904	26,130,969	0.085338	0.085338	0.085338	54.01
56	Radioisotope	4,061,800	31,925,701	35,987,501	0.186270	0.186270	0.186270	56
57	CT Scan	57,393,720	79,456,837	136,850,557	0.071759	0.071759	0.071759	57
58	MRI	20,596,381	56,347,602	76,943,983	0.065334	0.065334	0.065334	58
59	Cardiac Catheterization	39,842,204	71,909,158	111,751,362	0.147141	0.147141	0.147141	59
60	Laboratory	200,122,186	263,966,565	464,088,751	0.079080	0.079080	0.079080	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.	34,173,062	8,769,079	42,942,141	0.261154	0.261154	0.261154	63
65	Respiratory Therapy	52,336,202	946,837	53,283,039	0.213447	0.213447	0.213447	65
66	Physical Therapy	9,661,290	1,419,948	11,081,238	0.258397	0.258397	0.258397	66
67	Occupational Therapy	5,289,365	285,150	5,574,515	0.257542	0.257542	0.257542	67
68	Speech Pathology	1,875,189	29,224	1,904,413	0.365309	0.365309	0.365309	68
69	Electrocardiology	27,512,525	28,841,222	56,353,747	0.106121	0.106121	0.106121	69
70	Electroencephalography	5,814,486	3,725,936	9,540,422	0.338337	0.338337	0.338337	70
71	Medical Supplies Charged to Patients	38,430,274	26,736,697	65,166,971	0.550260	0.550260	0.550260	71
72	Impl. Dev. Charged to Patients	60,157,098	33,014,944	93,172,042	0.464022	0.464022	0.464022	72
73	Drugs Charged to Patients	133,217,551	168,321,926	301,539,477	0.281947	0.281947	0.281947	73
74	Renal Dialysis	7,085,659	25,523,523	32,609,182	0.238041	0.238041	0.238041	74
76	PULMONARY LABS	1,861,879	2,561,353	4,423,232	0.262005	0.262005	0.262005	76
76.01	OCCUPATIONAL HEALTH							76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	7,297,427	8,297,574	15,595,001	0.112188	0.112188	0.112188	76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	5,981,842	33,295,481	39,277,323	0.170713	0.170713	0.170713	76.07
76.09	BONE MARROW PROCUREMENT	1,815,886	374,397	2,190,283	1.109566	1.109566	1.109566	76.09
76.10	BARIATRICS	324	421,868	422,192	2.317048	2.317048	2.317048	76.10
76.11	HEPATOLOGY		29,447	29,447	54.960302	54.960302	54.960302	76.11
76.97	CARDIAC REHABILITATION	388,344	132	388,476	1.081925	1.081925	1.081925	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	4,262	1,016,033	1,020,295	0.744929	0.744929	0.744929	90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER	203,853	22,483,457	22,687,310	1.415138	1.415138	1.415138	90.02
90.03	PSYCH SOCIAL REHAB		3,068	3,068	380.539439	380.539439	380.539439	90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	3,062,767	149,888,547	152,951,314	0.360491	0.360491	0.360491	90.07
90.08	OBT OUTPATIENT CENTER	44,335	30,899,284	30,943,619	0.403036	0.403036	0.403036	90.08
90.09	ELMHURST IMMEDIATE CARE	4,886	2,730,367	2,735,253	0.984688	0.984688	0.984688	90.09
90.10	LAGRANGE FAMILY PCC	7,404	9,579,831	9,587,235	0.461466	0.461466	0.461466	90.10
90.12	NORTH RIVERSIDE PCC	7,090	4,007,232	4,014,322	0.793795	0.793795	0.793795	90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	1,644	1,906,520	1,908,164	1.492421	1.492421	1.492421	90.14
90.15	OBT II PCC	11,199	3,538,103	3,549,302	0.879582	0.879582	0.879582	90.15
90.16	HICKORY HILLS PCC	8,885	12,168,528	12,177,413	0.487913	0.487913	0.487913	90.16
90.18	DARIEN PCC	3,385	1,240,579	1,243,964	2.426306	2.426306	2.426306	90.18
90.20	ORLAND PARK - FP	5,358	4,162,831	4,168,189	0.806617	0.806617	0.806617	90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	16,549	20,006,085	20,022,634	0.351638	0.351638	0.351638	90.21
90.22	HOMER GLEN PCC	35,938	16,088,825	16,124,763	0.454675	0.454675	0.454675	90.22
90.23	OAK PARK PCC	5,085	1,600,212	1,605,297	1.293824	1.293824	1.293824	90.23
90.24	PARK RIDGE PCC	35,858	5,618,476	5,654,334	0.378037	0.378037	0.378037	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	1,218	2,096,783	2,098,001	2.260497	2.260497	2.260497	90.25
90.26	WOODRIDGE PCC		421,721	421,721	0.662398	0.662398	0.662398	90.26

COMPUTATION OF RATIO OF COST TO CHARGES **WORKSHEET C PART I**

		CHARGES						
	COST CENTER DESCRIPTIONS	Inpatient	Outpatient	Total (column 6 + column 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		6	7	8	9	10	11	
90.27	NEUROLOGY - NILES							90.27
90.28	MARJORIE WEINBERG CANCER CENTER	10,391	5,040,152	5,050,543	1.070167	1.070167	1.070167	90.28
90.29	BURR RIDGE PCC	243,907	85,886,720	86,130,627	0.324809	0.324809	0.324809	90.29
90.30	RIVER FOREST	47,960	11,929,909	11,977,869	0.317550	0.317550	0.317550	90.30
90.31	NORRIDGE		933,604	933,604	0.473321	0.473321	0.473321	90.31
90.32	ELMWOOD PARK	372	1,620,652	1,621,024	0.965450	0.965450	0.965450	90.32
90.33	OCCUPATIONAL HEALTH CLINIC		669,917	669,917	2.508648	2.508648	2.508648	90.33
90.34	CHICAGO AND BELMONT		392,371	392,371	0.976114	0.976114	0.976114	90.34
91	Emergency	49,889,030	62,516,854	112,405,884	0.179676	0.179676	0.179676	91
92	Observation Beds (Non-Distinct Part)	6,154,960	13,624,455	19,779,415	0.300063	0.300063	0.300063	92
92.01	OBSERVATION BEDS-DISTINCT	2,844,147	2,191,086	5,035,233	0.806747	0.806747	0.806747	92.01
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
97	Durable Medical Equip-Sold	446,860	2,803,035	3,249,895	0.200818	0.200818	0.200818	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
105	Kidney Acquisition	5,585,288		5,585,288				105
106	Heart Acquisition	3,834,068		3,834,068				106
107	Liver Acquisition	6,097,780		6,097,780				107
108	Lung Acquisition	5,761,006		5,761,006				108
110	Intestinal Acquisition							110
112	OTHER ORGAN ACQUISITION (SPECIFY)							112
200	Subtotal (sum of lines 30 thru 199)	1,447,083,307	1,519,974,053	2,967,057,360				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	1,447,083,307	1,519,974,053	2,967,057,360				202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

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Check        [  ] Title V                [XX] PPS
Applicable   [XX] Title XVIII, Part A    [  ] TEFRA
Boxes:       [  ] Title XIX
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		Capital Related Cost (from Wkst. B, Part II, (col. 26)	Swing Bed Adjust-ment	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)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	5,960,082		5,960,082	95,055	62.70	30,380	1,904,826	30
31	Intensive Care Unit	1,529,443		1,529,443	20,084	76.15	7,242	551,478	31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit	493,558		493,558	1,469	335.98	1,147	385,369	33
34	Surgical Intensive Care Unit								34
35	NEONATAL INTENSIVE CARE	707,901		707,901	9,262	76.43			35
35.01	PEDIATRIC ICU	279,928		279,928	2,115	132.35	2	265	35.01
35.03	HEART TRANSPLANT ICU	443,217		443,217	2,969	149.28	1,596	238,251	35.03
35.04	BONE INTENSIVE CARE	504,547		504,547	2,783	181.30	1,544	279,927	35.04
40	Subprovider - IPF								40
41	Subprovider - IRF	184,101		184,101	6,337	29.05	3,463	100,600	41
42	Subprovider I								42
43	Nursery	7,844		7,844	2,370	3.31			43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	10,110,621		10,110,621	142,444		45,374	3,460,716	200

(A) Worksheet A line numbers

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS **COMPONENT CCN: 14-0276** **WORKSHEET D PART II**

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Check        [  ] Title V                [XX] Hospital     [  ] SUB (Other)          [XX] PPS
Applicable   [XX] Title XVIII, Part A    [  ] IPF                                    [  ] TEFRA
Boxes:       [  ] Title XIX              [  ] IRF
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		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)	
(A)	Cost Center Description	1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	4,000,086	100,481,322	0.039809	25,301,212	1,007,216	50
50.01	AMBULATORY SURGERY CENTER	1,104,079	46,157,282	0.023920	13,160	315	50.01
51	Recovery Room	825,074	51,679,323	0.015965	9,063,051	144,692	51
52	Delivery Room & Labor Room	499,512	13,242,325	0.037721	113,634	4,286	52
53	Anesthesiology	381,868	108,851,100	0.003508	25,886,689	90,811	53
54	Radiology-Diagnostic	1,758,066	89,823,080	0.019573	14,064,677	275,288	54
54.01	RADIOLOGY-ULTRASOUND	160,918	26,130,969	0.006158	1,972,573	12,147	54.01
56	Radioisotope	556,846	35,987,501	0.015473	1,784,008	27,604	56
57	CT Scan	1,007,788	136,850,557	0.007364	21,507,359	158,380	57
58	MRI	603,480	76,943,983	0.007843	7,116,696	55,816	58
59	Cardiac Catheterization	1,845,333	111,751,362	0.016513	17,566,041	290,068	59
60	Laboratory	1,530,728	464,088,751	0.003298	72,393,483	238,754	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	276,160	42,942,141	0.006431	12,174,792	78,296	63
65	Respiratory Therapy	400,418	53,283,039	0.007515	18,437,671	138,559	65
66	Physical Therapy	33,249	11,081,238	0.003000	3,234,048	9,702	66
67	Occupational Therapy	45,771	5,574,515	0.008211	1,479,764	12,150	67
68	Speech Pathology	29,175	1,904,413	0.015320	427,656	6,552	68
69	Electrocardiology	491,791	56,353,747	0.008727	12,290,509	107,259	69
70	Electroencephalography	453,727	9,540,422	0.047558	1,695,322	80,626	70
71	Medical Supplies Charged to Pat	280,483	65,166,971	0.004304	14,172,230	60,997	71
72	Impl. Dev. Charged to Patients	343,083	93,172,042	0.003682	27,128,350	99,887	72
73	Drugs Charged to Patients	1,005,014	301,539,477	0.003333	43,482,602	144,928	73
74	Renal Dialysis	446,859	32,609,182	0.013703	3,114,108	42,673	74
76	PULMONARY LABS	155,527	4,423,232	0.035161	951,911	33,470	76
76.01	OCCUPATIONAL HEALTH						76.01
76.03	HYPERALIMENTATION						76.03
76.04	PERIPHERAL VASCULAR	93,148	15,595,001	0.005973	3,285,858	19,626	76.04
76.05	PEDIATRIC ENDO NUTRITION						76.05
76.07	GASTROINTESTINAL SERVICE	1,243,902	39,277,323	0.031670	2,578,783	81,670	76.07
76.09	BONE MARROW PROCUREMENT	9,051	2,190,283	0.004132	320,986	1,326	76.09
76.10	BARIATRICS	4,318	422,192	0.010228	111	1	76.10
76.11	HEPATOLOGY	379,598	29,447	12.890889			76.11
76.97	CARDIAC REHABILITATION	10,522	388,476	0.027085	182,544	4,944	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	80,363	1,020,295	0.078764	1,884	148	90
90.01	CARDIAC REHABILITATION						90.01
90.02	CANCER CENTER	3,317,897	22,687,310	0.146245	152,242	22,265	90.02
90.03	PSYCH SOCIAL REHAB	190,509	3,068	62.095502			90.03
90.04	WELLNESS ASSESSMENT						90.04
90.06	HEART FAILURE CLINIC						90.06
90.07	LOC OUTPATIENT CENTER	7,045,713	152,951,314	0.046065	1,632,880	75,219	90.07
90.08	OBT OUTPATIENT CENTER	1,249,769	30,943,619	0.040389	30,030	1,213	90.08
90.09	ELMHURST IMMEDIATE CARE	273,887	2,735,253	0.100132	3,101	311	90.09
90.10	LAGRANGE FAMILY PCC	453,679	9,587,235	0.047321	2,664	126	90.10
90.12	NORTH RIVERSIDE PCC	22,426	4,014,322	0.005586	5,992	33	90.12
90.13	GLENDALE HEIGHTS PCC						90.13
90.14	WHEATON PCC	334,848	1,908,164	0.175482	1,178	207	90.14
90.15	OBT II PCC	376,556	3,549,302	0.106093	3,367	357	90.15
90.16	HICKORY HILLS PCC	639,197	12,177,413	0.052490	6,228	327	90.16
90.18	DARIEN PCC	253,682	1,243,964	0.203930	2,562	522	90.18
90.20	ORLAND PARK - FP	25,773	4,168,189	0.006183	3,759	23	90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	385,715	20,022,634	0.019264	11,662	225	90.21
90.22	HOMER GLEN PCC	617,466	16,124,763	0.038293	25,926	993	90.22
90.23	OAK PARK PCC	191,896	1,605,297	0.119539	4,126	493	90.23
90.24	PARK RIDGE PCC	214,611	5,654,334	0.037955	34,979	1,328	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	30,328	2,098,001	0.014456	1,180	17	90.25
90.26	WOODRIDGE PCC	2,958	421,721	0.007014			90.26
90.27	NEUROLOGY - NILES						90.27
90.28	MARJORIE WEINBERG CANCER CENTER	169,622	5,050,543	0.033585	9,229	310	90.28

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS **COMPONENT CCN: 14-0276** **WORKSHEET D PART II**

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Check        [  ] Title V                [XX] Hospital     [  ] SUB (Other)          [XX] PPS
Applicable   [XX] Title XVIII, Part A    [  ] IPF                                    [  ] TEFRA
Boxes:       [  ] Title XIX              [  ] IRF
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		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)	
(A)	Cost Center Description	1	2	3	4	5	
90.29	BURR RIDGE PCC	3,128,766	86,130,627	0.036326	183,629	6,671	90.29
90.30	RIVER FOREST	308,077	11,977,869	0.025721	42,578	1,095	90.30
90.31	NORRIDGE	68,559	933,604	0.073435			90.31
90.32	ELMWOOD PARK	213,154	1,621,024	0.131493	371	49	90.32
90.33	OCCUPATIONAL HEALTH CLINIC	213,214	669,917	0.318269			90.33
90.34	CHICAGO AND BELMONT	4,033	392,371	0.010279			90.34
91	Emergency	912,540	112,405,884	0.008118	18,336,510	148,856	91
92	Observation Beds (Non-Distinct	409,882	19,779,415	0.020723	2,818,773	58,413	92
92.01	OBSERVATION BEDS-DISTINCT	239,350	5,035,233	0.047535	1,791,665	85,167	92.01
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services						95
97	Durable Medical Equip-Sold	4,233	3,249,895	0.001303	283,697	370	97
200	Total (sum of lines 50-199)	41,354,277	2,537,643,276		367,130,040	3,632,781	200

(A) Worksheet A line numbers

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS **WORKSHEET D PART III**

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Check        [  ] Title V                [XX] PPS
Applicable   [XX] Title XVIII, Part A    [  ] TEFRA
Boxes:       [  ] Title XIX              [  ] Other
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		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjust-ment Amount (see instruct-ions)	Total Costs (sum of cols. 1 through 3 minus col 4.)	
(A)	Cost Center Description	1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics General Routine Care)		159,658			159,658	30
31	Intensive Care Unit		47,429			47,429	31
32	Coronary Care Unit						32
33	Burn Intensive Care Unit		28,261			28,261	33
34	Surgical Intensive Care Unit						34
35	NEONATAL INTENSIVE CARE		9,539			9,539	35
35.01	PEDIATRIC ICU		40,542			40,542	35.01
35.03	HEART TRANSPLANT ICU		9,539			9,539	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)		294,968			294,968	200

(A) Worksheet A line numbers

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS **WORKSHEET D PART III**

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Check        [  ] Title V                [XX] PPS
Applicable   [XX] Title XVIII, Part A    [  ] TEFRA
Boxes:       [  ] Title XIX              [  ] Other
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		Total Patient Days	Per Diem (col. 5÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
(A)	Cost Center Description	6	7	8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	95,055	1.68	30,380	51,038	30
31	Intensive Care Unit	20,084	2.36	7,242	17,091	31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit	1,469	19.24	1,147	22,068	33
34	Surgical Intensive Care Unit					34
35	NEONATAL INTENSIVE CARE	9,262	1.03			35
35.01	PEDIATRIC ICU	2,115	19.17	2	38	35.01
35.03	HEART TRANSPLANT ICU	2,969	3.21	1,596	5,123	35.03
35.04	BONE INTENSIVE CARE	2,783		1,544		35.04
40	Subprovider - IPF					40
41	Subprovider - IRF	6,337		3,463		41
42	Subprovider I					42
43	Nursery	2,370				43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	142,444		45,374	95,358	200

(A) Worksheet A line numbers

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS **COMPONENT CCN: 14-0276** **WORKSHEET D PART IV**

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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
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		Non Physician Anesth-etist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
(A)	Cost Center Description	1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room			15,495		15,495	15,495	50
50.01	AMBULATORY SURGERY CENTER							50.01
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	RADIOLOGY-ULTRASOUND							54.01
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
60.01	LABORATORY-SURGICAL PATHOLOGY							60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA							60.03
62.30	BLOOD CLOTTING FOR 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			162,169		162,169	162,169	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			8,035		8,035	8,035	76.07
76.09	BONE MARROW PROCUREMENT							76.09
76.10	BARIATRICS							76.10
76.11	HEPATOLOGY							76.11
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER							90.02
90.03	PSYCH SOCIAL REHAB							90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER			45,312		45,312	45,312	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	ORLAND 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

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS **COMPONENT CCN: 14-0276** **WORKSHEET D PART IV**

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

		Non Physician Anesth-etist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
(A)	Cost Center Description	1	2	3	4	5	6	
90.30	RIVER FOREST							90.30
90.31	NORRIDGE							90.31
90.32	ELMWOOD PARK							90.32
90.33	OCCUPATIONAL HEALTH CLINIC							90.33
90.34	CHICAGO AND BELMONT							90.34
91	Emergency			1,081,689		1,081,689	1,081,689	91
92	Observation Beds (Non-Distinct			10,980		10,980	10,980	92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
97	Durable Medical Equip-Sold							97
200	Total (sum of lines 50-199)			1,323,680		1,323,680	1,323,680	200

(A) Worksheet A line numbers

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS **COMPONENT CCN: 14-0276** **WORKSHEET D PART IV**

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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
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		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)	
(A)	Cost Center Description	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	100,481,322	0.000154	0.000154	25,301,212	3,896	5,420,366	835	50
50.01	AMBULATORY SURGERY CENTER	46,157,282			13,160		8,417,509		50.01
51	Recovery Room	51,679,323			9,063,051		5,305,611		51
52	Delivery Room & Labor Room	13,242,325			113,634		9,647		52
53	Anesthesiology	108,851,100			25,886,689		7,144,917		53
54	Radiology-Diagnostic	89,823,080			14,064,677		12,939,882		54
54.01	RADIOLOGY-ULTRASOUND	26,130,969			1,972,573		3,712,926		54.01
56	Radioisotope	35,987,501			1,784,008		12,416,134		56
57	CT Scan	136,850,557			21,507,359		24,558,843		57
58	MRI	76,943,983			7,116,696		14,152,154		58
59	Cardiac Catheterization	111,751,362			17,566,041		28,841,343		59
60	Laboratory	464,088,751			72,393,483		41,996,637		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	42,942,141			12,174,792		2,174,082		63
65	Respiratory Therapy	53,283,039			18,437,671		248,464		65
66	Physical Therapy	11,081,238			3,234,048		5,592		66
67	Occupational Therapy	5,574,515			1,479,764		5,142		67
68	Speech Pathology	1,904,413			427,656		36		68
69	Electrocardiology	56,353,747			12,290,509		9,998,581		69
70	Electroencephalography	9,540,422			1,695,322		713,681		70
71	Medical Supplies Charged to Pat	65,166,971			14,172,230		8,093,698		71
72	Impl. Dev. Charged to Patients	93,172,042			27,128,350		12,429,160		72
73	Drugs Charged to Patients	301,539,477	0.000538	0.000538	43,482,602	23,394	54,581,477	29,365	73
74	Renal Dialysis	32,609,182			3,114,108		296,801		74
76	PULMONARY LABS	4,423,232			951,911		1,154,043		76
76.01	OCCUPATIONAL HEALTH								76.01
76.03	HYPERALIMENTATION								76.03
76.04	PERIPHERAL VASCULAR	15,595,001			3,285,858		3,582,835		76.04
76.05	PEDIATRIC ENDO NUTRITION								76.05
76.07	GASTROINTESTINAL SERVICE	39,277,323	0.000205	0.000205	2,578,783	529	8,943,268	1,833	76.07
76.09	BONE MARROW PROCUREMENT	2,190,283			320,986		41,567		76.09
76.10	BARIATRICS	422,192			111		42,325		76.10
76.11	HEPATOLOGY	29,447					8,231		76.11
76.97	CARDIAC REHABILITATION	388,476			182,544				76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	1,020,295			1,884		124,591		90
90.01	CARDIAC REHABILITATION								90.01
90.02	CANCER CENTER	22,687,310			152,242		7,751,421		90.02
90.03	PSYCH SOCIAL REHAB	3,068					354		90.03
90.04	WELLNESS ASSESSMENT								90.04
90.06	HEART FAILURE CLINIC								90.06
90.07	LOC OUTPATIENT CENTER	152,951,314	0.000296	0.000296	1,632,880	483	49,851,555	14,756	90.07
90.08	OBT OUTPATIENT CENTER	30,943,619			30,030		6,084,267		90.08
90.09	ELMHURST IMMEDIATE CARE	2,735,253			3,101		761,030		90.09
90.10	LAGRANGE FAMILY PCC	9,587,235			2,664		3,314,900		90.10
90.12	NORTH RIVERSIDE PCC	4,014,322			5,992		433,800		90.12
90.13	GLENDALE HEIGHTS PCC								90.13
90.14	WHEATON PCC	1,908,164			1,178		466,046		90.14
90.15	OBT II PCC	3,549,302			3,367		582,702		90.15
90.16	HICKORY HILLS PCC	12,177,413			6,228		1,554,995		90.16
90.18	DARIEN PCC	1,243,964			2,562		232,765		90.18
90.20	ORLAND PARK - FP	4,168,189			3,759		1,168,621		90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	20,022,634			11,662		819,441		90.21
90.22	HOMER GLEN PCC	16,124,763			25,926		2,895,514		90.22
90.23	OAK PARK PCC	1,605,297			4,126		499,697		90.23
90.24	PARK RIDGE PCC	5,654,334			34,979		2,331,097		90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	2,098,001			1,180		396,884		90.25
90.26	WOODRIDGE PCC	421,721					134,854		90.26
90.27	NEUROLOGY - NILES								90.27
90.28	MARJORIE WEINBERG CANCER CENTER	5,050,543			9,229		2,423,390		90.28

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS **COMPONENT CCN: 14-0276** **WORKSHEET D PART IV**

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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
```

		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)	
(A)	Cost Center Description	7	8	9	10	11	12	13	
90.29	BURR RIDGE PCC	86,130,627			183,629		21,049,604		90.29
90.30	RIVER FOREST	11,977,869			42,578		1,934,866		90.30
90.31	NORRIDGE	933,604					40,574		90.31
90.32	ELMWOOD PARK	1,621,024			371		279,435		90.32
90.33	OCCUPATIONAL HEALTH CLINIC	669,917					2,458		90.33
90.34	CHICAGO AND BELMONT	392,371							90.34
91	Emergency	112,405,884	0.009623	0.009623	18,336,510	176,452	9,643,958	92,804	91
92	Observation Beds (Non-Distinct	19,779,415	0.000555	0.000555	2,818,773	1,564	3,296,274	1,829	92
92.01	OBSERVATION BEDS-DISTINCT	5,035,233			1,791,665		314,555		92.01
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services								95
97	Durable Medical Equip-Sold	3,249,895			283,697		1,614,406		97
200	Total (sum of lines 50-199)	2,537,643,276			367,130,040	206,318	387,239,006	141,422	200

(A) Worksheet A line numbers

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS **COMPONENT CCN: 14-0276** **WORKSHEET D PART V**

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

			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.)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.401254	5,420,366	3		2,174,944	1		50
50.01	AMBULATORY SURGERY CENTER	0.174647	8,417,509	11		1,470,093	2		50.01
51	Recovery Room	0.154566	5,305,611	2		820,067			51
52	Delivery Room & Labor Room	0.417801	9,647			4,031			52
53	Anesthesiology	0.045811	7,144,917	48		327,316	2		53
54	Radiology-Diagnostic	0.167520	12,939,882	53		2,167,689	9		54
54.01	RADIOLOGY-ULTRASOUND	0.085338	3,712,926			316,854			54.01
56	Radioisotope	0.186270	12,416,134			2,312,753			56
57	CT Scan	0.071759	24,558,843	53		1,762,318	4		57
58	MRI	0.065334	14,152,154	45		924,617	3		58
59	Cardiac Catheterization	0.147141	28,841,343	86		4,243,744	13		59
60	Laboratory	0.079080	41,996,637	32,030		3,321,094	2,533		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	0.261154	2,174,082	9,660		567,770	2,523		63
65	Respiratory Therapy	0.213447	248,464			53,034			65
66	Physical Therapy	0.258397	5,592			1,445			66
67	Occupational Therapy	0.257542	5,142			1,324			67
68	Speech Pathology	0.365309	36			13			68
69	Electrocardiology	0.106121	9,998,581			1,061,059			69
70	Electroencephalography	0.338337	713,681			241,465			70
71	Medical Supplies Charged to Pat	0.550260	8,093,698	74,488		4,453,638	40,988		71
72	Impl. Dev. Charged to Patients	0.464022	12,429,160	18,801		5,767,404	8,724		72
73	Drugs Charged to Patients	0.281947	54,581,477	63,010	1,543,870	15,389,084	17,765	435,290	73
74	Renal Dialysis	0.238041	296,801	109		70,651	26		74
76	PULMONARY LABS	0.262005	1,154,043			302,365			76
76.01	OCCUPATIONAL HEALTH								76.01
76.03	HYPERALIMENTATION								76.03
76.04	PERIPHERAL VASCULAR	0.112188	3,582,835			401,951			76.04
76.05	PEDIATRIC ENDO NUTRITION								76.05
76.07	GASTROINTESTINAL SERVICE	0.170713	8,943,268	23		1,526,732	4		76.07
76.09	BONE MARROW PROCUREMENT	1.109566	41,567	1		46,121	1		76.09
76.10	BARIATRICS	2.317048	42,325	4		98,069	9		76.10
76.11	HEPATOLOGY	54.960302	8,231	2		452,378	110		76.11
76.97	CARDIAC REHABILITATION	1.081925							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.744929	124,591	7	12,075	92,811	5	8,995	90
90.01	CARDIAC REHABILITATION								90.01
90.02	CANCER CENTER	1.415138	7,751,421	236		10,969,330	334		90.02
90.03	PSYCH SOCIAL REHAB	380.539439	354			134,711			90.03
90.04	WELLNESS ASSESSMENT								90.04
90.06	HEART FAILURE CLINIC								90.06
90.07	LOC OUTPATIENT CENTER	0.360491	49,851,555	3,024		17,971,037	1,090		90.07
90.08	OBT OUTPATIENT CENTER	0.403036	6,084,267	140		2,452,179	56		90.08
90.09	ELMHURST IMMEDIATE CARE	0.984688	761,030	377		749,377	371		90.09
90.10	LAGRANGE FAMILY PCC	0.461466	3,314,900	320		1,529,714	148		90.10
90.12	NORTH RIVERSIDE PCC	0.793795	433,800	247		344,348	196		90.12
90.13	GLENDALE HEIGHTS PCC								90.13
90.14	WHEATON PCC	1.492421	466,046	171		695,537	255		90.14
90.15	OBT II PCC	0.879582	582,702	505		512,534	444		90.15
90.16	HICKORY HILLS PCC	0.487913	1,554,995	341		758,702	166		90.16
90.18	DARIEN PCC	2.426306	232,765	258		564,759	626		90.18
90.20	ORLAND PARK - FP	0.806617	1,168,621	402		942,630	324		90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	0.351638	819,441	189		288,147	66		90.21
90.22	HOMER GLEN PCC	0.454675	2,895,514	249		1,316,518	113		90.22
90.23	OAK PARK PCC	1.293824	499,697	359		646,520	464		90.23
90.24	PARK RIDGE PCC	0.378037	2,331,097	100		881,241	38		90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	2.260497	396,884	96		897,155	217		90.25

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS **COMPONENT CCN: 14-0276** **WORKSHEET D PART V**

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

			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.)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
90.26	WOODRIDGE PCC	0.662398	134,854	6		89,327	4		90.26
90.27	NEUROLOGY - NILES								90.27
90.28	MARJORIE WEINBERG CANCER CENTER	1.070167	2,423,390	210		2,593,432	225		90.28
90.29	BURR RIDGE PCC	0.324809	21,049,604	393		6,837,101	128		90.29
90.30	RIVER FOREST	0.317550	1,934,866	66		614,417	21		90.30
90.31	NORRIDGE	0.473321	40,574	11		19,205	5		90.31
90.32	ELMWOOD PARK	0.965450	279,435	160		269,781	154		90.32
90.33	OCCUPATIONAL HEALTH CLINIC	2.508648	2,458			6,166			90.33
90.34	CHICAGO AND BELMONT	0.976114							90.34
91	Emergency	0.179676	9,643,958	207		1,732,788	37		91
92	Observation Beds (Non-Distinct	0.300063	3,296,274	1,652		989,090	496		92
92.01	OBSERVATION BEDS-DISTINCT	0.806747	314,555	19		253,766	15		92.01
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services								95
97	Durable Medical Equip-Sold	0.200818	1,614,406			324,202			97
200	Subtotal (see instructions)		387,239,006	208,174	1,555,945	105,756,548	78,715	444,285	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		387,239,006	208,174	1,555,945	105,756,548	78,715	444,285	202

(A) Worksheet A line numbers

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS **COMPONENT CCN: 14-T276** **WORKSHEET D PART II**

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Check        [ ] Title V                 [ ] Hospital     [ ] SUB (Other)          [XX] PPS
Applicable   [XX] Title XVIII, Part A    [ ] IPF                                   [ ] TEFRA
Boxes:       [ ] Title XIX               [XX] IRF
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		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)	
(A)	Cost Center Description	1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	4,000,086	100,481,322	0.039809	7,063	281	50
50.01	AMBULATORY SURGERY CENTER	1,104,079	46,157,282	0.023920	2		50.01
51	Recovery Room	825,074	51,679,323	0.015965	28		51
52	Delivery Room & Labor Room	499,512	13,242,325	0.037721	22	1	52
53	Anesthesiology	381,868	108,851,100	0.003508	52,608	185	53
54	Radiology-Diagnostic	1,758,066	89,823,080	0.019573	70,675	1,383	54
54.01	RADIOLOGY-ULTRASOUND	160,918	26,130,969	0.006158	11,940	74	54.01
56	Radioisotope	556,846	35,987,501	0.015473	1,377	21	56
57	CT Scan	1,007,788	136,850,557	0.007364	109,062	803	57
58	MRI	603,480	76,943,983	0.007843	69,592	546	58
59	Cardiac Catheterization	1,845,333	111,751,362	0.016513	24,859	410	59
60	Laboratory	1,530,728	464,088,751	0.003298	771,830	2,545	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	276,160	42,942,141	0.006431	52,420	337	63
65	Respiratory Therapy	400,418	53,283,039	0.007515	615,506	4,626	65
66	Physical Therapy	33,249	11,081,238	0.003000	1,073,461	3,220	66
67	Occupational Therapy	45,771	5,574,515	0.008211	602,843	4,950	67
68	Speech Pathology	29,175	1,904,413	0.015320	286,916	4,396	68
69	Electrocardiology	491,791	56,353,747	0.008727	35,240	308	69
70	Electroencephalography	453,727	9,540,422	0.047558	7,981	380	70
71	Medical Supplies Charged to Pat	280,483	65,166,971	0.004304	87,875	378	71
72	Impl. Dev. Charged to Patients	343,083	93,172,042	0.003682	3,019	11	72
73	Drugs Charged to Patients	1,005,014	301,539,477	0.003333	787,403	2,624	73
74	Renal Dialysis	446,859	32,609,182	0.013703	49,359	676	74
76	PULMONARY LABS	155,527	4,423,232	0.035161	11,131	391	76
76.01	OCCUPATIONAL HEALTH						76.01
76.03	HYPERALIMENTATION						76.03
76.04	PERIPHERAL VASCULAR	93,148	15,595,001	0.005973	49,667	297	76.04
76.05	PEDIATRIC ENDO NUTRITION						76.05
76.07	GASTROINTESTINAL SERVICE	1,243,902	39,277,323	0.031670	135	4	76.07
76.09	BONE MARROW PROCUREMENT	9,051	2,190,283	0.004132	538	2	76.09
76.10	BARIATRICS	4,318	422,192	0.010228			76.10
76.11	HEPATOLOGY	379,598	29,447	12.890889			76.11
76.97	CARDIAC REHABILITATION	10,522	388,476	0.027085			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	80,363	1,020,295	0.078764			90
90.01	CARDIAC REHABILITATION						90.01
90.02	CANCER CENTER	3,317,897	22,687,310	0.146245	736	108	90.02
90.03	PSYCH SOCIAL REHAB	190,509	3,068	62.095502			90.03
90.04	WELLNESS ASSESSMENT						90.04
90.06	HEART FAILURE CLINIC						90.06
90.07	LOC OUTPATIENT CENTER	7,045,713	152,951,314	0.046065	8,900	410	90.07
90.08	OBT OUTPATIENT CENTER	1,249,769	30,943,619	0.040389	276	11	90.08
90.09	ELMHURST IMMEDIATE CARE	273,887	2,735,253	0.100132	15	2	90.09
90.10	LAGRANGE FAMILY PCC	453,679	9,587,235	0.047321	8		90.10
90.12	NORTH RIVERSIDE PCC	22,426	4,014,322	0.005586	29		90.12
90.13	GLENDALE HEIGHTS PCC						90.13
90.14	WHEATON PCC	334,848	1,908,164	0.175482	4	1	90.14
90.15	OBT II PCC	376,556	3,549,302	0.106093	11	1	90.15
90.16	HICKORY HILLS PCC	639,197	12,177,413	0.052490	79	4	90.16
90.18	DARIEN PCC	253,682	1,243,964	0.203930	14	3	90.18
90.20	ORLAND PARK - FP	25,773	4,168,189	0.006183	16		90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	385,715	20,022,634	0.019264	595	11	90.21
90.22	HOMER GLEN PCC	617,466	16,124,763	0.038293	625	24	90.22
90.23	OAK PARK PCC	191,896	1,605,297	0.119539	27	3	90.23
90.24	PARK RIDGE PCC	214,611	5,654,334	0.037955	81	3	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	30,328	2,098,001	0.014456	15		90.25
90.26	WOODRIDGE PCC	2,958	421,721	0.007014			90.26
90.27	NEUROLOGY - NILES						90.27
90.28	MARJORIE WEINBERG CANCER CENTER	169,622	5,050,543	0.033585	61	2	90.28

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS **COMPONENT CCN: 14-T276** **WORKSHEET D PART II**

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Check        [  ] Title V                 [  ] Hospital     [  ] SUB (Other)          [XX] PPS
Applicable   [XX] Title XVIII, Part A     [  ] IPF                                    [  ] TEFRA
Boxes:       [  ] Title XIX               [XX] IRF
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		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)	
(A)	Cost Center Description	1	2	3	4	5	
90.29	BURR RIDGE PCC	3,128,766	86,130,627	0.036326	1,759	64	90.29
90.30	RIVER FOREST	308,077	11,977,869	0.025721	194	5	90.30
90.31	NORRIDGE	68,559	933,604	0.073435			90.31
90.32	ELMWOOD PARK	213,154	1,621,024	0.131493	1		90.32
90.33	OCCUPATIONAL HEALTH CLINIC	213,214	669,917	0.318269			90.33
90.34	CHICAGO AND BELMONT	4,033	392,371	0.010279			90.34
91	Emergency	912,540	112,405,884	0.008118	32,030	260	91
92	Observation Beds (Non-Distinct		19,779,415				92
92.01	OBSERVATION BEDS-DISTINCT	239,350	5,035,233	0.047535	151	7	92.01
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services						95
97	Durable Medical Equip-Sold	4,233	3,249,895	0.001303			97
200	Total (sum of lines 50-199)	40,944,395	2,537,643,276		4,828,179	29,768	200

(A) Worksheet A line numbers

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS **COMPONENT CCN: 14-T276** **WORKSHEET D PART IV**

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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
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		Non Physician Anesth-etist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
(A)	Cost Center Description	1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room			15,495		15,495	15,495	50
50.01	AMBULATORY SURGERY CENTER							50.01
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	RADIOLOGY-ULTRASOUND							54.01
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
60.01	LABORATORY-SURGICAL PATHOLOGY							60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA							60.03
62.30	BLOOD CLOTTING FOR 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			162,169		162,169	162,169	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			8,035		8,035	8,035	76.07
76.09	BONE MARROW PROCUREMENT							76.09
76.10	BARIATRICS							76.10
76.11	HEPATOLOGY							76.11
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER							90.02
90.03	PSYCH SOCIAL REHAB							90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER			45,312		45,312	45,312	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	ORLAND 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

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS **COMPONENT CCN: 14-T276** **WORKSHEET D PART IV**

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

		Non Physician Anesth-etist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
(A)	Cost Center Description	1	2	3	4	5	6	
90.30	RIVER FOREST							90.30
90.31	NORRIDGE							90.31
90.32	ELMWOOD PARK							90.32
90.33	OCCUPATIONAL HEALTH CLINIC							90.33
90.34	CHICAGO AND BELMONT							90.34
91	Emergency			1,081,689		1,081,689	1,081,689	91
92	Observation Beds (Non-Distinct							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
97	Durable Medical Equip-Sold							97
200	Total (sum of lines 50-199)			1,312,700		1,312,700	1,312,700	200

(A) Worksheet A line numbers

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS **COMPONENT CCN: 14-T276** **WORKSHEET D PART IV**

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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
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		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)	
(A)	Cost Center Description	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	100,481,322	0.000154	0.000154	7,063	1			50
50.01	AMBULATORY SURGERY CENTER	46,157,282			2				50.01
51	Recovery Room	51,679,323			28				51
52	Delivery Room & Labor Room	13,242,325			22				52
53	Anesthesiology	108,851,100			52,608		1		53
54	Radiology-Diagnostic	89,823,080			70,675		844		54
54.01	RADIOLOGY-ULTRASOUND	26,130,969			11,940				54.01
56	Radioisotope	35,987,501			1,377		23		56
57	CT Scan	136,850,557			109,062		2,013		57
58	MRI	76,943,983			69,592		1		58
59	Cardiac Catheterization	111,751,362			24,859		107		59
60	Laboratory	464,088,751			771,830		456		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	42,942,141			52,420		7		63
65	Respiratory Therapy	53,283,039			615,506		684		65
66	Physical Therapy	11,081,238			1,073,461				66
67	Occupational Therapy	5,574,515			602,843				67
68	Speech Pathology	1,904,413			286,916				68
69	Electrocardiology	56,353,747			35,240		285		69
70	Electroencephalography	9,540,422			7,981				70
71	Medical Supplies Charged to Pat	65,166,971			87,875				71
72	Impl. Dev. Charged to Patients	93,172,042			3,019				72
73	Drugs Charged to Patients	301,539,477	0.000538	0.000538	787,403	424	640		73
74	Renal Dialysis	32,609,182			49,359		1		74
76	PULMONARY LABS	4,423,232			11,131		227		76
76.01	OCCUPATIONAL HEALTH								76.01
76.03	HYPERALIMENTATION								76.03
76.04	PERIPHERAL VASCULAR	15,595,001			49,667				76.04
76.05	PEDIATRIC ENDO NUTRITION								76.05
76.07	GASTROINTESTINAL SERVICE	39,277,323	0.000205	0.000205	135		1		76.07
76.09	BONE MARROW PROCUREMENT	2,190,283			538				76.09
76.10	BARIATRICS	422,192							76.10
76.11	HEPATOLOGY	29,447							76.11
76.97	CARDIAC REHABILITATION	388,476							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	1,020,295							90
90.01	CARDIAC REHABILITATION								90.01
90.02	CANCER CENTER	22,687,310			736		3		90.02
90.03	PSYCH SOCIAL REHAB	3,068							90.03
90.04	WELLNESS ASSESSMENT								90.04
90.06	HEART FAILURE CLINIC								90.06
90.07	LOC OUTPATIENT CENTER	152,951,314	0.000296	0.000296	8,900	3	5,497	2	90.07
90.08	OBT OUTPATIENT CENTER	30,943,619			276		774		90.08
90.09	ELMHURST IMMEDIATE CARE	2,735,253			15		22		90.09
90.10	LAGRANGE FAMILY PCC	9,587,235			8		3		90.10
90.12	NORTH RIVERSIDE PCC	4,014,322			29		31		90.12
90.13	GLENDALE HEIGHTS PCC								90.13
90.14	WHEATON PCC	1,908,164			4		16		90.14
90.15	OBT II PCC	3,549,302			11		19		90.15
90.16	HICKORY HILLS PCC	12,177,413			79		22		90.16
90.18	DARIEN PCC	1,243,964			14		3		90.18
90.20	ORLAND PARK - FP	4,168,189			16		50		90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	20,022,634			595		41		90.21
90.22	HOMER GLEN PCC	16,124,763			625		39		90.22
90.23	OAK PARK PCC	1,605,297			27		12		90.23
90.24	PARK RIDGE PCC	5,654,334			81		9		90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	2,098,001			15		3		90.25
90.26	WOODRIDGE PCC	421,721							90.26
90.27	NEUROLOGY - NILES								90.27
90.28	MARJORIE WEINBERG CANCER CENTER	5,050,543			61		3		90.28

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS **COMPONENT CCN: 14-T276** **WORKSHEET D PART IV**

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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
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		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)	
(A)	Cost Center Description	7	8	9	10	11	12	13	
90.29	BURR RIDGE PCC	86,130,627			1,759		503		90.29
90.30	RIVER FOREST	11,977,869			194		105		90.30
90.31	NORRIDGE	933,604					1		90.31
90.32	ELMWOOD PARK	1,621,024			1		10		90.32
90.33	OCCUPATIONAL HEALTH CLINIC	669,917							90.33
90.34	CHICAGO AND BELMONT	392,371							90.34
91	Emergency	112,405,884	0.009623	0.009623	32,030	308	3		91
92	Observation Beds (Non-Distinct	19,779,415							92
92.01	OBSERVATION BEDS-DISTINCT	5,035,233			151				92.01
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services								95
97	Durable Medical Equip-Sold	3,249,895							97
200	Total (sum of lines 50-199)	2,537,643,276			4,828,179	736	12,459	2	200

(A) Worksheet A line numbers

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS **COMPONENT CCN: 14-T276** **WORKSHEET D PART V**

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

			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.)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.401254							50
50.01	AMBULATORY SURGERY CENTER	0.174647							50.01
51	Recovery Room	0.154566							51
52	Delivery Room & Labor Room	0.417801							52
53	Anesthesiology	0.045811	1						53
54	Radiology-Diagnostic	0.167520	844			141			54
54.01	RADIOLOGY-ULTRASOUND	0.085338							54.01
56	Radioisotope	0.186270	23			4			56
57	CT Scan	0.071759	2,013			144			57
58	MRI	0.065334	1						58
59	Cardiac Catheterization	0.147141	107			16			59
60	Laboratory	0.079080	456			36			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	0.261154	7			2			63
65	Respiratory Therapy	0.213447	684			146			65
66	Physical Therapy	0.258397							66
67	Occupational Therapy	0.257542							67
68	Speech Pathology	0.365309							68
69	Electrocardiology	0.106121	285			30			69
70	Electroencephalography	0.338337							70
71	Medical Supplies Charged to Pat	0.550260							71
72	Impl. Dev. Charged to Patients	0.464022							72
73	Drugs Charged to Patients	0.281947	640		41	180		12	73
74	Renal Dialysis	0.238041	1						74
76	PULMONARY LABS	0.262005	227			59			76
76.01	OCCUPATIONAL HEALTH								76.01
76.03	HYPERALIMENTATION								76.03
76.04	PERIPHERAL VASCULAR	0.112188							76.04
76.05	PEDIATRIC ENDO NUTRITION								76.05
76.07	GASTROINTESTINAL SERVICE	0.170713	1						76.07
76.09	BONE MARROW PROCUREMENT	1.109566							76.09
76.10	BARIATRICS	2.317048							76.10
76.11	HEPATOLOGY	54.960302							76.11
76.97	CARDIAC REHABILITATION	1.081925							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.744929							90
90.01	CARDIAC REHABILITATION								90.01
90.02	CANCER CENTER	1.415138	3			4			90.02
90.03	PSYCH SOCIAL REHAB	380.539439							90.03
90.04	WELLNESS ASSESSMENT								90.04
90.06	HEART FAILURE CLINIC								90.06
90.07	LOC OUTPATIENT CENTER	0.360491	5,497			1,982			90.07
90.08	OBT OUTPATIENT CENTER	0.403036	774			312			90.08
90.09	ELMHURST IMMEDIATE CARE	0.984688	22			22			90.09
90.10	LAGRANGE FAMILY PCC	0.461466	3			1			90.10
90.12	NORTH RIVERSIDE PCC	0.793795	31			25			90.12
90.13	GLENDALE HEIGHTS PCC								90.13
90.14	WHEATON PCC	1.492421	16			24			90.14
90.15	OBT II PCC	0.879582	19			17			90.15
90.16	HICKORY HILLS PCC	0.487913	22			11			90.16
90.18	DARIEN PCC	2.426306	3			7			90.18
90.20	ORLAND PARK - FP	0.806617	50			40			90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	0.351638	41			14			90.21
90.22	HOMER GLEN PCC	0.454675	39			18			90.22
90.23	OAK PARK PCC	1.293824	12			16			90.23
90.24	PARK RIDGE PCC	0.378037	9			3			90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	2.260497	3			7			90.25

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS **COMPONENT CCN: 14-T276** **WORKSHEET D PART V**

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

			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.)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
90.26	WOODRIDGE PCC	0.662398							90.26
90.27	NEUROLOGY - NILES								90.27
90.28	MARJORIE WEINBERG CANCER CENTER	1.070167	3			3			90.28
90.29	BURR RIDGE PCC	0.324809	503			163			90.29
90.30	RIVER FOREST	0.317550	105			33			90.30
90.31	NORRIDGE	0.473321	1						90.31
90.32	ELMWOOD PARK	0.965450	10			10			90.32
90.33	OCCUPATIONAL HEALTH CLINIC	2.508648							90.33
90.34	CHICAGO AND BELMONT	0.976114							90.34
91	Emergency	0.179676	3			1			91
92	Observation Beds (Non-Distinct	0.300063							92
92.01	OBSERVATION BEDS-DISTINCT	0.806747							92.01
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services								95
97	Durable Medical Equip-Sold	0.200818							97
200	Subtotal (see instructions)		12,459		41	3,471		12	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		12,459		41	3,471		12	202

(A) Worksheet A line numbers

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS **WORKSHEET D PART I**

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Check        [  ] Title V
Applicable   [  ] Title XVIII, Part A
Boxes:       [XX] Title XIX
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		Capital Related Cost (from Wkst. B, Part II, (col. 26)	Swing Bed Adjust-ment	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)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	5,960,082		5,960,082	95,055	62.70	5,471	343,032	30
31	Intensive Care Unit	1,529,443		1,529,443	20,084	76.15	901	68,611	31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit	493,558		493,558	1,469	335.98	136	45,693	33
34	Surgical Intensive Care Unit								34
35	NEONATAL INTENSIVE CARE	707,901		707,901	9,262	76.43	1,490	113,881	35
35.01	PEDIATRIC ICU	279,928		279,928	2,115	132.35	378	50,028	35.01
35.03	HEART TRANSPLANT ICU	443,217		443,217	2,969	149.28	88	13,137	35.03
35.04	BONE INTENSIVE CARE	504,547		504,547	2,783	181.30	60	10,878	35.04
40	Subprovider - IPF								40
41	Subprovider - IRF	184,101		184,101	6,337	29.05	208	6,042	41
42	Subprovider I								42
43	Nursery	7,844		7,844	2,370	3.31	292	967	43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	10,110,621		10,110,621	142,444		9,024	652,269	200

(A) Worksheet A line numbers

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS **COMPONENT CCN: 14-0276** **WORKSHEET D PART II**

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Check        [  ] Title V                [XX] Hospital     [  ] SUB (Other)
Applicable   [  ] Title XVIII, Part A    [  ] IPF
Boxes:       [XX] Title XIX              [  ] IRF
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		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)	
(A)	Cost Center Description	1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	4,000,086	100,481,322	0.039809	5,208,320	207,338	50
50.01	AMBULATORY SURGERY CENTER	1,104,079	46,157,282	0.023920	5,379	129	50.01
51	Recovery Room	825,074	51,679,323	0.015965	2,425,870	38,729	51
52	Delivery Room & Labor Room	499,512	13,242,325	0.037721	2,781,366	104,916	52
53	Anesthesiology	381,868	108,851,100	0.003508	6,318,726	22,166	53
54	Radiology-Diagnostic	1,758,066	89,823,080	0.019573	4,040,093	79,077	54
54.01	RADIOLOGY-ULTRASOUND	160,918	26,130,969	0.006158	862,101	5,309	54.01
56	Radioisotope	556,846	35,987,501	0.015473	260,413	4,029	56
57	CT Scan	1,007,788	136,850,557	0.007364	6,039,084	44,472	57
58	MRI	603,480	76,943,983	0.007843	2,287,645	17,942	58
59	Cardiac Catheterization	1,845,333	111,751,362	0.016513	1,479,279	24,427	59
60	Laboratory	1,530,728	464,088,751	0.003298	18,037,209	59,487	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	276,160	42,942,141	0.006431	3,186,135	20,490	63
65	Respiratory Therapy	400,418	53,283,039	0.007515	6,240,732	46,899	65
66	Physical Therapy	33,249	11,081,238	0.003000	855,553	2,567	66
67	Occupational Therapy	45,771	5,574,515	0.008211	558,199	4,583	67
68	Speech Pathology	29,175	1,904,413	0.015320	196,868	3,016	68
69	Electrocardiology	491,791	56,353,747	0.008727	2,485,042	21,687	69
70	Electroencephalography	453,727	9,540,422	0.047558	826,917	39,327	70
71	Medical Supplies Charged to Pat	280,483	65,166,971	0.004304	3,797,136	16,343	71
72	Impl. Dev. Charged to Patients	343,083	93,172,042	0.003682	3,668,526	13,508	72
73	Drugs Charged to Patients	1,005,014	301,539,477	0.003333	11,989,048	39,959	73
74	Renal Dialysis	446,859	32,609,182	0.013703	473,034	6,482	74
76	PULMONARY LABS	155,527	4,423,232	0.035161	91,420	3,214	76
76.01	OCCUPATIONAL HEALTH						76.01
76.03	HYPERALIMENTATION						76.03
76.04	PERIPHERAL VASCULAR	93,148	15,595,001	0.005973	536,965	3,207	76.04
76.05	PEDIATRIC ENDO NUTRITION						76.05
76.07	GASTROINTESTINAL SERVICE	1,243,902	39,277,323	0.031670	437,688	13,862	76.07
76.09	BONE MARROW PROCUREMENT	9,051	2,190,283	0.004132	122,097	505	76.09
76.10	BARIATRICS	4,318	422,192	0.010228			76.10
76.11	HEPATOLOGY	379,598	29,447	12.890889			76.11
76.97	CARDIAC REHABILITATION	10,522	388,476	0.027085	11,088	300	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	80,363	1,020,295	0.078764	481	38	90
90.01	CARDIAC REHABILITATION						90.01
90.02	CANCER CENTER	3,317,897	22,687,310	0.146245	4,236	619	90.02
90.03	PSYCH SOCIAL REHAB	190,509	3,068	62.095502			90.03
90.04	WELLNESS ASSESSMENT						90.04
90.06	HEART FAILURE CLINIC						90.06
90.07	LOC OUTPATIENT CENTER	7,045,713	152,951,314	0.046065	208,323	9,596	90.07
90.08	OBT OUTPATIENT CENTER	1,249,769	30,943,619	0.040389	5,053	204	90.08
90.09	ELMHURST IMMEDIATE CARE	273,887	2,735,253	0.100132			90.09
90.10	LAGRANGE FAMILY PCC	453,679	9,587,235	0.047321			90.10
90.12	NORTH RIVERSIDE PCC	22,426	4,014,322	0.005586	44		90.12
90.13	GLENDALE HEIGHTS PCC						90.13
90.14	WHEATON PCC	334,848	1,908,164	0.175482			90.14
90.15	OBT II PCC	376,556	3,549,302	0.106093	2,895	307	90.15
90.16	HICKORY HILLS PCC	639,197	12,177,413	0.052490			90.16
90.18	DARIEN PCC	253,682	1,243,964	0.203930			90.18
90.20	ORLAND PARK - FP	25,773	4,168,189	0.006183			90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	385,715	20,022,634	0.019264	524	10	90.21
90.22	HOMER GLEN PCC	617,466	16,124,763	0.038293	73	3	90.22
90.23	OAK PARK PCC	191,896	1,605,297	0.119539			90.23
90.24	PARK RIDGE PCC	214,611	5,654,334	0.037955	348	13	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	30,328	2,098,001	0.014456			90.25
90.26	WOODRIDGE PCC	2,958	421,721	0.007014			90.26
90.27	NEUROLOGY - NILES						90.27
90.28	MARJORIE WEINBERG CANCER CENTER	169,622	5,050,543	0.033585	708	24	90.28

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS **COMPONENT CCN: 14-0276** **WORKSHEET D PART II**

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Check        [  ] Title V                [XX] Hospital     [  ] SUB (Other)
Applicable   [  ] Title XVIII, Part A    [  ] IPF
Boxes:       [XX] Title XIX              [  ] IRF
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		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)	
(A)	Cost Center Description	1	2	3	4	5	
90.29	BURR RIDGE PCC	3,128,766	86,130,627	0.036326	6,606	240	90.29
90.30	RIVER FOREST	308,077	11,977,869	0.025721	2,156	55	90.30
90.31	NORRIDGE	68,559	933,604	0.073435			90.31
90.32	ELMWOOD PARK	213,154	1,621,024	0.131493			90.32
90.33	OCCUPATIONAL HEALTH CLINIC	213,214	669,917	0.318269			90.33
90.34	CHICAGO AND BELMONT	4,033	392,371	0.010279			90.34
91	Emergency	912,540	112,405,884	0.008118	6,034,375	48,987	91
92	Observation Beds (Non-Distinct	409,882	19,779,415	0.020723	618,574	12,819	92
92.01	OBSERVATION BEDS-DISTINCT	239,350	5,035,233	0.047535	91,194	4,335	92.01
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services						95
97	Durable Medical Equip-Sold	4,233	3,249,895	0.001303	11,533	15	97
200	Total (sum of lines 50-199)	41,354,277	2,537,643,276		92,209,056	921,235	200

(A) Worksheet A line numbers

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS **WORKSHEET D PART III**

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Check        [  ] Title V                  [  ] PPS
Applicable   [  ] Title XVIII, Part A      [  ] TEFRA
Boxes:       [XX] Title XIX                [XX] Other
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		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjust-ment Amount (see instruct-ions)	Total Costs (sum of cols. 1 through 3 minus col 4.)	
(A)	Cost Center Description	1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics General Routine Care)		159,658			159,658	30
31	Intensive Care Unit		47,429			47,429	31
32	Coronary Care Unit						32
33	Burn Intensive Care Unit		28,261			28,261	33
34	Surgical Intensive Care Unit						34
35	NEONATAL INTENSIVE CARE		9,539			9,539	35
35.01	PEDIATRIC ICU		40,542			40,542	35.01
35.03	HEART TRANSPLANT ICU		9,539			9,539	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)		294,968			294,968	200

(A) Worksheet A line numbers

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS **WORKSHEET D PART III**

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Check        [  ] Title V                  [  ] PPS
Applicable   [  ] Title XVIII, Part A      [  ] TEFRA
Boxes:       [XX] Title XIX                [XX] Other
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		Total Patient Days	Per Diem (col. 5÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
(A)	Cost Center Description	6	7	8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	95,055	1.68	5,471	9,191	30
31	Intensive Care Unit	20,084	2.36	901	2,126	31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit	1,469	19.24	136	2,617	33
34	Surgical Intensive Care Unit					34
35	NEONATAL INTENSIVE CARE	9,262	1.03	1,490	1,535	35
35.01	PEDIATRIC ICU	2,115	19.17	378	7,246	35.01
35.03	HEART TRANSPLANT ICU	2,969	3.21	88	282	35.03
35.04	BONE INTENSIVE CARE	2,783		60		35.04
40	Subprovider - IPF					40
41	Subprovider - IRF	6,337		208		41
42	Subprovider I					42
43	Nursery	2,370		292		43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	142,444		9,024	22,997	200

(A) Worksheet A line numbers

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS **COMPONENT CCN: 14-0276** **WORKSHEET D PART IV**

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Check        [  ] Title V                [XX] Hospital     [  ] SUB (Other)          [  ] ICF/IID      [  ] PPS
Applicable   [  ] Title XVIII, Part A    [  ] IPF          [  ] SNF                                    [  ] TEFRA
Boxes:       [XX] Title XIX              [  ] IRF          [  ] NF                                     [XX] Other
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		Non Physician Anesth-etist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
(A)	Cost Center Description	1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room			15,495		15,495	15,495	50
50.01	AMBULATORY SURGERY CENTER							50.01
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	RADIOLOGY-ULTRASOUND							54.01
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
60.01	LABORATORY-SURGICAL PATHOLOGY							60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA							60.03
62.30	BLOOD CLOTTING FOR 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			162,169		162,169	162,169	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			8,035		8,035	8,035	76.07
76.09	BONE MARROW PROCUREMENT							76.09
76.10	BARIATRICS							76.10
76.11	HEPATOLOGY							76.11
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER							90.02
90.03	PSYCH SOCIAL REHAB							90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER			45,312		45,312	45,312	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	ORLAND 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

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS **COMPONENT CCN: 14-0276** **WORKSHEET D PART IV**

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Check        [  ] Title V                 [XX] Hospital     [  ] SUB (Other)          [  ] ICF/IID      [  ] PPS
Applicable   [  ] Title XVIII, Part A     [  ] IPF          [  ] SNF                                    [  ] TEFRA
Boxes:       [XX] Title XIX               [  ] IRF          [  ] NF                                     [XX] Other
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		Non Physician Anesth-etist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
(A)	Cost Center Description	1	2	3	4	5	6	
90.30	RIVER FOREST							90.30
90.31	NORRIDGE							90.31
90.32	ELMWOOD PARK							90.32
90.33	OCCUPATIONAL HEALTH CLINIC							90.33
90.34	CHICAGO AND BELMONT							90.34
91	Emergency			1,081,689		1,081,689	1,081,689	91
92	Observation Beds (Non-Distinct							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
97	Durable Medical Equip-Sold							97
200	Total (sum of lines 50-199)			1,312,700		1,312,700	1,312,700	200

(A) Worksheet A line numbers

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS **COMPONENT CCN: 14-0276** **WORKSHEET D PART IV**

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Check        [  ] Title V                [XX] Hospital     [  ] SUB (Other)          [  ] ICF/IID      [  ] PPS
Applicable   [  ] Title XVIII, Part A    [  ] IPF          [  ] SNF                                    [  ] TEFRA
Boxes:       [XX] Title XIX              [  ] IRF          [  ] NF                                     [XX] Other
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		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)	
(A)	Cost Center Description	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	100,481,322	0.000154	0.000154	5,208,320	802			50
50.01	AMBULATORY SURGERY CENTER	46,157,282			5,379				50.01
51	Recovery Room	51,679,323			2,425,870				51
52	Delivery Room & Labor Room	13,242,325			2,781,366				52
53	Anesthesiology	108,851,100			6,318,726				53
54	Radiology-Diagnostic	89,823,080			4,040,093				54
54.01	RADIOLOGY-ULTRASOUND	26,130,969			862,101				54.01
56	Radioisotope	35,987,501			260,413				56
57	CT Scan	136,850,557			6,039,084				57
58	MRI	76,943,983			2,287,645				58
59	Cardiac Catheterization	111,751,362			1,479,279				59
60	Laboratory	464,088,751			18,037,209				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	42,942,141			3,186,135				63
65	Respiratory Therapy	53,283,039			6,240,732				65
66	Physical Therapy	11,081,238			855,553				66
67	Occupational Therapy	5,574,515			558,199				67
68	Speech Pathology	1,904,413			196,868				68
69	Electrocardiology	56,353,747			2,485,042				69
70	Electroencephalography	9,540,422			826,917				70
71	Medical Supplies Charged to Pat	65,166,971			3,797,136				71
72	Impl. Dev. Charged to Patients	93,172,042			3,668,526				72
73	Drugs Charged to Patients	301,539,477	0.000538	0.000538	11,989,048	6,450			73
74	Renal Dialysis	32,609,182			473,034				74
76	PULMONARY LABS	4,423,232			91,420				76
76.01	OCCUPATIONAL HEALTH								76.01
76.03	HYPERALIMENTATION								76.03
76.04	PERIPHERAL VASCULAR	15,595,001			536,965				76.04
76.05	PEDIATRIC ENDO NUTRITION								76.05
76.07	GASTROINTESTINAL SERVICE	39,277,323	0.000205	0.000205	437,688	90			76.07
76.09	BONE MARROW PROCUREMENT	2,190,283			122,097				76.09
76.10	BARIATRICS	422,192							76.10
76.11	HEPATOLOGY	29,447							76.11
76.97	CARDIAC REHABILITATION	388,476			11,088				76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	1,020,295			481				90
90.01	CARDIAC REHABILITATION								90.01
90.02	CANCER CENTER	22,687,310			4,236				90.02
90.03	PSYCH SOCIAL REHAB	3,068							90.03
90.04	WELLNESS ASSESSMENT								90.04
90.06	HEART FAILURE CLINIC								90.06
90.07	LOC OUTPATIENT CENTER	152,951,314	0.000296	0.000296	208,323	62			90.07
90.08	OBT OUTPATIENT CENTER	30,943,619			5,053				90.08
90.09	ELMHURST IMMEDIATE CARE	2,735,253							90.09
90.10	LAGRANGE FAMILY PCC	9,587,235							90.10
90.12	NORTH RIVERSIDE PCC	4,014,322			44				90.12
90.13	GLENDALE HEIGHTS PCC								90.13
90.14	WHEATON PCC	1,908,164							90.14
90.15	OBT II PCC	3,549,302			2,895				90.15
90.16	HICKORY HILLS PCC	12,177,413							90.16
90.18	DARIEN PCC	1,243,964							90.18
90.20	ORLAND PARK - FP	4,168,189							90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	20,022,634			524				90.21
90.22	HOMER GLEN PCC	16,124,763			73				90.22
90.23	OAK PARK PCC	1,605,297							90.23
90.24	PARK RIDGE PCC	5,654,334			348				90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	2,098,001							90.25
90.26	WOODRIDGE PCC	421,721							90.26
90.27	NEUROLOGY - NILES								90.27
90.28	MARJORIE WEINBERG CANCER CENTER	5,050,543			708				90.28

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS **COMPONENT CCN: 14-0276** **WORKSHEET D PART IV**

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Check        [  ] Title V                [XX] Hospital     [  ] SUB (Other)          [  ] ICF/IID      [  ] PPS
Applicable   [  ] Title XVIII, Part A    [  ] IPF          [  ] SNF                                    [  ] TEFRA
Boxes:       [XX] Title XIX              [  ] IRF          [  ] NF                                     [XX] Other
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		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)	
(A)	Cost Center Description	7	8	9	10	11	12	13	
90.29	BURR RIDGE PCC	86,130,627			6,606				90.29
90.30	RIVER FOREST	11,977,869			2,156				90.30
90.31	NORRIDGE	933,604							90.31
90.32	ELMWOOD PARK	1,621,024							90.32
90.33	OCCUPATIONAL HEALTH CLINIC	669,917							90.33
90.34	CHICAGO AND BELMONT	392,371							90.34
91	Emergency	112,405,884	0.009623	0.009623	6,034,375	58,069			91
92	Observation Beds (Non-Distinct	19,779,415			618,574				92
92.01	OBSERVATION BEDS-DISTINCT	5,035,233			91,194				92.01
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services								95
97	Durable Medical Equip-Sold	3,249,895			11,533				97
200	Total (sum of lines 50-199)	2,537,643,276			92,209,056	65,473			200

(A) Worksheet A line numbers

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS **COMPONENT CCN: 14-0276** **WORKSHEET D PART V**

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

			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.)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.401254		2,311,996			927,698		50
50.01	AMBULATORY SURGERY CENTER	0.174647		5,243,885			915,829		50.01
51	Recovery Room	0.154566		2,147,328			331,904		51
52	Delivery Room & Labor Room	0.417801		380,539			158,990		52
53	Anesthesiology	0.045811		2,441,591			111,852		53
54	Radiology-Diagnostic	0.167520		3,828,758			641,394		54
54.01	RADIOLOGY-ULTRASOUND	0.085338		1,981,454			169,093		54.01
56	Radioisotope	0.186270		1,320,662			246,000		56
57	CT Scan	0.071759		6,220,952			446,409		57
58	MRI	0.065334		4,653,648			304,041		58
59	Cardiac Catheterization	0.147141		1,391,111			204,689		59
60	Laboratory	0.079080		16,977,249			1,342,561		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	0.261154		681,135			177,881		63
65	Respiratory Therapy	0.213447		144,929			30,935		65
66	Physical Therapy	0.258397		1,414,356			365,465		66
67	Occupational Therapy	0.257542		280,008			72,114		67
68	Speech Pathology	0.365309		5,697			2,081		68
69	Electrocardiology	0.106121		2,275,225			241,449		69
70	Electroencephalography	0.338337		401,787			135,939		70
71	Medical Supplies Charged to Pat	0.550260		1,284,024			706,547		71
72	Impl. Dev. Charged to Patients	0.464022		1,886,187			875,232		72
73	Drugs Charged to Patients	0.281947		2,375,082			669,647		73
74	Renal Dialysis	0.238041		457,118			108,813		74
76	PULMONARY LABS	0.262005		65,653			17,201		76
76.01	OCCUPATIONAL HEALTH								76.01
76.03	HYPERALIMENTATION								76.03
76.04	PERIPHERAL VASCULAR	0.112188		396,594			44,493		76.04
76.05	PEDIATRIC ENDO NUTRITION								76.05
76.07	GASTROINTESTINAL SERVICE	0.170713		1,988,154			339,404		76.07
76.09	BONE MARROW PROCUREMENT	1.109566		14,039			15,577		76.09
76.10	BARIATRICS	2.317048		5,935			13,752		76.10
76.11	HEPATOLOGY	54.960302							76.11
76.97	CARDIAC REHABILITATION	1.081925							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.744929		107,960			80,423		90
90.01	CARDIAC REHABILITATION								90.01
90.02	CANCER CENTER	1.415138		2,268,184			3,209,793		90.02
90.03	PSYCH SOCIAL REHAB	380.539439		1,247			474,533		90.03
90.04	WELLNESS ASSESSMENT								90.04
90.06	HEART FAILURE CLINIC								90.06
90.07	LOC OUTPATIENT CENTER	0.360491		8,834,555			3,184,778		90.07
90.08	OBT OUTPATIENT CENTER	0.403036		2,884,797			1,162,677		90.08
90.09	ELMHURST IMMEDIATE CARE	0.984688		81,209			79,966		90.09
90.10	LAGRANGE FAMILY PCC	0.461466		368,918			170,243		90.10
90.12	NORTH RIVERSIDE PCC	0.793795		325,949			258,737		90.12
90.13	GLENDALE HEIGHTS PCC								90.13
90.14	WHEATON PCC	1.492421		57,545			85,881		90.14
90.15	OBT II PCC	0.879582		246,590			216,896		90.15
90.16	HICKORY HILLS PCC	0.487913		1,500,732			732,227		90.16
90.18	DARIEN PCC	2.426306		67,334			163,373		90.18
90.20	ORLAND PARK - FP	0.806617		60,589			48,872		90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	0.351638		113,600			39,946		90.21
90.22	HOMER GLEN PCC	0.454675		852,562			387,639		90.22
90.23	OAK PARK PCC	1.293824		40,288			52,126		90.23
90.24	PARK RIDGE PCC	0.378037		250,682			94,767		90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	2.260497		213,518			482,657		90.25

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS **COMPONENT CCN: 14-0276** **WORKSHEET D PART V**

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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
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			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.)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
90.26	WOODRIDGE PCC	0.662398		3,873			2,565		90.26
90.27	NEUROLOGY - NILES								90.27
90.28	MARJORIE WEINBERG CANCER CENTER	1.070167		317,318			339,583		90.28
90.29	BURR RIDGE PCC	0.324809		4,645,906			1,509,032		90.29
90.30	RIVER FOREST	0.317550		651,069			206,747		90.30
90.31	NORRIDGE	0.473321		21,870			10,352		90.31
90.32	ELMWOOD PARK	0.965450		143,439			138,483		90.32
90.33	OCCUPATIONAL HEALTH CLINIC	2.508648							90.33
90.34	CHICAGO AND BELMONT	0.976114							90.34
91	Emergency	0.179676		10,462,497			1,879,860		91
92	Observation Beds (Non-Distinct	0.300063		1,621,097			486,431		92
92.01	OBSERVATION BEDS-DISTINCT	0.806747		329,144			265,536		92.01
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services								95
97	Durable Medical Equip-Sold	0.200818		45,599			9,157		97
200	Subtotal (see instructions)			99,093,167			25,390,270		200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)			99,093,167			25,390,270		202

(A) Worksheet A line numbers

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS **COMPONENT CCN: 14-T276** **WORKSHEET D PART II**

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Check        [  ] Title V                  [  ] Hospital     [  ] SUB (Other)
Applicable   [  ] Title XVIII, Part A      [  ] IPF
Boxes:       [XX] Title XIX                [XX] IRF
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		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)	
(A)	Cost Center Description	1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	4,000,086	100,481,322	0.039809			50
50.01	AMBULATORY SURGERY CENTER	1,104,079	46,157,282	0.023920			50.01
51	Recovery Room	825,074	51,679,323	0.015965			51
52	Delivery Room & Labor Room	499,512	13,242,325	0.037721			52
53	Anesthesiology	381,868	108,851,100	0.003508			53
54	Radiology-Diagnostic	1,758,066	89,823,080	0.019573			54
54.01	RADIOLOGY-ULTRASOUND	160,918	26,130,969	0.006158			54.01
56	Radioisotope	556,846	35,987,501	0.015473			56
57	CT Scan	1,007,788	136,850,557	0.007364			57
58	MRI	603,480	76,943,983	0.007843			58
59	Cardiac Catheterization	1,845,333	111,751,362	0.016513			59
60	Laboratory	1,530,728	464,088,751	0.003298			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	276,160	42,942,141	0.006431			63
65	Respiratory Therapy	400,418	53,283,039	0.007515			65
66	Physical Therapy	33,249	11,081,238	0.003000	201,063	603	66
67	Occupational Therapy	45,771	5,574,515	0.008211	168,955	1,387	67
68	Speech Pathology	29,175	1,904,413	0.015320	76,205	1,167	68
69	Electrocardiology	491,791	56,353,747	0.008727			69
70	Electroencephalography	453,727	9,540,422	0.047558			70
71	Medical Supplies Charged to Pat	280,483	65,166,971	0.004304	482	2	71
72	Impl. Dev. Charged to Patients	343,083	93,172,042	0.003682			72
73	Drugs Charged to Patients	1,005,014	301,539,477	0.003333			73
74	Renal Dialysis	446,859	32,609,182	0.013703			74
76	PULMONARY LABS	155,527	4,423,232	0.035161			76
76.01	OCCUPATIONAL HEALTH						76.01
76.03	HYPERALIMENTATION						76.03
76.04	PERIPHERAL VASCULAR	93,148	15,595,001	0.005973			76.04
76.05	PEDIATRIC ENDO NUTRITION						76.05
76.07	GASTROINTESTINAL SERVICE	1,243,902	39,277,323	0.031670			76.07
76.09	BONE MARROW PROCUREMENT	9,051	2,190,283	0.004132			76.09
76.10	BARIATRICS	4,318	422,192	0.010228			76.10
76.11	HEPATOLOGY	379,598	29,447	12.890889			76.11
76.97	CARDIAC REHABILITATION	10,522	388,476	0.027085			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	80,363	1,020,295	0.078764			90
90.01	CARDIAC REHABILITATION						90.01
90.02	CANCER CENTER	3,317,897	22,687,310	0.146245			90.02
90.03	PSYCH SOCIAL REHAB	190,509	3,068	62.095502			90.03
90.04	WELLNESS ASSESSMENT						90.04
90.06	HEART FAILURE CLINIC						90.06
90.07	LOC OUTPATIENT CENTER	7,045,713	152,951,314	0.046065			90.07
90.08	OBT OUTPATIENT CENTER	1,249,769	30,943,619	0.040389			90.08
90.09	ELMHURST IMMEDIATE CARE	273,887	2,735,253	0.100132			90.09
90.10	LAGRANGE FAMILY PCC	453,679	9,587,235	0.047321			90.10
90.12	NORTH RIVERSIDE PCC	22,426	4,014,322	0.005586			90.12
90.13	GLENDALE HEIGHTS PCC						90.13
90.14	WHEATON PCC	334,848	1,908,164	0.175482			90.14
90.15	OBT II PCC	376,556	3,549,302	0.106093			90.15
90.16	HICKORY HILLS PCC	639,197	12,177,413	0.052490			90.16
90.18	DARIEN PCC	253,682	1,243,964	0.203930			90.18
90.20	ORLAND PARK - FP	25,773	4,168,189	0.006183			90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	385,715	20,022,634	0.019264			90.21
90.22	HOMER GLEN PCC	617,466	16,124,763	0.038293			90.22
90.23	OAK PARK PCC	191,896	1,605,297	0.119539			90.23
90.24	PARK RIDGE PCC	214,611	5,654,334	0.037955			90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	30,328	2,098,001	0.014456			90.25
90.26	WOODRIDGE PCC	2,958	421,721	0.007014			90.26
90.27	NEUROLOGY - NILES						90.27
90.28	MARJORIE WEINBERG CANCER CENTER	169,622	5,050,543	0.033585			90.28

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS **COMPONENT CCN: 14-T276** **WORKSHEET D PART II**

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Check        [  ] Title V                  [  ] Hospital     [  ] SUB (Other)
Applicable   [  ] Title XVIII, Part A      [  ] IPF
Boxes:       [XX] Title XIX                [XX] IRF
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		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)	
(A)	Cost Center Description	1	2	3	4	5	
90.29	BURR RIDGE PCC	3,128,766	86,130,627	0.036326			90.29
90.30	RIVER FOREST	308,077	11,977,869	0.025721			90.30
90.31	NORRIDGE	68,559	933,604	0.073435			90.31
90.32	ELMWOOD PARK	213,154	1,621,024	0.131493			90.32
90.33	OCCUPATIONAL HEALTH CLINIC	213,214	669,917	0.318269			90.33
90.34	CHICAGO AND BELMONT	4,033	392,371	0.010279			90.34
91	Emergency	912,540	112,405,884	0.008118			91
92	Observation Beds (Non-Distinct		19,779,415				92
92.01	OBSERVATION BEDS-DISTINCT	239,350	5,035,233	0.047535			92.01
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services						95
97	Durable Medical Equip-Sold	4,233	3,249,895	0.001303			97
200	Total (sum of lines 50-199)	40,944,395	2,537,643,276		446,705	3,159	200

(A) Worksheet A line numbers

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS **COMPONENT CCN: 14-T276** **WORKSHEET D PART IV**

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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
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		Non Physician Anesth-etist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
(A)	Cost Center Description	1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room			15,495		15,495	15,495	50
50.01	AMBULATORY SURGERY CENTER							50.01
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	RADIOLOGY-ULTRASOUND							54.01
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
60.01	LABORATORY-SURGICAL PATHOLOGY							60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA							60.03
62.30	BLOOD CLOTTING FOR 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			162,169		162,169	162,169	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			8,035		8,035	8,035	76.07
76.09	BONE MARROW PROCUREMENT							76.09
76.10	BARIATRICS							76.10
76.11	HEPATOLOGY							76.11
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER							90.02
90.03	PSYCH SOCIAL REHAB							90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER			45,312		45,312	45,312	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	ORLAND 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

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS **COMPONENT CCN: 14-T276** **WORKSHEET D PART IV**

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

		Non Physician Anesth-etist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
(A)	Cost Center Description	1	2	3	4	5	6	
90.30	RIVER FOREST							90.30
90.31	NORRIDGE							90.31
90.32	ELMWOOD PARK							90.32
90.33	OCCUPATIONAL HEALTH CLINIC							90.33
90.34	CHICAGO AND BELMONT							90.34
91	Emergency			1,081,689		1,081,689	1,081,689	91
92	Observation Beds (Non-Distinct							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
97	Durable Medical Equip-Sold							97
200	Total (sum of lines 50-199)			1,312,700		1,312,700	1,312,700	200

(A) Worksheet A line numbers

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS **COMPONENT CCN: 14-T276** **WORKSHEET D PART IV**

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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
```

		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)	
(A)	Cost Center Description	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	100,481,322	0.000154	0.000154					50
50.01	AMBULATORY SURGERY CENTER	46,157,282							50.01
51	Recovery Room	51,679,323							51
52	Delivery Room & Labor Room	13,242,325							52
53	Anesthesiology	108,851,100							53
54	Radiology-Diagnostic	89,823,080							54
54.01	RADIOLOGY-ULTRASOUND	26,130,969							54.01
56	Radioisotope	35,987,501							56
57	CT Scan	136,850,557							57
58	MRI	76,943,983							58
59	Cardiac Catheterization	111,751,362							59
60	Laboratory	464,088,751							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	42,942,141							63
65	Respiratory Therapy	53,283,039							65
66	Physical Therapy	11,081,238			201,063				66
67	Occupational Therapy	5,574,515			168,955				67
68	Speech Pathology	1,904,413			76,205				68
69	Electrocardiology	56,353,747							69
70	Electroencephalography	9,540,422							70
71	Medical Supplies Charged to Pat	65,166,971			482				71
72	Impl. Dev. Charged to Patients	93,172,042							72
73	Drugs Charged to Patients	301,539,477	0.000538	0.000538					73
74	Renal Dialysis	32,609,182							74
76	PULMONARY LABS	4,423,232							76
76.01	OCCUPATIONAL HEALTH								76.01
76.03	HYPERALIMENTATION								76.03
76.04	PERIPHERAL VASCULAR	15,595,001							76.04
76.05	PEDIATRIC ENDO NUTRITION								76.05
76.07	GASTROINTESTINAL SERVICE	39,277,323	0.000205	0.000205					76.07
76.09	BONE MARROW PROCUREMENT	2,190,283							76.09
76.10	BARIATRICS	422,192							76.10
76.11	HEPATOLOGY	29,447							76.11
76.97	CARDIAC REHABILITATION	388,476							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	1,020,295							90
90.01	CARDIAC REHABILITATION								90.01
90.02	CANCER CENTER	22,687,310							90.02
90.03	PSYCH SOCIAL REHAB	3,068							90.03
90.04	WELLNESS ASSESSMENT								90.04
90.06	HEART FAILURE CLINIC								90.06
90.07	LOC OUTPATIENT CENTER	152,951,314	0.000296	0.000296					90.07
90.08	OBT OUTPATIENT CENTER	30,943,619							90.08
90.09	ELMHURST IMMEDIATE CARE	2,735,253							90.09
90.10	LAGRANGE FAMILY PCC	9,587,235							90.10
90.12	NORTH RIVERSIDE PCC	4,014,322							90.12
90.13	GLENDALE HEIGHTS PCC								90.13
90.14	WHEATON PCC	1,908,164							90.14
90.15	OBT II PCC	3,549,302							90.15
90.16	HICKORY HILLS PCC	12,177,413							90.16
90.18	DARIEN PCC	1,243,964							90.18
90.20	ORLAND PARK - FP	4,168,189							90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	20,022,634							90.21
90.22	HOMER GLEN PCC	16,124,763							90.22
90.23	OAK PARK PCC	1,605,297							90.23
90.24	PARK RIDGE PCC	5,654,334							90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	2,098,001							90.25
90.26	WOODRIDGE PCC	421,721							90.26
90.27	NEUROLOGY - NILES								90.27
90.28	MARJORIE WEINBERG CANCER CENTER	5,050,543							90.28

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS **COMPONENT CCN: 14-T276** **WORKSHEET D PART IV**

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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
```

		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)	
(A)	Cost Center Description	7	8	9	10	11	12	13	
90.29	BURR RIDGE PCC	86,130,627							90.29
90.30	RIVER FOREST	11,977,869							90.30
90.31	NORRIDGE	933,604							90.31
90.32	ELMWOOD PARK	1,621,024							90.32
90.33	OCCUPATIONAL HEALTH CLINIC	669,917							90.33
90.34	CHICAGO AND BELMONT	392,371							90.34
91	Emergency	112,405,884	0.009623	0.009623					91
92	Observation Beds (Non-Distinct	19,779,415							92
92.01	OBSERVATION BEDS-DISTINCT	5,035,233							92.01
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services								95
97	Durable Medical Equip-Sold	3,249,895							97
200	Total (sum of lines 50-199)	2,537,643,276			446,705				200

(A) Worksheet A line numbers

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
```

			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.)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.401254							50
50.01	AMBULATORY SURGERY CENTER	0.174647							50.01
51	Recovery Room	0.154566							51
52	Delivery Room & Labor Room	0.417801							52
53	Anesthesiology	0.045811							53
54	Radiology-Diagnostic	0.167520							54
54.01	RADIOLOGY-ULTRASOUND	0.085338							54.01
56	Radioisotope	0.186270							56
57	CT Scan	0.071759							57
58	MRI	0.065334							58
59	Cardiac Catheterization	0.147141							59
60	Laboratory	0.079080							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	0.261154							63
65	Respiratory Therapy	0.213447							65
66	Physical Therapy	0.258397							66
67	Occupational Therapy	0.257542							67
68	Speech Pathology	0.365309							68
69	Electrocardiology	0.106121							69
70	Electroencephalography	0.338337							70
71	Medical Supplies Charged to Pat	0.550260							71
72	Impl. Dev. Charged to Patients	0.464022							72
73	Drugs Charged to Patients	0.281947							73
74	Renal Dialysis	0.238041							74
76	PULMONARY LABS	0.262005							76
76.01	OCCUPATIONAL HEALTH								76.01
76.03	HYPERALIMENTATION								76.03
76.04	PERIPHERAL VASCULAR	0.112188							76.04
76.05	PEDIATRIC ENDO NUTRITION								76.05
76.07	GASTROINTESTINAL SERVICE	0.170713							76.07
76.09	BONE MARROW PROCUREMENT	1.109566							76.09
76.10	BARIATRICS	2.317048							76.10
76.11	HEPATOLOGY	54.960302							76.11
76.97	CARDIAC REHABILITATION	1.081925							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.744929							90
90.01	CARDIAC REHABILITATION								90.01
90.02	CANCER CENTER	1.415138							90.02
90.03	PSYCH SOCIAL REHAB	380.539439							90.03
90.04	WELLNESS ASSESSMENT								90.04
90.06	HEART FAILURE CLINIC								90.06
90.07	LOC OUTPATIENT CENTER	0.360491							90.07
90.08	OBT OUTPATIENT CENTER	0.403036							90.08
90.09	ELMHURST IMMEDIATE CARE	0.984688							90.09
90.10	LAGRANGE FAMILY PCC	0.461466							90.10
90.12	NORTH RIVERSIDE PCC	0.793795							90.12
90.13	GLENDALE HEIGHTS PCC								90.13
90.14	WHEATON PCC	1.492421							90.14
90.15	OBT II PCC	0.879582							90.15
90.16	HICKORY HILLS PCC	0.487913							90.16
90.18	DARIEN PCC	2.426306							90.18
90.20	ORLAND PARK - FP	0.806617							90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	0.351638							90.21
90.22	HOMER GLEN PCC	0.454675							90.22
90.23	OAK PARK PCC	1.293824							90.23
90.24	PARK RIDGE PCC	0.378037							90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	2.260497							90.25

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS **COMPONENT CCN: 14-T276** **WORKSHEET D PART V**

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

			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.)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
90.26	WOODRIDGE PCC	0.662398							90.26
90.27	NEUROLOGY - NILES								90.27
90.28	MARJORIE WEINBERG CANCER CENTER	1.070167							90.28
90.29	BURR RIDGE PCC	0.324809							90.29
90.30	RIVER FOREST	0.317550							90.30
90.31	NORRIDGE	0.473321							90.31
90.32	ELMWOOD PARK	0.965450							90.32
90.33	OCCUPATIONAL HEALTH CLINIC	2.508648							90.33
90.34	CHICAGO AND BELMONT	0.976114							90.34
91	Emergency	0.179676							91
92	Observation Beds (Non-Distinct	0.300063							92
92.01	OBSERVATION BEDS-DISTINCT	0.806747							92.01
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services								95
97	Durable Medical Equip-Sold	0.200818							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

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	**[XX] Title XVIII, Part A**	**[ ] IPF**	**[ ] SNF**		**[ ] TEFRA**
Boxes:	**[ ] Title XIX - I/P**	**[ ] IRF**	**[ ] NF**		**[ ] Other**

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	95,055	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	95,055	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)	88,518	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)	30,380	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)	86,302,256	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)	86,302,256	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)	86,302,256	37

COMPUTATION OF INPATIENT OPERATING COST **COMPONENT CCN: 14-0276** **WORKSHEET D-1 PART II**

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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
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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)	907.92	38
39	Program general inpatient routine service cost (line 9 x line 38)	27,582,610	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)	27,582,610	41

		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1	2	3	4	5	
42	Nursery (Titles V and XIX only)						42
	Intensive Care Type Inpatient Hospital Units						
43	Intensive Care Unit	29,588,809	20,084	1,473.25	7,242	10,669,277	43
44	Coronary Care Unit						44
45	Burn Intensive Care Unit	8,562,434	1,469	5,828.75	1,147	6,685,576	45
46	Surgical Intensive Care Unit						46
47	NEONATAL INTENSIVE CARE	12,620,921	9,262	1,362.66			47
47.01	PEDIATRIC ICU	4,490,737	2,115	2,123.28	2	4,247	47.01
47.03	HEART TRANSPLANT ICU	5,734,429	2,969	1,931.43	1,596	3,082,562	47.03
47.04	BONE INTENSIVE CARE	7,426,778	2,783	2,668.62	1,544	4,120,349	47.04

		1	
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	77,935,979	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	130,080,600	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	3,455,474	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	3,839,099	51
52	Total Program excludable cost (sum of lines 50 and 51)	7,294,573	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	122,786,027	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 etner 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

COMPUTATION OF INPATIENT OPERATING COST **COMPONENT CCN: 14-0276** **WORKSHEET D-1 PARTS III & IV**

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Check        [  ] Title V - I/P          [XX] Hospital     [  ] SUB (Other)          [  ] ICF/IID      [XX] PPS
Applicable   [XX] Title XVIII, Part A    [  ] IPF          [  ] SNF                                    [  ] TEFRA
Boxes:       [  ] Title XIX - I/P        [  ] IRF          [  ] NF                                     [  ] Other
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PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					6,537	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					907.92	88
89	Observation bed cost (line 87 x line 88) (see instructions)					5,935,073	89
		Cost	Routine Cost (from line 21)	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	5,960,082	86,302,256	0.069061	5,935,073	409,882	90
91	Nursing School						91
92	Allied Health	159,658	86,302,256	0.001850	5,935,073	10,980	92
93	Other Medical Education						93

COMPUTATION OF INPATIENT OPERATING COST **COMPONENT CCN: 14-T276** **WORKSHEET D-1 PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	6,337	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	6,337	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)	6,337	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)	3,463	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)	6,813,989	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)	6,813,989	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)	6,813,989	37

COMPUTATION OF INPATIENT OPERATING COST **COMPONENT CCN: 14-T276** **WORKSHEET D-1 PART II**

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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
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PART II - HOSPITALS AND SUBPROVIDERS ONLY

	PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS	1	
38	Adjusted general inpatient routine service cost per diem (see instructions)	1,075.27	38
39	Program general inpatient routine service cost (line 9 x line 38)	3,723,660	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)	3,723,660	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	1,088,687	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	4,812,347	49
	PASS THROUGH COST ADJUSTMENTS		
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	100,600	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	30,504	51
52	Total Program excludable cost (sum of lines 50 and 51)	131,104	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	4,681,243	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 etner 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

COMPUTATION OF INPATIENT OPERATING COST **COMPONENT CCN: 14-0276** **WORKSHEET D-1 PART I**

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

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	95,055	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	95,055	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)	88,518	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)	5,471	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)	2,370	15
16	Nursery days (title V or XIX only)	292	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)	86,302,256	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)	86,302,256	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)	86,302,256	37

COMPUTATION OF INPATIENT OPERATING COST **COMPONENT CCN: 14-0276** **WORKSHEET D-1 PART II**

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Check        [  ] Title V - I/P          [XX] Hospital     [  ] SUB (Other)          [  ] PPS
Applicable   [  ] Title XVIII, Part A    [  ] IPF                                    [  ] TEFRA
Boxes:       [XX] Title XIX - I/P        [  ] IRF                                    [XX] Other
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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)					907.92	38
39	Program general inpatient routine service cost (line 9 x line 38)					4,967,230	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)					4,967,230	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)	1,189,792	2,370	502.02	292	146,590	42
	Intensive Care Type Inpatient Hospital Units						
43	Intensive Care Unit	29,588,809	20,084	1,473.25	901	1,327,398	43
44	Coronary Care Unit						44
45	Burn Intensive Care Unit	8,562,434	1,469	5,828.75	136	792,710	45
46	Surgical Intensive Care Unit						46
47	NEONATAL INTENSIVE CARE	12,620,921	9,262	1,362.66	1,490	2,030,363	47
47.01	PEDIATRIC ICU	4,490,737	2,115	2,123.28	378	802,600	47.01
47.03	HEART TRANSPLANT ICU	5,734,429	2,969	1,931.43	88	169,966	47.03
47.04	BONE INTENSIVE CARE	7,426,778	2,783	2,668.62	60	160,117	47.04
						1	
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					19,114,083	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					29,511,057	49
	PASS THROUGH COST ADJUSTMENTS						
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					669,224	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					986,708	51
52	Total Program excludable cost (sum of lines 50 and 51)					1,655,932	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)						53
	TARGET AMOUNT AND LIMIT COMPUTATION						
54	Program discharges						54
55	Target amount per discharge						55
56	Target amount (line 54 x line 55)						56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57
58	Bonus payment (see instructions)						58
59	Lesser of line 53 ÷ line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket.						59
60	Lesser of line 53 ÷ line 54 or line 55 from prior year cost report, updated by the market basket.						60
61	If line 53 ÷ 54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (line 54 x 60), or 1% of the target amount (line 56), otherwise etner 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

COMPUTATION OF INPATIENT OPERATING COST **COMPONENT CCN: 14-0276** **WORKSHEET D-1 PARTS III & IV**

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					6,537	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 21)	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

COMPUTATION OF INPATIENT OPERATING COST **COMPONENT CCN: 14-T276** **WORKSHEET D-1 PART I**

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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)	6,337	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	6,337	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)	6,337	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)	208	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)	6,813,989	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)	6,813,989	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)	6,813,989	37

COMPUTATION OF INPATIENT OPERATING COST **COMPONENT CCN: 14-T276** **WORKSHEET D-1 PART II**

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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
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PART II - HOSPITALS AND SUBPROVIDERS ONLY

	PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS	1	
38	Adjusted general inpatient routine service cost per diem (see instructions)	1,075.27	38
39	Program general inpatient routine service cost (line 9 x line 38)	223,656	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)	223,656	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	123,570	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	347,226	49
	PASS THROUGH COST ADJUSTMENTS		
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	6,042	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	3,159	51
52	Total Program excludable cost (sum of lines 50 and 51)	9,201	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)		53
	TARGET AMOUNT AND LIMIT COMPUTATION		
54	Program discharges		54
55	Target amount per discharge		55
56	Target amount (line 54 x line 55)		56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)		57
58	Bonus payment (see instructions)		58
59	Lesser of line 53 ÷ line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket.		59
60	Lesser of line 53 ÷ line 54 or line 55 from prior year cost report, updated by the market basket.		60
61	If line 53 ÷ 54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (line 54 x 60), or 1% of the target amount (line 56), otherwise etner zero (see instructions)		61
62	Relief payment (see instructions)		62
63	Allowable Inpatient cost plus incentive payment (see instructions)		63
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (title XVIII only)		64
65	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (title XVIII only)		65
66	Total Medicare swing-bed SNF inpatient routine costs (title XVIII only. For CAH, see instructions)		66
67	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)		67
68	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)		68
69	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)		69

INPATIENT ANCILLARY 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**

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		79,862,818		30
31	Intensive Care Unit		30,548,157		31
33	Burn Intensive Care Unit		4,881,500		33
35	NEONATAL INTENSIVE CARE				35
35.01	PEDIATRIC ICU		8,170		35.01
35.03	HEART TRANSPLANT ICU		6,500,143		35.03
35.04	BONE INTENSIVE CARE		6,041,107		35.04
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.401254	25,301,212	10,152,213	50
50.01	AMBULATORY SURGERY CENTER	0.174647	13,160	2,298	50.01
51	Recovery Room	0.154566	9,063,051	1,400,840	51
52	Delivery Room & Labor Room	0.417801	113,634	47,476	52
53	Anesthesiology	0.045811	25,886,689	1,185,895	53
54	Radiology-Diagnostic	0.167520	14,064,677	2,356,115	54
54.01	RADIOLOGY-ULTRASOUND	0.085338	1,972,573	168,335	54.01
56	Radioisotope	0.186270	1,784,008	332,307	56
57	CT Scan	0.071759	21,507,359	1,543,347	57
58	MRI	0.065334	7,116,696	464,962	58
59	Cardiac Catheterization	0.147141	17,566,041	2,584,685	59
60	Laboratory	0.079080	72,393,483	5,724,877	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.	0.261154	12,174,792	3,179,496	63
65	Respiratory Therapy	0.213447	18,437,671	3,935,466	65
66	Physical Therapy	0.258397	3,234,048	835,668	66
67	Occupational Therapy	0.257542	1,479,764	381,101	67
68	Speech Pathology	0.365309	427,656	156,227	68
69	Electrocardiology	0.106121	12,290,509	1,304,281	69
70	Electroencephalography	0.338337	1,695,322	573,590	70
71	Medical Supplies Charged to Patients	0.550260	14,172,230	7,798,411	71
72	Impl. Dev. Charged to Patients	0.464022	27,128,350	12,588,151	72
73	Drugs Charged to Patients	0.281947	43,482,602	12,259,789	73
74	Renal Dialysis	0.238041	3,114,108	741,285	74
76	PULMONARY LABS	0.262005	951,911	249,405	76
76.01	OCCUPATIONAL HEALTH				76.01
76.03	HYPERALIMENTATION				76.03
76.04	PERIPHERAL VASCULAR	0.112188	3,285,858	368,634	76.04
76.05	PEDIATRIC ENDO NUTRITION				76.05
76.07	GASTROINTESTINAL SERVICE	0.170713	2,578,783	440,232	76.07
76.09	BONE MARROW PROCUREMENT	1.109566	320,986	356,155	76.09
76.10	BARIATRICS	2.317048	111	257	76.10
76.11	HEPATOLOGY	54.960302			76.11
76.97	CARDIAC REHABILITATION	1.081925	182,544	197,499	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.744929	1,884	1,403	90
90.01	CARDIAC REHABILITATION				90.01
90.02	CANCER CENTER	1.415138	152,242	215,443	90.02
90.03	PSYCH SOCIAL REHAB	380.539439			90.03
90.04	WELLNESS ASSESSMENT				90.04
90.06	HEART FAILURE CLINIC				90.06
90.07	LOC OUTPATIENT CENTER	0.360491	1,632,880	588,639	90.07
90.08	OBT OUTPATIENT CENTER	0.403036	30,030	12,103	90.08
90.09	ELMHURST IMMEDIATE CARE	0.984688	3,101	3,054	90.09
90.10	LAGRANGE FAMILY PCC	0.461466	2,664	1,229	90.10
90.12	NORTH RIVERSIDE PCC	0.793795	5,992	4,756	90.12
90.13	GLENDALE HEIGHTS PCC				90.13
90.14	WHEATON PCC	1.492421	1,178	1,758	90.14
90.15	OBT II PCC	0.879582	3,367	2,962	90.15
90.16	HICKORY HILLS PCC	0.487913	6,228	3,039	90.16
90.18	DARIEN PCC	2.426306	2,562	6,216	90.18
90.20	ORLAND PARK - FP	0.806617	3,759	3,032	90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	0.351638	11,662	4,101	90.21

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**

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
90.22	HOMER GLEN PCC	0.454675	25,926	11,788	90.22
90.23	OAK PARK PCC	1.293824	4,126	5,338	90.23
90.24	PARK RIDGE PCC	0.378037	34,979	13,223	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	2.260497	1,180	2,667	90.25
90.26	WOODRIDGE PCC	0.662398			90.26
90.27	NEUROLOGY - NILES				90.27
90.28	MARJORIE WEINBERG CANCER CENTER	1.070167	9,229	9,877	90.28
90.29	BURR RIDGE PCC	0.324809	183,629	59,644	90.29
90.30	RIVER FOREST	0.317550	42,578	13,521	90.30
90.31	NORRIDGE	0.473321			90.31
90.32	ELMWOOD PARK	0.965450	371	358	90.32
90.33	OCCUPATIONAL HEALTH CLINIC	2.508648			90.33
90.34	CHICAGO AND BELMONT	0.976114			90.34
91	Emergency	0.179676	18,336,510	3,294,631	91
92	Observation Beds (Non-Distinct Part)	0.300063	2,818,773	845,809	92
92.01	OBSERVATION BEDS-DISTINCT	0.806747	1,791,665	1,445,420	92.01
	OTHER REIMBURSABLE COST CENTERS				
95	Ambulance Services				95
97	Durable Medical Equip-Sold	0.200818	283,697	56,971	97
200	Total (sum of lines 50-94, and 96-98)		367,130,040	77,935,979	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		367,130,040		202

(A) Worksheet A line numbers

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT **COMPONENT CCN: 14-T276** **WORKSHEET D-3**

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

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
33	Burn Intensive Care Unit				33
35	NEONATAL INTENSIVE CARE				35
35.01	PEDIATRIC ICU				35.01
35.03	HEART TRANSPLANT ICU				35.03
35.04	BONE INTENSIVE CARE				35.04
41	Subprovider - IRF		7,435,295		41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.401254	7,063	2,834	50
50.01	AMBULATORY SURGERY CENTER	0.174647	2		50.01
51	Recovery Room	0.154566	28	4	51
52	Delivery Room & Labor Room	0.417801	22	9	52
53	Anesthesiology	0.045811	52,608	2,410	53
54	Radiology-Diagnostic	0.167520	70,675	11,839	54
54.01	RADIOLOGY-ULTRASOUND	0.085338	11,940	1,019	54.01
56	Radioisotope	0.186270	1,377	256	56
57	CT Scan	0.071759	109,062	7,826	57
58	MRI	0.065334	69,592	4,547	58
59	Cardiac Catheterization	0.147141	24,859	3,658	59
60	Laboratory	0.079080	771,830	61,036	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.	0.261154	52,420	13,690	63
65	Respiratory Therapy	0.213447	615,506	131,378	65
66	Physical Therapy	0.258397	1,073,461	277,379	66
67	Occupational Therapy	0.257542	602,843	155,257	67
68	Speech Pathology	0.365309	286,916	104,813	68
69	Electrocardiology	0.106121	35,240	3,740	69
70	Electroencephalography	0.338337	7,981	2,700	70
71	Medical Supplies Charged to Patients	0.550260	87,875	48,354	71
72	Impl. Dev. Charged to Patients	0.464022	3,019	1,401	72
73	Drugs Charged to Patients	0.281947	787,403	222,006	73
74	Renal Dialysis	0.238041	49,359	11,749	74
76	PULMONARY LABS	0.262005	11,131	2,916	76
76.01	OCCUPATIONAL HEALTH				76.01
76.03	HYPERALIMENTATION				76.03
76.04	PERIPHERAL VASCULAR	0.112188	49,667	5,572	76.04
76.05	PEDIATRIC ENDO NUTRITION				76.05
76.07	GASTROINTESTINAL SERVICE	0.170713	135	23	76.07
76.09	BONE MARROW PROCUREMENT	1.109566	538	597	76.09
76.10	BARIATRICS	2.317048			76.10
76.11	HEPATOLOGY	54.960302			76.11
76.97	CARDIAC REHABILITATION	1.081925			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.744929			90
90.01	CARDIAC REHABILITATION				90.01
90.02	CANCER CENTER	1.415138	736	1,042	90.02
90.03	PSYCH SOCIAL REHAB	380.539439			90.03
90.04	WELLNESS ASSESSMENT				90.04
90.06	HEART FAILURE CLINIC				90.06
90.07	LOC OUTPATIENT CENTER	0.360491	8,900	3,208	90.07
90.08	OBT OUTPATIENT CENTER	0.403036	276	111	90.08
90.09	ELMHURST IMMEDIATE CARE	0.984688	15	15	90.09
90.10	LAGRANGE FAMILY PCC	0.461466	8	4	90.10
90.12	NORTH RIVERSIDE PCC	0.793795	29	23	90.12
90.13	GLENDALE HEIGHTS PCC				90.13
90.14	WHEATON PCC	1.492421	4	6	90.14
90.15	OBT II PCC	0.879582	11	10	90.15
90.16	HICKORY HILLS PCC	0.487913	79	39	90.16
90.18	DARIEN PCC	2.426306	14	34	90.18
90.20	ORLAND PARK - FP	0.806617	16	13	90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	0.351638	595	209	90.21

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**

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
90.22	HOMER GLEN PCC	0.454675	625	284	90.22
90.23	OAK PARK PCC	1.293824	27	35	90.23
90.24	PARK RIDGE PCC	0.378037	81	31	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	2.260497	15	34	90.25
90.26	WOODRIDGE PCC	0.662398			90.26
90.27	NEUROLOGY - NILES				90.27
90.28	MARJORIE WEINBERG CANCER CENTER	1.070167	61	65	90.28
90.29	BURR RIDGE PCC	0.324809	1,759	571	90.29
90.30	RIVER FOREST	0.317550	194	62	90.30
90.31	NORRIDGE	0.473321			90.31
90.32	ELMWOOD PARK	0.965450	1	1	90.32
90.33	OCCUPATIONAL HEALTH CLINIC	2.508648			90.33
90.34	CHICAGO AND BELMONT	0.976114			90.34
91	Emergency	0.179676	32,030	5,755	91
92	Observation Beds (Non-Distinct Part)	0.300063			92
92.01	OBSERVATION BEDS-DISTINCT	0.806747	151	122	92.01
	OTHER REIMBURSABLE COST CENTERS				
95	Ambulance Services				95
97	Durable Medical Equip-Sold	0.200818			97
200	Total (sum of lines 50-94, and 96-98)		4,828,179	1,088,687	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		4,828,179		202

(A) Worksheet A line numbers

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT **COMPONENT CCN: 14-0276** **WORKSHEET D-3**

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

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		21,599,861		30
31	Intensive Care Unit		6,786,497		31
33	Burn Intensive Care Unit		4,507,003		33
35	NEONATAL INTENSIVE CARE		15,153,425		35
35.01	PEDIATRIC ICU		3,667,380		35.01
35.03	HEART TRANSPLANT ICU		669,264		35.03
35.04	BONE INTENSIVE CARE		928,514		35.04
41	Subprovider - IRF				41
43	Nursery		979,422		43
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.401254	5,208,320	2,089,859	50
50.01	AMBULATORY SURGERY CENTER	0.174647	5,379	939	50.01
51	Recovery Room	0.154566	2,425,870	374,957	51
52	Delivery Room & Labor Room	0.417801	2,781,366	1,162,057	52
53	Anesthesiology	0.045811	6,318,726	289,467	53
54	Radiology-Diagnostic	0.167520	4,040,093	676,796	54
54.01	RADIOLOGY-ULTRASOUND	0.085338	862,101	73,570	54.01
56	Radioisotope	0.186270	260,413	48,507	56
57	CT Scan	0.071759	6,039,084	433,359	57
58	MRI	0.065334	2,287,645	149,461	58
59	Cardiac Catheterization	0.147141	1,479,279	217,663	59
60	Laboratory	0.079080	18,037,209	1,426,382	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.	0.261154	3,186,135	832,072	63
65	Respiratory Therapy	0.213447	6,240,732	1,332,066	65
66	Physical Therapy	0.258397	855,553	221,072	66
67	Occupational Therapy	0.257542	558,199	143,760	67
68	Speech Pathology	0.365309	196,868	71,918	68
69	Electrocardiology	0.106121	2,485,042	263,715	69
70	Electroencephalography	0.338337	826,917	279,777	70
71	Medical Supplies Charged to Patients	0.550260	3,797,136	2,089,412	71
72	Impl. Dev. Charged to Patients	0.464022	3,668,526	1,702,277	72
73	Drugs Charged to Patients	0.281947	11,989,048	3,380,276	73
74	Renal Dialysis	0.238041	473,034	112,601	74
76	PULMONARY LABS	0.262005	91,420	23,952	76
76.01	OCCUPATIONAL HEALTH				76.01
76.03	HYPERALIMENTATION				76.03
76.04	PERIPHERAL VASCULAR	0.112188	536,965	60,241	76.04
76.05	PEDIATRIC ENDO NUTRITION				76.05
76.07	GASTROINTESTINAL SERVICE	0.170713	437,688	74,719	76.07
76.09	BONE MARROW PROCUREMENT	1.109566	122,097	135,475	76.09
76.10	BARIATRICS	2.317048			76.10
76.11	HEPATOLOGY	54.960302			76.11
76.97	CARDIAC REHABILITATION	1.081925	11,088	11,996	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.744929	481	358	90
90.01	CARDIAC REHABILITATION				90.01
90.02	CANCER CENTER	1.415138	4,236	5,995	90.02
90.03	PSYCH SOCIAL REHAB	380.539439			90.03
90.04	WELLNESS ASSESSMENT				90.04
90.06	HEART FAILURE CLINIC				90.06
90.07	LOC OUTPATIENT CENTER	0.360491	208,323	75,099	90.07
90.08	OBT OUTPATIENT CENTER	0.403036	5,053	2,037	90.08
90.09	ELMHURST IMMEDIATE CARE	0.984688			90.09
90.10	LAGRANGE FAMILY PCC	0.461466			90.10
90.12	NORTH RIVERSIDE PCC	0.793795	44	35	90.12
90.13	GLENDALE HEIGHTS PCC				90.13
90.14	WHEATON PCC	1.492421			90.14
90.15	OBT II PCC	0.879582	2,895	2,546	90.15
90.16	HICKORY HILLS PCC	0.487913			90.16
90.18	DARIEN PCC	2.426306			90.18
90.20	ORLAND PARK - FP	0.806617			90.20

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT **COMPONENT CCN: 14-0276** **WORKSHEET D-3**

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

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
90.21	FAMILY PRACTICE MAYWOOD PCC	0.351638	524	184	90.21
90.22	HOMER GLEN PCC	0.454675	73	33	90.22
90.23	OAK PARK PCC	1.293824			90.23
90.24	PARK RIDGE PCC	0.378037	348	132	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	2.260497			90.25
90.26	WOODRIDGE PCC	0.662398			90.26
90.27	NEUROLOGY - NILES				90.27
90.28	MARJORIE WEINBERG CANCER CENTER	1.070167	708	758	90.28
90.29	BURR RIDGE PCC	0.324809	6,606	2,146	90.29
90.30	RIVER FOREST	0.317550	2,156	685	90.30
90.31	NORRIDGE	0.473321			90.31
90.32	ELMWOOD PARK	0.965450			90.32
90.33	OCCUPATIONAL HEALTH CLINIC	2.508648			90.33
90.34	CHICAGO AND BELMONT	0.976114			90.34
91	Emergency	0.179676	6,034,375	1,084,232	91
92	Observation Beds (Non-Distinct Part)	0.300063	618,574	185,611	92
92.01	OBSERVATION BEDS-DISTINCT	0.806747	91,194	73,570	92.01
	OTHER REIMBURSABLE COST CENTERS				
95	Ambulance Services				95
97	Durable Medical Equip-Sold	0.200818	11,533	2,316	97
200	Total (sum of lines 50-94, and 96-98)		92,209,056	19,114,083	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		92,209,056		202

(A) Worksheet A line numbers

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT **COMPONENT CCN: 14-T276** **WORKSHEET D-3**

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

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
33	Burn Intensive Care Unit				33
35	NEONATAL INTENSIVE CARE				35
35.01	PEDIATRIC ICU				35.01
35.03	HEART TRANSPLANT ICU				35.03
35.04	BONE INTENSIVE CARE				35.04
41	Subprovider - IRF		747,330		41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.401254			50
50.01	AMBULATORY SURGERY CENTER	0.174647			50.01
51	Recovery Room	0.154566			51
52	Delivery Room & Labor Room	0.417801			52
53	Anesthesiology	0.045811			53
54	Radiology-Diagnostic	0.167520			54
54.01	RADIOLOGY-ULTRASOUND	0.085338			54.01
56	Radioisotope	0.186270			56
57	CT Scan	0.071759			57
58	MRI	0.065334			58
59	Cardiac Catheterization	0.147141			59
60	Laboratory	0.079080			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.	0.261154			63
65	Respiratory Therapy	0.213447			65
66	Physical Therapy	0.258397	201,063	51,954	66
67	Occupational Therapy	0.257542	168,955	43,513	67
68	Speech Pathology	0.365309	76,205	27,838	68
69	Electrocardiology	0.106121			69
70	Electroencephalography	0.338337			70
71	Medical Supplies Charged to Patients	0.550260	482	265	71
72	Impl. Dev. Charged to Patients	0.464022			72
73	Drugs Charged to Patients	0.281947			73
74	Renal Dialysis	0.238041			74
76	PULMONARY LABS	0.262005			76
76.01	OCCUPATIONAL HEALTH				76.01
76.03	HYPERALIMENTATION				76.03
76.04	PERIPHERAL VASCULAR	0.112188			76.04
76.05	PEDIATRIC ENDO NUTRITION				76.05
76.07	GASTROINTESTINAL SERVICE	0.170713			76.07
76.09	BONE MARROW PROCUREMENT	1.109566			76.09
76.10	BARIATRICS	2.317048			76.10
76.11	HEPATOLOGY	54.960302			76.11
76.97	CARDIAC REHABILITATION	1.081925			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.744929			90
90.01	CARDIAC REHABILITATION				90.01
90.02	CANCER CENTER	1.415138			90.02
90.03	PSYCH SOCIAL REHAB	380.539439			90.03
90.04	WELLNESS ASSESSMENT				90.04
90.06	HEART FAILURE CLINIC				90.06
90.07	LOC OUTPATIENT CENTER	0.360491			90.07
90.08	OBT OUTPATIENT CENTER	0.403036			90.08
90.09	ELMHURST IMMEDIATE CARE	0.984688			90.09
90.10	LAGRANGE FAMILY PCC	0.461466			90.10
90.12	NORTH RIVERSIDE PCC	0.793795			90.12
90.13	GLENDALE HEIGHTS PCC				90.13
90.14	WHEATON PCC	1.492421			90.14
90.15	OBT II PCC	0.879582			90.15
90.16	HICKORY HILLS PCC	0.487913			90.16
90.18	DARIEN PCC	2.426306			90.18
90.20	ORLAND PARK - FP	0.806617			90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	0.351638			90.21

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**

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
90.22	HOMER GLEN PCC	0.454675			90.22
90.23	OAK PARK PCC	1.293824			90.23
90.24	PARK RIDGE PCC	0.378037			90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	2.260497			90.25
90.26	WOODRIDGE PCC	0.662398			90.26
90.27	NEUROLOGY - NILES				90.27
90.28	MARJORIE WEINBERG CANCER CENTER	1.070167			90.28
90.29	BURR RIDGE PCC	0.324809			90.29
90.30	RIVER FOREST	0.317550			90.30
90.31	NORRIDGE	0.473321			90.31
90.32	ELMWOOD PARK	0.965450			90.32
90.33	OCCUPATIONAL HEALTH CLINIC	2.508648			90.33
90.34	CHICAGO AND BELMONT	0.976114			90.34
91	Emergency	0.179676			91
92	Observation Beds (Non-Distinct Part)	0.300063			92
92.01	OBSERVATION BEDS-DISTINCT	0.806747			92.01
	OTHER REIMBURSABLE COST CENTERS				
95	Ambulance Services				95
97	Durable Medical Equip-Sold	0.200818			97
200	Total (sum of lines 50-94, and 96-98)		446,705	123,570	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		446,705		202

(A) Worksheet A line numbers

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 [XX] 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	2	3	4	
1	Adults & Pediatrics	67,643	38	907.92	39	35,409	1
2	Intensive Care Unit	40,850	43	1,473.25	10	14,733	2
3	Coronary Care Unit		44				3
4	Burn Intensive Care Unit		45	5,828.75			4
5	Surgical Intensive Care Unit		46				5
6	NEONATAL INTENSIVE CARE		47	1,362.66			6
6.01	PEDIATRIC ICU		47.01	2,123.28			6.01
6.03	HEART TRANSPLANT ICU		47.03	1,931.43			6.03
6.04	BONE INTENSIVE CARE		47.04	2,668.62			6.04
7	TOTAL (sum of lines 1-6)	108,493			49	50,142	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	2	3	
8	Operating Room	50	0.401254	287,144	115,218	8
8.01	AMBULATORY SURGERY CENTER	50.01	0.174647			8.01
9	Recovery Room	51	0.154566	126,054	19,484	9
10	Delivery Room & Labor Room	52	0.417801			10
11	Anesthesiology	53	0.045811	320,651	14,689	11
12	Radiology-Diagnostic	54	0.167520	110,417	18,497	12
12.01	RADIOLOGY-ULTRASOUND	54.01	0.085338	1,541	132	12.01
13	Radiology-Therapeutic	55				13
14	Radioisotope	56	0.186270	245,323	45,696	14
15	CT Scan	57	0.071759	455,442	32,682	15
16	MRI	58	0.065334	4,925	322	16
17	Cardiac Catheterization	59	0.147141	21,229	3,124	17
18	Laboratory	60	0.079080	1,494,303	118,169	18
18.01	LABORATORY-SURGICAL PATHOLOGY	60.01				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	0.261154	4,980	1,301	21
22	Intravenous Therapy	64				22
23	Respiratory Therapy	65	0.213447	19,629	4,190	23
24	Physical Therapy	66	0.258397			24
25	Occupational Therapy	67	0.257542			25
26	Speech Pathology	68	0.365309			26
27	Electrocardiology	69	0.106121	380,085	40,335	27
28	Electroencephalography	70	0.338337	1,033	350	28
29	Medical Supplies Charged to Patients	71	0.550260	98,150	54,008	29
30	Impl. Dev. Charged to Patients	72	0.464022	97,829	45,395	30
31	Drugs Charged to Patients	73	0.281947	42,800	12,067	31
32	Renal Dialysis	74	0.238041			32
33	ASC (Non-Distinct Part)	75				33
34	PULMONARY LABS	76	0.262005	10,566	2,768	34
34.01	OCCUPATIONAL HEALTH	76.01				34.01
34.03	HYPERALIMENTATION	76.03				34.03
34.04	PERIPHERAL VASCULAR	76.04	0.112188	2,177	244	34.04
34.05	PEDIATRIC ENDO NUTRITION	76.05				34.05
34.07	GASTROINTESTINAL SERVICE	76.07	0.170713	39,247	6,700	34.07
34.09	BONE MARROW PROCUREMENT	76.09	1.109566			34.09
34.10	BARIATRICS	76.10	2.317048			34.10
34.11	HEPATOLOGY	76.11	54.960302			34.11
34.97	CARDIAC REHABILITATION	76.97	1.081925			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	0.744929			37
37.01	CARDIAC REHABILITATION	90.01				37.01
37.02	CANCER CENTER	90.02	1.415138			37.02
37.03	PSYCH SOCIAL REHAB	90.03	380.539439			37.03
37.04	WELLNESS ASSESSMENT	90.04				37.04
37.06	HEART FAILURE CLINIC	90.06				37.06

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 [XX] KIDNEY [ ] LUNG [ ] INTESTINE

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	1	2	3	
37.07	LOC OUTPATIENT CENTER	90.07	0.360491	37,072	13,364	37.07
37.08	OBT OUTPATIENT CENTER	90.08	0.403036			37.08
37.09	ELMHURST IMMEDIATE CARE	90.09	0.984688			37.09
37.10	LAGRANGE FAMILY PCC	90.10	0.461466			37.10
37.12	NORTH RIVERSIDE PCC	90.12	0.793795			37.12
37.13	GLENDALE HEIGHTS PCC	90.13				37.13
37.14	WHEATON PCC	90.14	1.492421			37.14
37.15	OBT II PCC	90.15	0.879582			37.15
37.16	HICKORY HILLS PCC	90.16	0.487913			37.16
37.18	DARIEN PCC	90.18	2.426306			37.18
37.20	ORLAND PARK - FP	90.20	0.806617			37.20
37.21	FAMILY PRACTICE MAYWOOD PCC	90.21	0.351638			37.21
37.22	HOMER GLEN PCC	90.22	0.454675			37.22
37.23	OAK PARK PCC	90.23	1.293824			37.23
37.24	PARK RIDGE PCC	90.24	0.378037			37.24
37.25	LOYOLA CLINIC AT GOTTLIEB	90.25	2.260497			37.25
37.26	WOODRIDGE PCC	90.26	0.662398			37.26
37.27	NEUROLOGY - NILES	90.27				37.27
37.28	MARJORIE WEINBERG CANCER CENTER	90.28	1.070167			37.28
37.29	BURR RIDGE PCC	90.29	0.324809			37.29
37.30	RIVER FOREST	90.30	0.317550			37.30
37.31	NORRIDGE	90.31	0.473321			37.31
37.32	ELMWOOD PARK	90.32	0.965450			37.32
37.33	OCCUPATIONAL HEALTH CLINIC	90.33	2.508648			37.33
37.34	CHICAGO AND BELMONT	90.34	0.976114			37.34
38	Emergency	91	0.179676	3,328	598	38
39	Observation Beds (Non-Distinct Part)	92	0.300063			39
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.806747			39.01
40	Other Outpatient Service (specify)	93				40
41	TOTAL (sum of lines 8-40)			3,803,925	549,333	41

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

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 [XX] 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	2	3	
42	Adults & Pediatrics	2		39		42
43	Intensive Care Unit	3		10		43
44	Coronary Care Unit	4				44
45	Burn Intensive Care Unit	5				45
46	Surgical Intensive Care Unit	6				46
47	NEONATAL INTENSIVE CARE	7				47
47.01	PEDIATRIC ICU	7.01				47.01
47.03	HEART TRANSPLANT ICU	7.03				47.03
47.04	BONE INTENSIVE CARE	7.04				47.04
48	TOTAL (sum of lines 42-47)			49		48

	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program	Organ Charges (see instructions)		Ratio of Cost To Charges (from Wkst. D-2,) Part I, col. 4)	Organ Acquisition Costs (col. 1 x col. 2)	
		1	D	2	3	
49	Rural Health Clinic		21			49
50	Federally Qualified Health Center		22			50
51	Clinic		23			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	37,072	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	ORLAND PARK - FP		23.20			51.20
51.21	FAMILY PRACTICE MAYWOOD PCC		23.21			51.21
51.22	HOMER GLEN PCC		23.22			51.22
51.23	OAK PARK PCC		23.23			51.23
51.24	PARK RIDGE PCC		23.24			51.24
51.25	LOYOLA CLINIC AT GOTTLIEB		23.25			51.25
51.26	WOODRIDGE PCC		23.26			51.26
51.27	NEUROLOGY - NILES		23.27			51.27
51.28	MARJORIE WEINBERG CANCER CENTER		23.28			51.28
51.29	BURR RIDGE PCC		23.29			51.29
51.30	RIVER FOREST		23.30			51.30
51.31	NORRIDGE		23.31			51.31
51.32	ELMWOOD PARK		23.32			51.32
51.33	OCCUPATIONAL HEALTH CLINIC		23.33			51.33
51.34	CHICAGO AND BELMONT		23.34			51.34
52	Emergency	3,328	24			52
53	Observation Beds (Non-Distinct Part)		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)	40,400				55

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS **OPO CCN:** **WORKSHEET D-4 PARTS III & IV**

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

PART III - SUMMARY OF COSTS AND CHARGES

		Cost		Charges		
		Part A	Part B	Part A	Part B	
		1	2	3	4	
56	Routine and Ancillary from Part I	599,475		3,912,418		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	3,299,137		3,253,314		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	3,898,612		7,165,732		61
62	Total Usable Organs (see instructions)		87			62
63	Medicare Usable Organs (see instructions)		58			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷line 62		0.666667			64
65	Medicare Cost/Charges (see instructions)	2,599,076		4,777,157		65
66	Revenue for Organs Sold	83,636				66
67	Subtotal (line 65 minus line 66)	2,515,440		4,777,157		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	2,515,440		4,777,157		69

PART IV - STATISTICS

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)	26	32		70
71	Organs Purchased from Other Trsnsplant Hospitals (2)				71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs	2	27		73
74	Total (sum of lines 70 thru 73)	28	59		74
75	Organs Transplanted	28	27		75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		32		77
78	Organs Sold to Transplant Hospitals				78
79	Organs Sold to Military or VA Hospitals				79
80	Organs Sold Outside the U.S.				80
81	Organs Sent Outside THE U.S. (no revenue received)				81
82	Organs Used for Research				82
83	Unusable/Discarded Organs				83
84	Total (sum of lines 75 through 83 should equal line 74)	28	59		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.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS **OPO CCN:** **WORKSHEET D-4 PART I**

Check Applicable Box: **[XX] 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	2	3	4	
1	Adults & Pediatrics		38	907.92			1
2	Intensive Care Unit	8,170	43	1,473.25	2	2,947	2
3	Coronary Care Unit		44				3
4	Burn Intensive Care Unit		45	5,828.75			4
5	Surgical Intensive Care Unit		46				5
6	NEONATAL INTENSIVE CARE		47	1,362.66			6
6.01	PEDIATRIC ICU		47.01	2,123.28			6.01
6.03	HEART TRANSPLANT ICU		47.03	1,931.43			6.03
6.04	BONE INTENSIVE CARE		47.04	2,668.62			6.04
7	TOTAL (sum of lines 1-6)	8,170			2	2,947	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	2	3	
8	Operating Room	50	0.401254	21,393	8,584	8
8.01	AMBULATORY SURGERY CENTER	50.01	0.174647			8.01
9	Recovery Room	51	0.154566			9
10	Delivery Room & Labor Room	52	0.417801			10
11	Anesthesiology	53	0.045811	22,334	1,023	11
12	Radiology-Diagnostic	54	0.167520	51,596	8,643	12
12.01	RADIOLOGY-ULTRASOUND	54.01	0.085338	114	10	12.01
13	Radiology-Therapeutic	55				13
14	Radioisotope	56	0.186270	19,981	3,722	14
15	CT Scan	57	0.071759	331,530	23,790	15
16	MRI	58	0.065334			16
17	Cardiac Catheterization	59	0.147141	2,171	319	17
18	Laboratory	60	0.079080	1,094,642	86,564	18
18.01	LABORATORY-SURGICAL PATHOLOGY	60.01				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	0.261154	1,245	325	21
22	Intravenous Therapy	64				22
23	Respiratory Therapy	65	0.213447	4,907	1,047	23
24	Physical Therapy	66	0.258397			24
25	Occupational Therapy	67	0.257542			25
26	Speech Pathology	68	0.365309			26
27	Electrocardiology	69	0.106121	497,229	52,766	27
28	Electroencephalography	70	0.338337			28
29	Medical Supplies Charged to Patients	71	0.550260	2,442	1,344	29
30	Impl. Dev. Charged to Patients	72	0.464022	688	319	30
31	Drugs Charged to Patients	73	0.281947	31,876	8,987	31
32	Renal Dialysis	74	0.238041			32
33	ASC (Non-Distinct Part)	75				33
34	PULMONARY LABS	76	0.262005	13,275	3,478	34
34.01	OCCUPATIONAL HEALTH	76.01				34.01
34.03	HYPERALIMENTATION	76.03				34.03
34.04	PERIPHERAL VASCULAR	76.04	0.112188			34.04
34.05	PEDIATRIC ENDO NUTRITION	76.05				34.05
34.07	GASTROINTESTINAL SERVICE	76.07	0.170713	36,241	6,187	34.07
34.09	BONE MARROW PROCUREMENT	76.09	1.109566			34.09
34.10	BARIATRICS	76.10	2.317048			34.10
34.11	HEPATOLOGY	76.11	54.960302			34.11
34.97	CARDIAC REHABILITATION	76.97	1.081925			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	0.744929			37
37.01	CARDIAC REHABILITATION	90.01				37.01
37.02	CANCER CENTER	90.02	1.415138			37.02
37.03	PSYCH SOCIAL REHAB	90.03	380.539439			37.03
37.04	WELLNESS ASSESSMENT	90.04				37.04
37.06	HEART FAILURE CLINIC	90.06				37.06

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS **OPO CCN:** **WORKSHEET D-4 PART I**

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

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	1	2	3	
37.07	LOC OUTPATIENT CENTER	90.07	0.360491	17,613	6,349	37.07
37.08	OBT OUTPATIENT CENTER	90.08	0.403036			37.08
37.09	ELMHURST IMMEDIATE CARE	90.09	0.984688			37.09
37.10	LAGRANGE FAMILY PCC	90.10	0.461466			37.10
37.12	NORTH RIVERSIDE PCC	90.12	0.793795			37.12
37.13	GLENDALE HEIGHTS PCC	90.13				37.13
37.14	WHEATON PCC	90.14	1.492421			37.14
37.15	OBT II PCC	90.15	0.879582			37.15
37.16	HICKORY HILLS PCC	90.16	0.487913			37.16
37.18	DARIEN PCC	90.18	2.426306			37.18
37.20	ORLAND PARK - FP	90.20	0.806617			37.20
37.21	FAMILY PRACTICE MAYWOOD PCC	90.21	0.351638			37.21
37.22	HOMER GLEN PCC	90.22	0.454675			37.22
37.23	OAK PARK PCC	90.23	1.293824			37.23
37.24	PARK RIDGE PCC	90.24	0.378037			37.24
37.25	LOYOLA CLINIC AT GOTTLIEB	90.25	2.260497			37.25
37.26	WOODRIDGE PCC	90.26	0.662398			37.26
37.27	NEUROLOGY - NILES	90.27				37.27
37.28	MARJORIE WEINBERG CANCER CENTER	90.28	1.070167			37.28
37.29	BURR RIDGE PCC	90.29	0.324809			37.29
37.30	RIVER FOREST	90.30	0.317550			37.30
37.31	NORRIDGE	90.31	0.473321			37.31
37.32	ELMWOOD PARK	90.32	0.965450			37.32
37.33	OCCUPATIONAL HEALTH CLINIC	90.33	2.508648			37.33
37.34	CHICAGO AND BELMONT	90.34	0.976114			37.34
38	Emergency	91	0.179676			38
39	Observation Beds (Non-Distinct Part)	92	0.300063			39
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.806747			39.01
40	Other Outpatient Service (specify)	93				40
41	TOTAL (sum of lines 8-40)			2,149,277	213,457	41

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS **OPO CCN:** **WORKSHEET D-4 PART II**

Check Applicable Box: [XX] 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	2	3	
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	2	3	
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	17,613	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	ORLAND PARK - FP		23.20			51.20
51.21	FAMILY PRACTICE MAYWOOD PCC		23.21			51.21
51.22	HOMER GLEN PCC		23.22			51.22
51.23	OAK PARK PCC		23.23			51.23
51.24	PARK RIDGE PCC		23.24			51.24
51.25	LOYOLA CLINIC AT GOTTLIEB		23.25			51.25
51.26	WOODRIDGE PCC		23.26			51.26
51.27	NEUROLOGY - NILES		23.27			51.27
51.28	MARJORIE WEINBERG CANCER CENTER		23.28			51.28
51.29	BURR RIDGE PCC		23.29			51.29
51.30	RIVER FOREST		23.30			51.30
51.31	NORRIDGE		23.31			51.31
51.32	ELMWOOD PARK		23.32			51.32
51.33	OCCUPATIONAL HEALTH CLINIC		23.33			51.33
51.34	CHICAGO AND BELMONT		23.34			51.34
52	Emergency		24			52
53	Observation Beds (Non-Distinct Part)		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)	17,613				55

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS **OPO CCN:** **WORKSHEET D-4 PARTS III & IV**

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

PART III - SUMMARY OF COSTS AND CHARGES

		Cost		Charges		
		Part A	Part B	Part A	Part B	
		1	2	3	4	
56	Routine and Ancillary from Part I	216,404		2,157,447		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	2,357,753		2,330,547		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	2,574,157		4,487,994		61
62	Total Usable Organs (see instructions)		36			62
63	Medicare Usable Organs (see instructions)		19			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷line 62		0.527778			64
65	Medicare Cost/Charges (see instructions)	1,358,583		2,368,664		65
66	Revenue for Organs Sold	20,909				66
67	Subtotal (line 65 minus line 66)	1,337,674		2,368,664		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	1,337,674		2,368,664		69

PART IV - STATISTICS

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)		8		70
71	Organs Purchased from Other Trsnsplant Hospitals (2)				71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		28		73
74	Total (sum of lines 70 thru 73)		36		74
75	Organs Transplanted		28		75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		8		77
78	Organs Sold to Transplant Hospitals				78
79	Organs Sold to Military or VA Hospitals				79
80	Organs Sold Outside the U.S.				80
81	Organs Sent Outside THE U.S. (no revenue received)				81
82	Organs Used for Research				82
83	Unusable/Discarded Organs				83
84	Total (sum of lines 75 through 83 should equal line 74)		36		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.

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] 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	2	3	4	
1	Adults & Pediatrics		38	907.92			1
2	Intensive Care Unit	16,340	43	1,473.25	4	5,893	2
3	Coronary Care Unit		44				3
4	Burn Intensive Care Unit		45	5,828.75			4
5	Surgical Intensive Care Unit		46				5
6	NEONATAL INTENSIVE CARE		47	1,362.66			6
6.01	PEDIATRIC ICU		47.01	2,123.28			6.01
6.03	HEART TRANSPLANT ICU		47.03	1,931.43			6.03
6.04	BONE INTENSIVE CARE		47.04	2,668.62			6.04
7	TOTAL (sum of lines 1-6)	16,340			4	5,893	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	2	3	
8	Operating Room	50	0.401254	42,786	17,168	8
8.01	AMBULATORY SURGERY CENTER	50.01	0.174647			8.01
9	Recovery Room	51	0.154566			9
10	Delivery Room & Labor Room	52	0.417801			10
11	Anesthesiology	53	0.045811	44,669	2,046	11
12	Radiology-Diagnostic	54	0.167520	165,398	27,707	12
12.01	RADIOLOGY-ULTRASOUND	54.01	0.085338	228	19	12.01
13	Radiology-Therapeutic	55				13
14	Radioisotope	56	0.186270	337,477	62,862	14
15	CT Scan	57	0.071759	445,815	31,991	15
16	MRI	58	0.065334			16
17	Cardiac Catheterization	59	0.147141	4,341	639	17
18	Laboratory	60	0.079080	1,793,966	141,867	18
18.01	LABORATORY-SURGICAL PATHOLOGY	60.01				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	0.261154	2,490	650	21
22	Intravenous Therapy	64				22
23	Respiratory Therapy	65	0.213447	9,814	2,095	23
24	Physical Therapy	66	0.258397			24
25	Occupational Therapy	67	0.257542			25
26	Speech Pathology	68	0.365309			26
27	Electrocardiology	69	0.106121	589,989	62,610	27
28	Electroencephalography	70	0.338337			28
29	Medical Supplies Charged to Patients	71	0.550260	4,885	2,688	29
30	Impl. Dev. Charged to Patients	72	0.464022	1,375	638	30
31	Drugs Charged to Patients	73	0.281947	23,029	6,493	31
32	Renal Dialysis	74	0.238041			32
33	ASC (Non-Distinct Part)	75				33
34	PULMONARY LABS	76	0.262005	23,447	6,143	34
34.01	OCCUPATIONAL HEALTH	76.01				34.01
34.03	HYPERALIMENTATION	76.03				34.03
34.04	PERIPHERAL VASCULAR	76.04	0.112188			34.04
34.05	PEDIATRIC ENDO NUTRITION	76.05				34.05
34.07	GASTROINTESTINAL SERVICE	76.07	0.170713	44,841	7,655	34.07
34.09	BONE MARROW PROCUREMENT	76.09	1.109566			34.09
34.10	BARIATRICS	76.10	2.317048			34.10
34.11	HEPATOLOGY	76.11	54.960302			34.11
34.97	CARDIAC REHABILITATION	76.97	1.081925			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	0.744929			37
37.01	CARDIAC REHABILITATION	90.01				37.01
37.02	CANCER CENTER	90.02	1.415138			37.02
37.03	PSYCH SOCIAL REHAB	90.03	380.539439			37.03
37.04	WELLNESS ASSESSMENT	90.04				37.04
37.06	HEART FAILURE CLINIC	90.06				37.06

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] LIVER [ ] PANCREAS [ ] ISLET [ ] KIDNEY [ ] LUNG [ ] INTESTINE

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	1	2	3	
37.07	LOC OUTPATIENT CENTER	90.07	0.360491	39,124	14,104	37.07
37.08	OBT OUTPATIENT CENTER	90.08	0.403036			37.08
37.09	ELMHURST IMMEDIATE CARE	90.09	0.984688			37.09
37.10	LAGRANGE FAMILY PCC	90.10	0.461466			37.10
37.12	NORTH RIVERSIDE PCC	90.12	0.793795			37.12
37.13	GLENDALE HEIGHTS PCC	90.13				37.13
37.14	WHEATON PCC	90.14	1.492421			37.14
37.15	OBT II PCC	90.15	0.879582			37.15
37.16	HICKORY HILLS PCC	90.16	0.487913			37.16
37.18	DARIEN PCC	90.18	2.426306			37.18
37.20	ORLAND PARK - FP	90.20	0.806617			37.20
37.21	FAMILY PRACTICE MAYWOOD PCC	90.21	0.351638			37.21
37.22	HOMER GLEN PCC	90.22	0.454675			37.22
37.23	OAK PARK PCC	90.23	1.293824			37.23
37.24	PARK RIDGE PCC	90.24	0.378037			37.24
37.25	LOYOLA CLINIC AT GOTTLIEB	90.25	2.260497			37.25
37.26	WOODRIDGE PCC	90.26	0.662398			37.26
37.27	NEUROLOGY - NILES	90.27				37.27
37.28	MARJORIE WEINBERG CANCER CENTER	90.28	1.070167			37.28
37.29	BURR RIDGE PCC	90.29	0.324809			37.29
37.30	RIVER FOREST	90.30	0.317550			37.30
37.31	NORRIDGE	90.31	0.473321			37.31
37.32	ELMWOOD PARK	90.32	0.965450			37.32
37.33	OCCUPATIONAL HEALTH CLINIC	90.33	2.508648			37.33
37.34	CHICAGO AND BELMONT	90.34	0.976114			37.34
38	Emergency	91	0.179676			38
39	Observation Beds (Non-Distinct Part)	92	0.300063			39
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.806747			39.01
40	Other Outpatient Service (specify)	93				40
41	TOTAL (sum of lines 8-40)			3,573,674	387,375	41

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

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 [XX] 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	2	3	
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	2	3	
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	39,124	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	ORLAND PARK - FP		23.20			51.20
51.21	FAMILY PRACTICE MAYWOOD PCC		23.21			51.21
51.22	HOMER GLEN PCC		23.22			51.22
51.23	OAK PARK PCC		23.23			51.23
51.24	PARK RIDGE PCC		23.24			51.24
51.25	LOYOLA CLINIC AT GOTTLIEB		23.25			51.25
51.26	WOODRIDGE PCC		23.26			51.26
51.27	NEUROLOGY - NILES		23.27			51.27
51.28	MARJORIE WEINBERG CANCER CENTER		23.28			51.28
51.29	BURR RIDGE PCC		23.29			51.29
51.30	RIVER FOREST		23.30			51.30
51.31	NORRIDGE		23.31			51.31
51.32	ELMWOOD PARK		23.32			51.32
51.33	OCCUPATIONAL HEALTH CLINIC		23.33			51.33
51.34	CHICAGO AND BELMONT		23.34			51.34
52	Emergency		24			52
53	Observation Beds (Non-Distinct Part)		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)	39,124				55

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS **OPO CCN:** **WORKSHEET D-4 PARTS III & IV**

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

PART III - SUMMARY OF COSTS AND CHARGES

		Cost		Charges		
		Part A	Part B	Part A	Part B	
		1	2	3	4	
56	Routine and Ancillary from Part I	393,268		3,590,014		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	4,946,009		4,889,705		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	5,339,277		8,479,719		61
62	Total Usable Organs (see instructions)		62			62
63	Medicare Usable Organs (see instructions)		26			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷line 62		0.419355			64
65	Medicare Cost/Charges (see instructions)	2,239,053		3,556,013		65
66	Revenue for Organs Sold	41,818				66
67	Subtotal (line 65 minus line 66)	2,197,235		3,556,013		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	2,197,235		3,556,013		69

PART IV - STATISTICS

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)		16		70
71	Organs Purchased from Other Trsnsplant Hospitals (2)				71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		46		73
74	Total (sum of lines 70 thru 73)		62		74
75	Organs Transplanted		46		75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		16		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)		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.

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	2	3	4	
1	Adults & Pediatrics		38	907.92			1
2	Intensive Care Unit	8,170	43	1,473.25	2	2,947	2
3	Coronary Care Unit		44				3
4	Burn Intensive Care Unit		45	5,828.75			4
5	Surgical Intensive Care Unit		46				5
6	NEONATAL INTENSIVE CARE		47	1,362.66			6
6.01	PEDIATRIC ICU		47.01	2,123.28			6.01
6.03	HEART TRANSPLANT ICU		47.03	1,931.43			6.03
6.04	BONE INTENSIVE CARE		47.04	2,668.62			6.04
7	TOTAL (sum of lines 1-6)	8,170			2	2,947	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	2	3	
8	Operating Room	50	0.401254	54,884	22,022	8
8.01	AMBULATORY SURGERY CENTER	50.01	0.174647			8.01
9	Recovery Room	51	0.154566	8,277	1,279	9
10	Delivery Room & Labor Room	52	0.417801			10
11	Anesthesiology	53	0.045811	38,801	1,778	11
12	Radiology-Diagnostic	54	0.167520	61,801	10,353	12
12.01	RADIOLOGY-ULTRASOUND	54.01	0.085338	908	77	12.01
13	Radiology-Therapeutic	55				13
14	Radioisotope	56	0.186270	34,146	6,360	14
15	CT Scan	57	0.071759	63,191	4,535	15
16	MRI	58	0.065334	6,792	444	16
17	Cardiac Catheterization	59	0.147141	146,683	21,583	17
18	Laboratory	60	0.079080	464,317	36,718	18
18.01	LABORATORY-SURGICAL PATHOLOGY	60.01				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	0.261154	1,556	406	21
22	Intravenous Therapy	64				22
23	Respiratory Therapy	65	0.213447	8,093	1,727	23
24	Physical Therapy	66	0.258397			24
25	Occupational Therapy	67	0.257542			25
26	Speech Pathology	68	0.365309			26
27	Electrocardiology	69	0.106121	202,056	21,442	27
28	Electroencephalography	70	0.338337			28
29	Medical Supplies Charged to Patients	71	0.550260	30,690	16,887	29
30	Impl. Dev. Charged to Patients	72	0.464022	18,759	8,705	30
31	Drugs Charged to Patients	73	0.281947	69,084	19,478	31
32	Renal Dialysis	74	0.238041			32
33	ASC (Non-Distinct Part)	75				33
34	PULMONARY LABS	76	0.262005	37,674	9,871	34
34.01	OCCUPATIONAL HEALTH	76.01				34.01
34.03	HYPERALIMENTATION	76.03				34.03
34.04	PERIPHERAL VASCULAR	76.04	0.112188	15,420	1,730	34.04
34.05	PEDIATRIC ENDO NUTRITION	76.05				34.05
34.07	GASTROINTESTINAL SERVICE	76.07	0.170713	51,640	8,816	34.07
34.09	BONE MARROW PROCUREMENT	76.09	1.109566			34.09
34.10	BARIATRICS	76.10	2.317048			34.10
34.11	HEPATOLOGY	76.11	54.960302			34.11
34.97	CARDIAC REHABILITATION	76.97	1.081925			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	0.744929			37
37.01	CARDIAC REHABILITATION	90.01				37.01
37.02	CANCER CENTER	90.02	1.415138			37.02
37.03	PSYCH SOCIAL REHAB	90.03	380.539439			37.03
37.04	WELLNESS ASSESSMENT	90.04				37.04
37.06	HEART FAILURE CLINIC	90.06				37.06

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 Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/ Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	1	2	3	
37.07	LOC OUTPATIENT CENTER	90.07	0.360491	14,555	5,247	37.07
37.08	OBT OUTPATIENT CENTER	90.08	0.403036			37.08
37.09	ELMHURST IMMEDIATE CARE	90.09	0.984688			37.09
37.10	LAGRANGE FAMILY PCC	90.10	0.461466			37.10
37.12	NORTH RIVERSIDE PCC	90.12	0.793795			37.12
37.13	GLENDALE HEIGHTS PCC	90.13				37.13
37.14	WHEATON PCC	90.14	1.492421			37.14
37.15	OBT II PCC	90.15	0.879582			37.15
37.16	HICKORY HILLS PCC	90.16	0.487913			37.16
37.18	DARIEN PCC	90.18	2.426306			37.18
37.20	ORLAND PARK - FP	90.20	0.806617			37.20
37.21	FAMILY PRACTICE MAYWOOD PCC	90.21	0.351638			37.21
37.22	HOMER GLEN PCC	90.22	0.454675			37.22
37.23	OAK PARK PCC	90.23	1.293824			37.23
37.24	PARK RIDGE PCC	90.24	0.378037			37.24
37.25	LOYOLA CLINIC AT GOTTLIEB	90.25	2.260497			37.25
37.26	WOODRIDGE PCC	90.26	0.662398			37.26
37.27	NEUROLOGY - NILES	90.27				37.27
37.28	MARJORIE WEINBERG CANCER CENTER	90.28	1.070167			37.28
37.29	BURR RIDGE PCC	90.29	0.324809			37.29
37.30	RIVER FOREST	90.30	0.317550			37.30
37.31	NORRIDGE	90.31	0.473321			37.31
37.32	ELMWOOD PARK	90.32	0.965450			37.32
37.33	OCCUPATIONAL HEALTH CLINIC	90.33	2.508648			37.33
37.34	CHICAGO AND BELMONT	90.34	0.976114			37.34
38	Emergency	91	0.179676	4,857	873	38
39	Observation Beds (Non-Distinct Part)	92	0.300063			39
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.806747	6,210	5,010	39.01
40	Other Outpatient Service (specify)	93				40
41	TOTAL (sum of lines 8-40)			1,340,394	205,341	41

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

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	2	3	
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	2	3	
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	14,555	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	ORLAND PARK - FP		23.20			51.20
51.21	FAMILY PRACTICE MAYWOOD PCC		23.21			51.21
51.22	HOMER GLEN PCC		23.22			51.22
51.23	OAK PARK PCC		23.23			51.23
51.24	PARK RIDGE PCC		23.24			51.24
51.25	LOYOLA CLINIC AT GOTTLIEB		23.25			51.25
51.26	WOODRIDGE PCC		23.26			51.26
51.27	NEUROLOGY - NILES		23.27			51.27
51.28	MARJORIE WEINBERG CANCER CENTER		23.28			51.28
51.29	BURR RIDGE PCC		23.29			51.29
51.30	RIVER FOREST		23.30			51.30
51.31	NORRIDGE		23.31			51.31
51.32	ELMWOOD PARK		23.32			51.32
51.33	OCCUPATIONAL HEALTH CLINIC		23.33			51.33
51.34	CHICAGO AND BELMONT		23.34			51.34
52	Emergency	4,857	24			52
53	Observation Beds (Non-Distinct Part)		25			53
53.01	OBSERVATION BEDS-DISTINCT	6,210	25.01			53.01
54	Other Outpatient Service (specify)		26			54
55	TOTAL (sum of lines 49-54)	25,622				55

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS **OPO CCN:** **WORKSHEET D-4 PARTS III & IV**

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

PART III - SUMMARY OF COSTS AND CHARGES

		Cost		Charges		
		Part A	Part B	Part A	Part B	
		1	2	3	4	
56	Routine and Ancillary from Part I	208,288		1,348,564		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	3,026,890		3,001,445		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	3,235,178		4,350,009		61
62	Total Usable Organs (see instructions)		75			62
63	Medicare Usable Organs (see instructions)		31			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷line 62		0.413333			64
65	Medicare Cost/Charges (see instructions)	1,337,206		1,798,002		65
66	Revenue for Organs Sold	26,136				66
67	Subtotal (line 65 minus line 66)	1,311,070		1,798,002		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	1,311,070		1,798,002		69

PART IV - STATISTICS

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

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)	89,743,219			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)				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)	8,992,384			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	14,931,925			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	492.95			4
	Indirect Medical Education Adjustment Calculation for Hospitals				
5	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996 (see instructions)	300.59			5
6	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	6.18			6
7	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)				7
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2). If the cost report straddles July 1, 2011 then see instructions.				7.01
8	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR §413.75(b), §413.79(c)(2)(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	398.37			10
11	FTE count for residents in dental and podiatric programs	15.16			11
12	Current year allowable FTE (see instructions)	321.93			12
13	Total allowable FTE count for the prior year	321.62			13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero	320.98			14
15	Sum of lines 12 through 14 divided by 3	321.51			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	321.51			18
19	Current year resident to bed ratio (line 18 divided by line 4)	0.652216			19
20	Prior year resident to bed ratio (see instructions)	0.683266			20
21	Enter the lesser of lines 19 or 20 (see instructions)	0.652216			21
22	IME payment adjustment (see instructions)	27,321,426			22
22.01	IME payment adjustment - Managed Care (see instructions)	4,545,875			22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
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)	91.60			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)	27,321,426			29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	4,545,875			29.01
	Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.0472			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.2604			31
32	Sum of lines 30 and 31	0.3076			32
33	Allowable disproportionate share percentage (see instructions)	0.1459			33
34	Disproportionate share adjustment (see instructions)	3,273,384			34
		Prior to		**On or after**	
	Uncompensated Care Adjustment	**October 1 (1.00)**	**(1.01)**	**October 1 (2.00)**	
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)	6,666,946		5,673,293	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,680,437		4,247,220	35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	5,927,657			36
	Additional Payment for High Percentage of ESRD Beneficiary Discharges (lines 40 through 46)				
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
45	Average weekly cost for dialysis treatments (see instructions)				45
46	Total additional payment (line 45 times line 44 times line 41.01)				46

CALCULATION OF REIMBURSEMENT SETTLEMENT **WORKSHEET E PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
47	Subtotal (see instructions)	135,258,070			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)	139,803,945			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	10,231,375			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)	7,088,415			52
53	Nursing and allied health managed care payment	50,348			53
54	Special add-on payments for new technologies	37,250			54
55	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)	7,361,419			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).	95,358			57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)	206,318			58
59	Total (sum of amounts on lines 49 through 58)	164,874,428			59
60	Primary payer payments	75,023			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	164,799,405			61
62	Deductibles billed to program beneficiaries	5,665,240			62
63	Coinsurance billed to program beneficiaries	1,000,398			63
64	Allowable bad debts (see instructions)	1,658,141			64
65	Adjusted reimbursable bad debts (see instructions)	1,077,792			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,189,553			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	159,211,559			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)	-203,297			70.93
70.94	HRR adjustment amount (see instructions)	-224,396			70.94
71	Amount due provider (see instructions)	158,783,866			71
71.01	Sequestration adjustment (see instructions)	3,175,677			71.01
72	Interim payments	156,016,264			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	-408,075			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	2,901,480			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

	HVBP Adjustment for HSP Bonus Payment	**Prior to 10/1**	**On or After 10/1**		
101	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000		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

CALCULATION OF REIMBURSEMENT SETTLEMENT **COMPONENT CCN: 14-0276** **WORKSHEET E PART B**

Check applicable box: **[XX] 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)	523,000			1
2	Medical and other services reimbursed under OPPS (see instructions)	105,615,126			2
3	PPS payments	86,661,093			3
4	Outlier payment (see instructions)	697,057			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	141,422			9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)	523,000			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	1,764,119			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)	1,764,119			14
	CUSTOMARY CHARGES				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)	1,764,119			18
19	Excess of customary charges over ressonable cost (complete only if line 18 exceeds line 11 (see instructions)	1,241,119			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)	523,000			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)	87,499,572			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)	20,919			25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	16,920,822			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)	71,080,831			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)	5,296,665			28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	76,377,496			30
31	Primary payer payments	42,592			31
32	Subtotal (line 30 minus line 31)	76,334,904			32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	Composite rate ESRD (from Wkst. I-5, line 11)	245,535			33
34	Allowable bad debts (see instructions)	2,204,801			34
35	Adjusted reimbursable bad debts (see instructions)	1,433,121			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,311,546			36
37	Subtotal (see instructions)	78,013,560			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)	78,013,560			40
40.01	Sequestration adjustment (see instructions)	1,560,271			40.01
41	Interim payments	76,008,295			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	444,994			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	683,711			44

TO BE COMPLETED BY CONTRACTOR

90	Original outlier amount (see instructions)				90
91	Outlier reconciliation adjustment amount (sse 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

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)	12			1
2	Medical and other services reimbursed under OPPS (see instructions)	3,469			2
3	PPS payments	2,155			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	2			9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)	12			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	41			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)	41			14
	CUSTOMARY CHARGES				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)	41			18
19	Excess of customary charges over ressonable cost (complete only if line 18 exceeds line 11 (see instructions)	29			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)	12			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)	2,157			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	460			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)	1,709			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)	1,709			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	1,709			32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)				34
35	Adjusted reimbursable bad debts (see instructions)				35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)				36
37	Subtotal (see instructions)	1,709			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)	1,709			40
40.01	Sequestration adjustment (see instructions)	34			40.01
41	Interim payments	1,672			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	3			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 (sse instructions)				91
92	The rate used to calculate the Time Value of Money				92
93	Time Value of Money (see instructions)				93
94	Total (sum of lines 91 and 93)				94

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED **COMPONENT CCN: 14-0276** **WORKSHEET E-1 PART I**

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Check        [XX] Hospital     [  ] SUB (Other)
Applicable   [  ] IPF          [  ] SNF
Boxes:       [  ] IRF          [  ] Swing Bed SNF
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				INPATIENT PART A		PART B		
				mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT	
	DESCRIPTION			1	2	3	4	
1	Total interim payments paid to provider				156,514,346		76,008,295	1
2	Interim payments payable on individual bills, eitehr submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero							2
3	List separately each retroactive lump sum adjustment		.01					3.01
	amount based on subsequent revision of the interim		.02					3.02
	rate for the cost reporting period. Also show date of	Program	.03					3.03
	each payment. If none, write 'NONE' or enter a zero. (1)	to	.04					3.04
		Provider	.05					3.05
			.06					3.06
			.07					3.07
			.08					3.08
			.09					3.09
			.10					3.10
			.50	06/21/2016	498,082			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		-498,082			3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)				156,016,264		76,008,295	4
	TO BE COMPLETED BY CONTRACTOR							
5	List separately each tentative settlement payment		.01					5.01
	after desk review. Also show date of each payment.		.02					5.02
	If none, write 'NONE' or enter a zero. (1)	Program	.03					5.03
		to	.04					5.04
		Provider	.05					5.05
			.06					5.06
			.07					5.07
			.08					5.08
			.09					5.09
			.10					5.10
			.50					5.50
			.51					5.51
		Provider	.52					5.52
		to	.53					5.53
		Program	.54					5.54
			.55					5.55
			.56					5.56
			.57					5.57
			.58					5.58
			.59					5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		.99					5.99
6	Determined net settlement amount (balance due)		.01				444,994	6.01
	based on the cost report (1)		.02		-408,075			6.02
7	Total Medicare program liability (see instructions)				155,608,189		76,453,289	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.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED **COMPONENT CCN: 14-T276** **WORKSHEET E-1 PART I**

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Check        [  ] Hospital     [  ] SUB (Other)
Applicable   [  ] IPF          [  ] SNF
Boxes:       [XX] IRF          [  ] Swing Bed SNF
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				INPATIENT PART A		PART B		
				mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT	
	DESCRIPTION			1	2	3	4	
1	Total interim payments paid to provider				6,494,752		1,672	1
2	Interim payments payable on individual bills, eitehr submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero							2
3	List separately each retroactive lump sum adjustment		.01					3.01
	amount based on subsequent revision of the interim		.02					3.02
	rate for the cost reporting period. Also show date of	Program	.03					3.03
	each payment. If none, write 'NONE' or enter a zero. (1)	to	.04					3.04
		Provider	.05					3.05
			.06					3.06
			.07					3.07
			.08					3.08
			.09					3.09
			.10					3.10
			.50					3.50
			.51					3.51
		Provider	.52					3.52
		to	.53					3.53
		Program	.54					3.54
			.55					3.55
			.56					3.56
			.57					3.57
			.58					3.58
			.59					3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		.99					3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)				6,494,752		1,672	4
	TO BE COMPLETED BY CONTRACTOR							
5	List separately each tentative settlement payment		.01					5.01
	after desk review. Also show date of each payment.		.02					5.02
	If none, write 'NONE' or enter a zero. (1)	Program	.03					5.03
		to	.04					5.04
		Provider	.05					5.05
			.06					5.06
			.07					5.07
			.08					5.08
			.09					5.09
			.10					5.10
			.50					5.50
			.51					5.51
		Provider	.52					5.52
		to	.53					5.53
		Program	.54					5.54
			.55					5.55
			.56					5.56
			.57					5.57
			.58					5.58
			.59					5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		.99					5.99
6	Determined net settlement amount (balance due)		.01		160,147		3	6.01
	based on the cost report (1)		.02					6.02
7	Total Medicare program liability (see instructions)				6,654,899		1,675	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.

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT **WORKSHEET E-1 PART II**

Check applicable box: **[XX] 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)	21,951	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	41,911	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)	7,554	3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	127,200	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	2,967,057,360	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	23,946,076	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)		8
9	Sequestration adjustment amount (see instructions)		9
10	Calculation of the HIT incentive payment after sequestration (see instructions)		10

INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH

30	Initial/interim HIT payment(s)		30
31	OTHER ADJUSTMENTS ()		31
32	Balance due provider (line 8 or line 10 minus line 30 and line 31) (see instructions)		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.

CALCULATION OF REIMBURSEMENT SETTLEMENT **COMPONENT CCN: 14-T276** **WORKSHEET E-3 PART III**

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

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

		1	1.01	
1	Net Federal PPS payment (see instructions)	5,586,640		1
2	Medicare SSI ratio (IRF PPS only) (see instructions)	0.022100		2
3	Inpatient Rehabilitation LIP payments (see instructions)	230,728		3
4	Outlier payments	309,608		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 excludnig FTEs in the new program growth period of a 'new teaching program' (see instructions)	4.31		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)	17.314208		10
11	Teaching Adjustment Factor (see instructions)	0.139262		11
12	Teaching Adjustment (see instructions)	778,007		12
13	Total PPS Payment (see instructions)	6,904,983		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)	6,904,983		17
18	Primary payer payments			18
19	Subtotal (line 17 less line 18)	6,904,983		19
20	Deductibles	39,452		20
21	Subtotal (line 19 minus line 20)	6,865,531		21
22	Coinsurance	83,006		22
23	Subtotal (line 21 minus line 22)	6,782,525		23
24	Allowable bad debts (exclude bad debts for professional services) (see instructions)	11,464		24
25	Adjusted reimbursable bad debts (see instructions)	7,452		25
26	Allowable bad debts for dual eligible beneficiaries (see instructions)	7,728		26
27	Subtotal (sum of lines 23 and 25)	6,789,977		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)	736		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)	6,790,713		32
32.01	Sequestration adjustment (see instructions)	135,814		32.01
33	Interim payments	6,494,752		33
34	Tentative settlement (for contractor use only)			34
35	Balance due provider/program (line 32 minus lines 32.01, 33 and 34)	160,147		35
36	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	123,017		36

TO BE COMPLETED BY CONTRACTOR

50	Original outlier amount from Wkst. E-3, Pt. III, line 4 (see instructions)	309,608		50
51	Outlier reconciliation adjustment amount (see instructions)			51
52	The rate used to calculate the Time Value of Money (see instructions)			52
53	Time Value of Money (see instructions)			53

CALCULATION OF REIMBURSEMENT SETTLEMENT **COMPONENT CCN: 14-0276** **WORKSHEET E-3 PART VII**

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Check        [  ] Title V        [XX] Hospital        [  ] NF        [  ] PPS
Applicable   [XX] Title XIX      [  ] SUB (Other)     [  ] ICF/IID   [  ] TEFRA
Boxes:                           [  ] SNF                            [XX] Other
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PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR TITLE XIX SERVICES

		INPATIENT TITLE V OR TITLE XIX	OUTPAT-IENT TITLE V OR TITLE XIX	
	COMPUTATION OF NET COST OF COVERED SERVICES			
1	Inpatient hospital/SNF/NF services	29,511,057		1
2	Medical and other services		25,390,270	2
3	Organ acquisition (certified transplant centers only)			3
4	Subtotal (sum of lines 1, 2 and 3)	29,511,057	25,390,270	4
5	Inpatient primary payer payments			5
6	Outpatient primary payer payments			6
7	Subtotal (line 4 less sum of lines 5 and 6)	29,511,057	25,390,270	7
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
8	Routine service charges	54,291,366		8
9	Ancillary service charges	92,209,056	99,093,167	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)	146,500,422	99,093,167	12
	CUSTOMARY CHARGES			
13	Amount actually collected from patients liable for payment for services on a cahrge 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)	146,500,422	99,093,167	16
17	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	116,989,365	73,702,897	17
18	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)			18
19	Interns and residents (see instructions)			19
20	Cost of physicians' services in a teaching hospital (see instructions)			20
21	Cost of covered services (lesser of line 4 or line 16)	29,511,057	25,390,270	21
	PROSPECTIVE PAYMENT AMOUNT			
22	Other than outlier payments			22
23	Outlier payments			23
24	Program capital payments			24
25	Capital exception payments (see instructions)			25
26	Routine and ancillary service other pass through costs			26
27	Subtotal (sum of lines 22 through 26)			27
28	Customary charges (Titles V or XIX PPS covered services only)			28
29	Titles V or XIX (sum of lines 21 and 27)	29,511,057	25,390,270	29
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	Excess of reasonable cost (from line 18)			30
31	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	29,511,057	25,390,270	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)	29,511,057	25,390,270	36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	Subtotal (line 36 ± line 37)	29,511,057	25,390,270	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)	29,511,057	25,390,270	40
41	Interim payments	29,511,057	25,390,270	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

CALCULATION OF REIMBURSEMENT SETTLEMENT **COMPONENT CCN: 14-T276** **WORKSHEET E-3 PART VII**

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Check        [  ] Title V          [  ] Hospital          [  ] NF          [  ] PPS
Applicable   [XX] Title XIX        [XX] Subprovider IRF   [  ] ICF/IID     [  ] TEFRA
Boxes:                             [  ] SNF                                [XX] Other
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PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR TITLE XIX SERVICES

		INPATIENT TITLE V OR TITLE XIX	OUTPAT-IENT TITLE V OR TITLE XIX	
	COMPUTATION OF NET COST OF COVERED SERVICES			
1	Inpatient hospital/SNF/NF services	347,226		1
2	Medical and other services			2
3	Organ acquisition (certified transplant centers only)			3
4	Subtotal (sum of lines 1, 2 and 3)	347,226		4
5	Inpatient primary payer payments			5
6	Outpatient primary payer payments			6
7	Subtotal (line 4 less sum of lines 5 and 6)	347,226		7
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
8	Routine service charges	747,330		8
9	Ancillary service charges	446,705		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)	1,194,035		12
	CUSTOMARY CHARGES			
13	Amount actually collected from patients liable for payment for services on a cahrge 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)	1,194,035		16
17	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	846,809		17
18	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)			18
19	Interns and residents (see instructions)			19
20	Cost of physicians' services in a teaching hospital (see instructions)			20
21	Cost of covered services (lesser of line 4 or line 16)	347,226		21
	PROSPECTIVE PAYMENT AMOUNT			
22	Other than outlier payments			22
23	Outlier payments			23
24	Program capital payments			24
25	Capital exception payments (see instructions)			25
26	Routine and ancillary service other pass through costs			26
27	Subtotal (sum of lines 22 through 26)			27
28	Customary charges (Titles V or XIX PPS covered services only)			28
29	Titles V or XIX (sum of lines 21 and 27)	347,226		29
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	Excess of reasonable cost (from line 18)			30
31	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	347,226		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)	347,226		36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	Subtotal (line 36 ± line 37)	347,226		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)	347,226		40
41	Interim payments	347,226		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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS **WORKSHEET E-4**

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Check        [  ] Title V
Applicable   [XX] Title XVIII
Box:         [  ] Title XIX
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	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996			322.44	1
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (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 cap (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 the current year from your records (see instructions)			402.68	6
7	Enter the lesser of line 5 or line 6			320.77	7
		Primary Care	Other	Total	
		1	2	3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	130.56	232.03	362.59	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	104.00	184.83	288.83	9
10	Weighted dental and podiatric resident FTE count for the current year		15.16		10
11	Total weighted FTE count	104.00	199.99		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	101.52	202.86		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	105.12	195.32		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	103.55	199.39		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	103.55	199.39		17
18	Per resident amount	109,086.49	103,295.30		18
19	Approved amount for resident costs	11,295,906	20,596,050	31,891,956	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)			81.91	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)			31,891,956	25
	COMPUTATION OF PROGRAM PATIENT LOAD	Inpatient Part A	Managed Care		
26	Inpatient days (see instructions)	45,374	7,807		26
27	Total inpatient days (see instructions)	134,102	134,102		27
28	Ratio of inpatient days to total inpatient days	0.338354	0.058217		28
29	Program direct GME amount	10,790,771	1,856,654		29
30	Reduction for direct GME payments for Medicare Advantage		262,345		30
31	Net Program direct GME amount			12,385,080	31
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32	Renal dialysis direct medical education costs (from Wkst. B, 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)			32,609,182	33
34	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)				34
35	Medicare outpatient ESRD charges (see instructions)				35
36	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)				36
	APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
	Part A Reasonable Cost				
37	Reasonable cost (see instructions)			134,892,947	37
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)			7,361,419	38
39	Cost of physicians' services in a teaching hospital (see instructions)				39
40	Primary payer payments (see instructions)			75,023	40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			142,179,343	41
	Part B Reasonable Cost				
42	Reasonable cost (see instructions)			106,283,031	42
43	Primary payer payments (see instructions)			42,592	43
44	Total Part B reasonable cost (line 42 minus line 43)			106,240,439	44
45	Total reasonable cost (sum of lines 41 and 44)			248,419,782	45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.572335	46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.427665	47
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	Total program GME payment (line 31)			12,385,080	48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			7,088,415	49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			5,296,665	50

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS **WORKSHEET E-4**

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Check        [  ] Title V
Applicable   [  ] Title XVIII
Box:         [XX] Title XIX
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	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996				1
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (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 cap (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 the current year from your records (see instructions)				6
7	Enter the lesser of line 5 or line 6				7
		Primary Care	Other	Total	
		1	2	3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	0.00	0.00	0.00	8
9	If line 6 is less than line 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6	0.00	0.00	0.00	9
10	Weighted dental and podiatric resident FTE count for the current year		0.00		10
11	Total weighted FTE count	0.00	0.00		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	0.00	0.00		14
15	Adjustment for residents in initial years of new programs	0.00	0.00		15
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16
17	Adjusted rolling average FTE count	0.00	0.00		17
18	Per resident amount	0.00	0.00		18
19	Approved amount for resident costs				19
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)				20
21	Direct GME FTE unweighted resident count over cap (see instructions)				21
22	Allowable additional direct GME FTE resident count (see instructions)				22
23	Enter the locality adjustment national average per resident amount (see instructions)				23
24	Multiply line 22 times line 23				24
25	Total direct GME amount (sum of lines 19 and 24)				25
	COMPUTATION OF PROGRAM PATIENT LOAD	Inpatient Part A	Managed Care		
26	Inpatient days (see instructions)	8,980	25,991		26
27	Total inpatient days (see instructions)	134,102	134,102		27
28	Ratio of inpatient days to total inpatient days	0.066964	0.193815		28
29	Program direct GME amount				29
30	Reduction for direct GME payments for Medicare Advantage				30
31	Net Program direct GME amount				31
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32	Renal dialysis direct medical education costs (from Wkst. B, 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
	APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
	Part A Reasonable Cost				
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
	Part B Reasonable Cost				
42	Reasonable cost (see instructions)				42
43	Primary payer payments (see instructions)				43
44	Total Part B reasonable cost (line 42 minus line 43)				44
45	Total reasonable cost (sum of lines 41 and 44)				45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)				46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)				47
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	Total program GME payment (line 31)				48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)				49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)				50

BALANCE SHEET **WORKSHEET G**

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

	Assets	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	(Omit Cents)	1	2	3	4	
	CURRENT ASSETS					
1	Cash on hand and in banks	1,002,037				1
2	Temporary investments	229,983,997				2
3	Notes receivable					3
4	Accounts receivable	163,323,678				4
5	Other receivables	66,620,355				5
6	Allowances for uncollectible notes and accounts receivable	-11,956,039				6
7	Inventory	23,533,000				7
8	Prepaid expenses	5,398,224				8
9	Other current assets	33,016,862				9
10	Due from other funds					10
11	Total current assets (sum of lines 1-10)	510,922,114				11
	FIXED ASSETS					
12	Land	8,850,000				12
13	Land improvements	284,926				13
14	Accumulated depreciation	-5,690,131				14
15	Buildings	382,041,421				15
16	Accumulated depreciation	-79,031,544				16
17	Leasehold improvements	53,821,985				17
18	Accumulated depreciation	-37,981,516				18
19	Fixed equipment					19
20	Accumulated depreciation					20
21	Audomobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment	198,601,309				23
24	Accumulated depreciation	-84,240,065				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)	436,656,385				30
	OTHER ASSETS					
31	Investments	89,295,875				31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	78,268,881				34
35	Total other assets (sum of lines 31-34)	167,564,756				35
36	Total assets (sum of lines 11, 30 and 35)	1,115,143,255				36

	Liabilities and Fund Balances	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	(Omit Cents)	1	2	3	4	
	CURRENT LIABILITIES					
37	Accounts payable	77,081,898				37
38	Salaries, wages and fees payable	154,965,291				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	20,041,911				44
45	Total current liabilities (sum of lines 37 thru 44)	252,089,100				45
	LONG TERM LIABILITIES					
46	Mortgage payable					46
47	Notes payable					47
48	Unsecured loans					48
49	Other long term liabilities	670,207,659				49
50	Total long term liabilities (sum of lines 46 thru 49)	670,207,659				50
51	Total liabilities (sum of lines 45 and 50)	922,296,759				51
	CAPITAL ACCOUNTS					
52	General fund balance	192,846,496				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)	192,846,496				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	1,115,143,255				60

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		281,645,092			1
2	Net income (loss) (from Worksheet G-3, line 29)		-88,798,596			2
3	Total (sum of line 1 and line 2)		192,846,496			3
4	Additions (credit adjustments) (specify)					4
5						5
6						6
7						7
8						8
9						9
10	Total additions (sum of lines 4-9)					10
11	Subtotal (line 3 plus line 10)		192,846,496			11
12	Deductions (debit adjustments) (specify)					12
13						13
14						14
15						15
16						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)		192,846,496			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						5
6						6
7						7
8						8
9						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						13
14						14
15						15
16						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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
PARTS I & II

PART I - PATIENT REVENUES

		INPATIENT	OUTPATIENT	TOTAL	
	REVENUE CENTER	1	2	3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	Hospital	211,415,032		211,415,032	1
2	Subprovider IPF				2
3	Subprovider IRF	10,886,966		10,886,966	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)	222,301,998		222,301,998	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit	77,272,728		77,272,728	11
12	Coronary Care Unit				12
13	Burn Intensive Care Unit	24,070,568		24,070,568	13
14	Surgical Intensive Care Unit				14
15	NEONATAL INTENSIVE CARE	33,220,460		33,220,460	15
15.01	PEDIATRIC ICU	9,101,098		9,101,098	15.01
15.03	HEART TRANSPLANT ICU	13,482,970		13,482,970	15.03
15.04	BONE INTENSIVE CARE	22,489,247		22,489,247	15.04
16	Total intensive care type inpatient hospital services (sum of lines 11-15)	179,637,071		179,637,071	16
17	Total inpatient routine care services (sum of lines 10 and 16)	401,939,069		401,939,069	17
18	Ancillary services	1,046,799,049	1,520,993,318	2,567,792,367	18
19	Outpatient services				19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency				22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	NON-REIMB CENTER		9,159,704	9,159,704	27
27.01	PHYSICIAN GROSS REVENUE		823,910,892	823,910,892	27.01
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	1,448,738,118	2,354,063,914	3,802,802,032	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		1,217,489,353	29
30	Add (specify)			30
31				31
32				32
33				33
34				34
35				35
36	Total additions (sum of lines 30-35)			36
37	Deduct (specify)			37
38				38
39				39
40				40
41				41
42	Total deductions (sum of lines 37-41)			42
43	Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		1,217,489,353	43

STATEMENT OF REVENUES AND EXPENSES **WORKSHEET G-3**

	DESCRIPTION		
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)	3,802,802,032	1
2	Less contractual allowances and discounts on patients' accounts	2,701,735,355	2
3	Net patient revenues (line 1 minus line 2)	1,101,066,677	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	1,217,489,353	4
5	Net income from service to patients (line 3 minus line 4)	-116,422,676	5

OTHER INCOME

6	Contributions, donations, bequests, etc.		6
7	Income from investments	6,839,987	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 (NON-OPERATING REVENUE)	81,561,522	24
24.03	Other (FACULTY AND STRATEGIC CAP)	29,180,200	24.03
25	Total other income (sum of lines 6-24)	117,581,709	25
26	Total (line 5 plus line 25)	1,159,033	26
27	Other expenses (NON-OP INVESTMENTS AND UNUSUAL ITEMS)	89,957,629	27
28	Total other expenses (sum of line 27 and subscripts)	89,957,629	28
29	Net income (or loss) for the period (line 26 minus line 28)	-88,798,596	29

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS **WORKSHEET I-1**

Check applicable box: [XX] Renal Dialysis Department [ ] Home Program Dialysis

		TOTAL COSTS	BASIS	STATISTICS	FTEs per 2080 Hours	
		1	2	3	4	
1	Registered Nurses	1,396,579	Hours of Service	34,360.00	16.52	1
2	Licensed Practical Nurses		Hours of Service			2
3	Nurses Aides		Hours of Service			3
4	Technicians	1,174,472	Hours of Service	52,766.00	25.37	4
5	Social Workers		Hours of Service			5
6	Dieticians	97,965	Hours of Service	3,128.00	1.50	6
7	Physicians		Accumulated Cost			7
8	Non-patient Care Salary	245,387	Accumulated Cost			8
9	Subtotal (sum of lines 1-8)	2,914,403				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	401	Percentage of Time			13
14	Supplies	1,848,571	Requisitions			14
15	Drugs		Requisitions			15
16	Other	157,217	Accumulated Cost			16
17	Subtotal (sum of lines 9-16)*	4,920,592				17
18	Capital Related Costs-Bldgs. & Fixtures	202,044	Square Feet			18
19	Capital Related Costs-Mov. Equip.	22,710	Percentage of Time			19
20	Employee Benefits Department	611,194	Salary			20
21	Administrative and General	1,371,241	Accumulated Cost			21
22	Maint./Repairs-Operation-Housekeeping	556,622	Square Feet			22
23	Medical Educatino Program Costs					23
24	Central Services & Supplies	72,655	Requisitions			24
25	Pharmacy	-483,441	Requisitions			25
26	Other Allocated Costs	488,714	Accumulated Cost			26
27	Subtotal (sum of lines 17-26)*	7,762,331				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)	7,762,331				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.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES **WORKSHEET I-2**

Check applicable box: [XX] Renal Dialysis Department [ ] Home Program Dialysis

		CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY				
	OUTPATIENT SERVICES COMPOSITE PAYMENT RATE	BUILDING	EQUIPMENT	RNs	OTHER	EMPLOYEE BENEFITS DEPARTMENT	DRUGS	
		1	2	3	4	5	6	
1	Total Renal Department Costs	758,666	23,111	1,396,579	1,272,437	611,194	-483,441	1
	MAINTENANCE							
2	Hemodialysis	558,740	17,021	1,028,516	937,100	392,477	-310,441	2
3	Intermittent Peritoneal							3
	TRAINING							
4	Hemodialysis							4
5	Intermittent Peritoneal							5
6	CAPD	348	11	599	551	360	-284	6
7	CCPD	99	3	180	160	108	-86	7
	HOME							
8	Hemodialysis							8
9	Intermittent Peritoneal							9
10	CAPD	1,940	59	3,592	3,286	2,141	-1,694	10
11	CCPD	142,869	4,352	263,026	239,630	156,293	-123,624	11
	OTHER BILLABLE SERVICES							
12	Inpatient Dialysis	54,670	1,665	100,666	91,710	59,815	-47,312	12
13	Method II Home Patient							13
14	EPO (included in renal department)						483,441	14
15	ARANESP (included in renal department)							15
16	Other							16
17	Total (sum of lines 2 through 16)	758,666	23,111	1,396,579	1,272,437	611,194	-483,441	17
18	Medical Educational Program Costs							18
19	Total Renal Costs (line 17 + line 18)							19

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES **WORKSHEET I-2**

Check applicable box: [XX] 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	1,921,226		5,499,772	2,262,559	7,762,331	1
	MAINTENANCE						
2	Hemodialysis	1,233,713		3,857,126	1,586,790	5,443,916	2
3	Intermittent Peritoneal						3
	TRAINING						
4	Hemodialysis						4
5	Intermittent Peritoneal						5
6	CAPD	1,131		2,716	1,117	3,833	6
7	CCPD	339		803	330	1,133	7
	HOME						
8	Hemodialysis						8
9	Intermittent Peritoneal						9
10	CAPD	6,729		16,053	6,604	22,657	10
11	CCPD	491,291		1,173,837	482,906	1,656,743	11
	OTHER BILLABLE SERVICES						
12	Inpatient Dialysis	188,023		449,237	184,812	634,049	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)	1,921,226		5,499,772	2,262,559	7,762,331	17
18	Medical Educational Program Costs						18
19	Total Renal Costs (line 17 + line 18)					7,762,331	19

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS **WORKSHEET I-3**

Check applicable box: [XX] Renal Dialysis Department [ ] Home Program Dialysis

		CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY			
	COMPOSITE PAYMENT SERVICES	BUILDING (Square Feet)	EQUIPMENT (% of Time)	RNs (Hours)	OTHERS (Hours)	EMPLOYEE BENEFITS DEPARTMENT (Salary)	
		1	2	3	4	5	
1	Total Renal Department Costs	758,666	23,111	1,396,579	1,272,437	611,194	1
	MAINTENANCE						
2	Hemodialysis	11,232	11,232.00	34,360.00	52,766.00	1,871,480	2
3	Intermittent Peritoneal						3
	TRAINING						
4	Hemodialysis						4
5	Intermittent Peritoneal						5
6	CAPD	7	7.00	20.00	31.00	1,716	6
7	CCPD	2	2.00	6.00	9.00	515	7
	HOME						
8	Hemodialysis						8
9	Intermittent Peritoneal						9
10	CAPD	39	39.00	120.00	185.00	10,208	10
11	CCPD	2,872	2,872.00	8,787.00	13,493.00	745,264	11
	OTHER BILLABLE SERVICES						
12	Inpatient Dialysis Treatments	1,099	1,099.00	3,363.00	5,164.00	285,221	12
13	Method II Home Patient						13
14	EPO						14
15	ARANESP						15
16	Other						16
17	Total Statistical Basis	15,251	15,251.00	46,656.00	71,648.00	2,914,404	17
18	Unit Cost Multiplier (line 1 ÷ line 17)	49.745328	1.515376	29.933535	17.759561	0.209715	18

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS **WORKSHEET I-3**

Check applicable box: [XX] 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	-483,441	1,921,226				1
	MAINTENANCE						
2	Hemodialysis	300,077	1,187,057				2
3	Intermittent Peritoneal						3
	TRAINING						
4	Hemodialysis						4
5	Intermittent Peritoneal						5
6	CAPD	275	1,088				6
7	CCPD	83	326				7
	HOME						
8	Hemodialysis						8
9	Intermittent Peritoneal						9
10	CAPD	1,637	6,475				10
11	CCPD	119,497	472,712				11
	OTHER BILLABLE SERVICES						
12	Inpatient Dialysis Treatments	45,733	180,912				12
13	Method II Home Patient						13
14	EPO						14
15	ARANESP						15
16	Other						16
17	Total Statistical Basis	467,302	1,848,570			5,499,772	17
18	Unit Cost Multiplier (line 1 ÷ line 17)	-1.034537	1.039304			0.411391	18

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS **WORKSHEET I-4**

Check applicable box: [XX] 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	24,847	5,443,916	219.10	14,501			3,177,169	1
2	Maintenance - Peritoneal Dialysis								2
3	Training - Hemodialysis								3
4	Training - Peritoneal Dialysis								4
5	Training - Continuous Ambulatory Peritoneal Dialysis	20	3,833	191.65					5
6	Training - Continuous Cycling Peritoneal Dialysis	6	1,133	188.83					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	40	22,657	566.43	13			7,364	9
10	Home Program - COntinuous Cycling Peritoneal Dialysis	2,994	1,656,743	553.35	1,772			980,536	10
11	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5 and 6) (see instructions)	24,873	7,128,282		14,501			4,165,069	11
12	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instructions)	33,975							12

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS **WORKSHEET I-4**

Check applicable box: [XX] 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	3,407,399			234.98			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)	3,407,399						11
12	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instructions)							12

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B **WORKSHEET I-5**

	DESCRIPTION			
1	Total expenses related to care of program beneficiaries (see instructions)		4,165,069	1
		1	2	
2	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)	3,407,399	3,190,985	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)	3,407,399	3,190,985	2.03
2.04	Outlier payments	15,144		2.04
3	Deductibles billed to Medicare (Part B) patients (see instructions)	381	357	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)	381	357	3.03
4	Coinsurance billed to Medicare (Part B) patients (see instructions)	871,317	815,977	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)	871,317	815,977	4.03
5	Bad debts for deductibles and coinsurance, net of bad debt recoveries	377,746	377,746	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)	377,746	377,746	5.05
6	Allowable bad debts (see instructions)	245,535		6
7	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	241,394		7
8	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)		438,588	8
9	Program payment (see instructions)		2,552,502	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)	245,535		11

PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE			
12	Total allowable expenses (see instructions)	7,611,723	12
13	Total composite costs (from Wkst. I-4, col. 2, line 11)	7,128,282	13
14	Facility specific composite cost percentage (line 13 divided by line 12)	0.936487	14

CALCULATION OF CAPITAL PAYMENT **COMPONENT CCN: 14-0276** **WORKSHEET L**

```
Check        [  ] Title V                  [XX] Hospital          [XX] PPS
Applicable   [XX] Title XVIII, Part A      [  ] SUB (Other)       [  ] Cost Method
Boxes:       [  ] Title XIX
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PART I - FULLY PROSPECTIVE METHOD

	CAPITAL FEDERAL AMOUNT		
1	Capital DRG other than outlier	7,192,618	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	469,554	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)	353.17	3
4	Number of interns & residents (see instructions)	321.51	4
5	Indirect medical education percentage (see instructions)	29.29	5
6	Indirect medical education adjustment (see instructions)	2,106,718	6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.0472	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.2604	8
9	Sum of lines 7 and 8	0.3076	9
10	Allowable disproportionate share percentage (see instructions)	0.0643	10
11	Disproportionate share adjustment (see instructions)	462,485	11
12	Total prospective capital payments (see instructions)	10,231,375	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

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		
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	NEW CAPITAL-BLDG INTEREST							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	COMMUNICATION							5.01
5.02	SYSTEM & COMPUTERS							5.02
5.03	PURCHASING							5.03
5.04	OPC STORES							5.04
5.05	PATIENT AFFAIRS							5.05
5.06	PATIENT ADMITTING							5.06
5.07	PATIENT ACCOUNTS							5.07
5.08	ACCOUNTING							5.08
5.10	PASTORAL CARE							5.10
5.11	HOSPITAL ADMINSTRATION							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
23.03	CLINICAL PASTORAL EDUCATION							23.03
23.04	PHARMACY RESIDENCY PROGRAM							23.04
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics							30
31	Intensive Care Unit							31
33	Burn Intensive Care Unit							33
35	NEONATAL INTENSIVE CARE							35
35.01	PEDIATRIC ICU							35.01
35.03	HEART TRANSPLANT ICU							35.03
35.04	BONE INTENSIVE CARE							35.04
41	Subprovider - IRF							41
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
50.01	AMBULATORY SURGERY CENTER							50.01
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	RADIOLOGY-ULTRASOUND							54.01
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
60.01	LABORATORY-SURGICAL PATHOLOGY							60.01
60.02	LABORATORY-NEUROSURGICAL							60.02
60.03	LABORATORY-HLA							60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.							63
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology							69

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		
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
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
90.01	CARDIAC REHABILITATION							90.01
90.02	CANCER CENTER							90.02
90.03	PSYCH SOCIAL REHAB							90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER							90.07
90.08	OBT OUTPATIENT CENTER							90.08
90.09	ELMHURST IMMEDIATE CARE							90.09
90.10	LAGRANGE FAMILY PCC							90.10
90.12	NORTH RIVERSIDE PCC							90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC							90.14
90.15	OBT II PCC							90.15
90.16	HICKORY HILLS PCC							90.16
90.18	DARIEN PCC							90.18
90.20	ORLAND 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
90.33	OCCUPATIONAL HEALTH CLINIC							90.33
90.34	CHICAGO AND BELMONT							90.34
91	Emergency							91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	OTHER REIMBURSABLE COST CENTERS							
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
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition							105
106	Heart Acquisition							106
107	Liver Acquisition							107
108	Lung Acquisition							108
110	Intestinal Acquisition							110
112	OTHER ORGAN ACQUISITION (SPECIFY)							112
118	SUBTOTALS (sum of lines 1-117)							118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
190.01	HINES RADIATION THERAPY							190.01
190.02	HOME INFUSION THERAPY							190.02
190.03	OP HOSPITAL PHARMACY							190.03
190.04	HOSPITALIST							190.04
190.05	STUDENT HEALTH							190.05
190.06	DISCONTINUED HHA AND HOSPICE							190.06

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		
192	Physicians' Private Offices							192
192.01	FACULTY CLINICAL OPERATIONS							192.01
193	Nonpaid Workers							193
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)							202